Evaluation of WINDOW OF HOPE within the Country Programme of Cooperation, Government of Namibia and UNICEF, 2006-2010

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Dr. Florence Soroses

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Acronyms

HAMU     HIV and AIDS Management Unit of the Education Sector
KAPB     Knowledge, Attitudes, Practices and Behaviour
MCI      Multi-Country Life Skills Initiative
NIED     National Institute for Educational Development
RACE     Regional AIDS Committees in Education
TOT      Training of Trainers
UNDAF    United Nations Development Assistance Framework
UNICEF   United Nations Children’s Fund
WOH      Window of Hope
Executive Summary

Namibia, through the Education Sector’s Strategic Plan and the Ministry of Basic Education, Sport and Culture (MBESC) is committed to strengthen HIV and AIDS education by using a life skills approach to influence behaviour formation already at an early age.

The implementation of Window Of Hope (WOH) after-school clubs since 2004 has been an important further step towards this commitment. UNICEF has continuously been working with the Education Sector and also initiated and supported the WOH program.

The main purpose of this evaluation was to assess the impact, effectiveness and sustainability of the program by looking at the improvement in knowledge, attitudes and skills as well as program satisfaction amongst children participating in WOH clubs. The children participated in a knowledge quiz, attitudes were measured by using a forum theatre model and each child was interviewed using a semi-structured interview guideline. Available children who had dropped out from the program were administered a brief evaluative tool to discern their reasons for dropping out. Additionally teachers, principals and regional education officers were questioned with the help of a semi-structured interview guideline concerning the satisfaction and running of the WOH program. Due to circumstances the study was qualitative in nature as no comparative data was available.

The evaluation took place in three regions namely: Oshana, Khomas and Erongo. 120 learners between the age of ten and fourteen as well as 14 club dropouts, 14 teachers, 10 principals and 3 regional education officers participated. This summary only reflects the key findings, for an in-depth analysis and to review the methodology the main report should be consulted.

Key findings:

- Regional differences:
  - Negligible

- Gender differences:
  - Few significant gender differences were noted
  - Girls from all regions scored marginally better than the boys in the knowledge quiz
  - Girls were twice as likely as the boys not to be comfortable discussing their body parts / sexuality

- Knowledge:
  - Knowledge concerning HIV/AIDS and related matters is high, but in most schools children had substantial difficulties in recognizing or understanding some sexual development / body part vocabulary
  - Some teachers feel uncomfortable teaching sexually related issues to young children and thus may be selective and brief in their teachings in this part of the curriculum
  - Knowledge acquired is not limited to HIV issues. Respondents also report learning about:
    - Self-confidence regarding how to say yes/no and being in charge of one’s own body
    - Changes in adolescence, both physiological and emotional
    - Respect for others and solving interpersonal problems
Evaluation of WINDOW OF HOPE by CB Consult with the assistance of UCCB

- **Attitude:**
  - The acquisition of non-stigmatised attitudes towards those suspected or known to have HIV lags behind the development of accurate HIV-related knowledge.
  - The comparative findings of knowledge and attitude suggest that behaviour formation is still influenced by culture and tradition sometimes in contradiction of knowledge learned.

- **Skills:**
  - Self-confident behaviour is noted by teachers and principals.
  - Improved communication and social skills.
  - Improved expressivity.

- **Ancillary Outcomes:**
  - Academic performance and classroom involvement have increased.
  - Children form better relationships with peers, and generally come to believe and accept that they are special.
  - Children are increasingly prepared to discuss sexual matters with elders, mainly mothers.

- **Impact:**
  - WOH has left a clear, positive impression with children, teachers and principals.
  - The knowledge about HIV/AIDS facts, the introduction to life skills and gender equality and the building of self-confidence particularly in girls is seen as valuable contribution to the future of these children.
  - The program also holds a great value for the teachers as they experience a new teaching style.
  - Teachers can be more emphatic and open towards the children.
  - Teachers see a great personal benefit in the program.

- **Effectiveness:**
  - Visible improvement of life skills, particularly communication and socialisation.
  - Increased knowledge concerning HIV/AIDS related issues.
  - The overall school performance improves.
  - Teachers improve their teaching quality.
  - Psycho-social benefits in terms of children’s behaviour, such as attentiveness in class, self-confidence to speak and participation in class.

- **Sustainability:**
  - The sustainability of the program will largely depend on the Ministry of Education, in particular HAMU taking full ownership of the program.
  - Many teachers and principals suggested an integration of WOH into the daily school curriculum rather than operating it as an after-school club.
    - The pros would include that more children receive the benefits of the program and teachers would receive more acknowledgement, support and professional credit.
    - Cons would include limited time (school periods are too short for full club sessions), space (it would be very advisable to have a dedicated WOH classroom), the need to train all teachers (who may or may not be suitable or interested in this type of program), the program quality and individual attention to children may suffer as class numbers often exceed forty (40).
1. Introduction

The purpose of this consultancy was to conduct an evaluation of the Window of Hope Junior Window after-school component (WOH). The focus of the evaluation was limited to the more immediate level outcomes, the key objective being to determine whether the programme has made a difference to children’s knowledge, attitudes and skills in the areas defined through the programme. Process indicators were included in the evaluation where possible as they are presumed to affect effectiveness and efficiency, namely participation and satisfaction of beneficiaries and implementers (teachers), and teacher training and support during implementation. A measurement of change was not possible since there was no baseline data. Due to the limited time span since its inception, this evaluation was also unable to capture medium to long-term behaviour formation or change. Attribution of behaviours to a single intervention in the targeted age group of 10-14 also faces particular difficulties, as young adolescents are invariably exposed to a multitude of influences by the time they reach maturity. The evaluation does not present information on expenditure incurred for programme development and projections for ongoing costs.

The Terms of Reference written by UNICEF for this evaluation were clearly based on a sincere desire to ascertain and understand the impact and value of the WOH program. However, shortly after the undertaking of this project, UNICEF and CB Consult mutually agreed to modify the terms of reference to bring them more into line with the situation on the ground. It was not possible for this evaluation to be as research and data based as both parties would have wished, due to the lack of a number of key elements. These were pre-test data, baseline information, uncontaminated control groups, sufficient schools where the program had been fully implemented and comprehensive knowledge about the program by the regional education officers. Rather, this evaluation looks through a post facto lens and attempts to gauge the impact on, and outcomes for, the children who were the beneficiaries of the Junior Window of Hope program in 2005.

2. Background

“Namibia has been one of nine countries participating in the Multi-Country Life Skills Initiative (MCI) funded by the Government of the Netherlands (2002 – 2006). Expected outcomes of the regional initiative were a reduction of HIV prevalence among youth, better and more effective HIV/AIDS education, more widespread and effective use of the life skills approach, and an increase in the number of teachers, administrators and education officials able and willing to support the life skills approach in HIV/AIDS prevention.

Since 1997, UNICEF has been working with the Education Sector on the life skills programme My Future is My Choice, which has reached over 170,000 young people aged 15-18 years old. Given its attributed success as a programme with national coverage and the levelling off of HIV prevalence rates in this age group\(^1\), UNICEF was requested to support the development of a programme for the age-groups under 15 years to contribute to a reduction in HIV/AIDS

\(^1\) The 2004 national HIV sentinel survey measured a national prevalence rate of 19.8 per cent among pregnant women, ranging from 8.6 to 42.9 per cent in the thirteen regions. Prevalence among youths 15-19 years has declined from 12 per cent in 1998 to 10 per cent.
Prevalence as per national goals laid out in the Medium Term Development Plan 2 to below epidemic threshold.

Prevention efforts have largely been ‘behaviour change’ interventions focussed on older adolescents who are already sexually mature. However, internationally recognition has gained ground that some of this attention comes too late: a crucial opportunity in behaviour formation is the time of profound changes between the end of childhood and the start of adolescence in the 10-14 age group, when children first face the choices and risks that could derail their lives.

Programme development commenced in 2003 with the setting up of government-owned project structures, review of skills-based health education models in the SADC region, and consultative workshops with curriculum developers, NGOs/FBOs, teachers and parents. This process was led by two working groups, composed of curriculum developers (in-curricular working group) and education ministry officials as well as NGO representatives (extra-curricular working group), and culminated in the official programme launch through the Minister of Basic Education, Sport and Culture during the annual June AIDS Awareness Week, which this year had the theme Window of Hope.

All activities of the 44 sessions were developed through a process of pre-testing in rural and urban schools and conducting a culture and gender check by a group of designated readers from different language groups. Eight facilitator (teacher) manuals were printed along with an implementation booklet which guides schools in setting up the intervention and in mobilising parents and communities to support the clubs. It also describes the monitoring and support framework for schools as well as regional and national level. Window of Hope (WOH) aims to contribute to positive behaviour formation through equipping children with the self-esteem, knowledge, attitudes and skills to be able to protect themselves against HIV infection by not engaging in early sexual activity. It also strengthens the resilience of young adolescents to cope in an environment where HIV/AIDS disrupts family life and other support systems.

The Window of Hope initiative takes a two-pronged approach of incorporating life skills education into the formal curriculum (the ‘in-school component’) and of imparting life skills through a participatory extra-curricular afternoon activity (the ‘after-school component’).

The process of designing the ‘after-school’ component of Window of Hope resulted in a genuinely new type of AIDS Awareness Club in scope and format, unique in at least two features: firstly, its holistic approach combines skills for prevention with building the psycho-social strengths vital for coping in an AIDS-affected society. Secondly, it runs over a much longer period than other programmes to accompany long-term adolescent behaviour development.

Window of Hope (‘after-school’) is a life skills programme embracing the definition of the World Health Organisation\(^2\). It is aimed at primary prevention of HIV, as well as at developing

\(^2\) Life skills are a group of psychosocial competencies and interpersonal skills that help people to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with and manage their lives in a healthy and productive manner. Life skills may be directed toward personal actions or actions toward others, as well as toward actions to change the surrounding
coping/resilience skills in children made vulnerable by AIDS or other social problems including domestic violence and poverty." (Terms of Reference Evaluation of WINDOW OF HOPE within the Country Programme of Cooperation, Government of Namibia and UNICEF, 2006-2010; DRAFT 12 March 2006).

“In the absence of a stand-alone life skills subject, which is compulsory for all learners, has sufficient time allocation on the timetable, and for which teachers receive appropriate training, the Window of Hope programme, including cross-curricular and extra-curricular components, is a step in the right direction.” (Sourcebook of Education based HIV/AIDS Prevention Programs”, World Bank (draft for online publication in 2006))

“WOH focuses on communication and interpersonal skills, decision-making and critical thinking skills, and coping and self-management skills. Special emphasis is on developing self-awareness and self-confidence as a foundation for all other skills above, and as a prerequisite for engaging in health-seeking behaviour as well as for coping and developing compassion in an environment deeply disrupted by the pandemic.

“The implementation model is a children’s club led by a teacher trained as WOH facilitator, with parents and older youth encouraged to become club patrons or co-facilitate activities. WOH after-school clubs complement the knowledge and skills acquisition through the key carrier subjects, but provide a more informal environment with ‘fun’ activities.

“The Window of Hope after-school component comprises eight modules, divided up into four ‘junior’ and four ‘senior’ windows for age cohorts 9 - 11 and 12 - 14 respectively. Each module has five 90 minute sessions of participatory activities such as games, stories, songs, information sharing, partner and group work, role playing, artwork, visualisation exercises and opening & closing rituals. Instructions for each of these structured sessions are spelt out in minute detail in the facilitator’s manual, which also provides background information on the developmental stages of young teenagers and on the themes dealt with in the sessions, such as self-esteem, decision-making, child abuse, gender roles, reproductive health and HIV/AIDS. In addition, each module provides suggestions for more open activities (learner ‘projects' or outreach activities to peers and parents/caregivers).” (Terms of Reference Evaluation of WINDOW OF HOPE within the Country Programme of Cooperation, Government of Namibia and UNICEF, 2006-2010; DRAFT 12 March 2006). It is important to point out that the function of the Junior Window of Hope program is to introduce and lay the foundation for the development of the above-mentioned life-skills and issues. The actual implementation and application of these life-skills occurs during the Senior Window of Hope program.

WOH facilitators are trained by regional education officers, who themselves underwent training of trainer (TOT) of trainers workshops on the modules for Grades 4-5 and 6-7.

“National coordination of Window of Hope rests with the HIV and AIDS Management Unit of the Education Sector (HAMU). Regional implementation, including training of facilitators and regular environment to make it conducive to health. (World Health Organisation (n.d), Skills for Health. Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School.)
monitoring is the task of the regional education directorates, especially the regional AIDS Committees in Education (RACE).” (Terms of Reference Evaluation of WINDOW OF HOPE within the Country Programme of Cooperation, Government of Namibia and UNICEF, 2006-2010; DRAFT 12 March 2006).

Once a WOH Club has been established at a school, other teachers, parents, community members and interested parties are encouraged by the school to assist the facilitator during club sessions. Once an interested party has co-facilitated a complete window at her/his school, s/he is encouraged to start a WOH club as soon as possible.

An official monitoring system for the ongoing assessment of the WOH program has been designed. The WOH facilitator is expected to fill in an attendance sheet after each club session. As a module is completed, the facilitator additionally fills in an evaluation form which gives contact details of the school and teacher/facilitator as well as details on the number of learners that completed a respective window (attended 4 of 5 sessions) as well as the impact on the learners in terms of learning new information, developing communication skills, group participation, improving self-confidence, developing positive attitudes, enjoyment during participation and ease of facilitation. (See Teacher’s Manual: Implementation Guidelines After-School Window of Hope Clubs, Grades 4 and 5). The school principal then signs the reports and sends them to the regional education officers. Though this monitoring system has been revised in May 2006, the changes do not apply to this study.

According to the Sourcebook of Education based HIV/AIDS Prevention Programs, World Bank (draft for online publication in 2006), “A focal point compiles a regional summary form, submitting this to HAMU, the body responsible for producing and distributing a national WOH program summary report.” (focal point is referred to in this report as regional education officer).

3. Methodology

“The study will not specifically address relevance, as the need to provide HIV prevention education to pre-sexually active adolescents has been confirmed and amplified throughout the recent country programme preparation as well as the United Nations Development Assistance Framework (UNDAF) on which UNICEF’s country programme is based.” (Terms of Reference Evaluation of WINDOW OF HOPE within the Country Programme of Cooperation, Government of Namibia and UNICEF, 2006-2010; DRAFT 12 March 2006).

The purpose of this evaluation was to consider the outcomes of the Window of Hope program, as opposed to the implementation of the program. A proper research design, utilizing an experimental group (those who participated in WOH clubs) and a control group (those who did not participate) was the initial aim of the evaluation team. It quickly became apparent however, that it was not possible to utilize a control group as part of this post facto evaluation due to a myriad of extraneous contaminating variables. Unfortunately for research purposes, initial control groups were not identified at the time of program implementation. Thus, these evaluation results must necessarily be of a qualitative nature (outcomes and value for participants), and not a measurement of outcomes against non-outcomes.
3.1. Research questions

Is life skills education through WOH reaching its’ objectives in terms of influencing young adolescents’ knowledge, attitudes and skills? What are the specific outcomes regarding knowledge, attitudes and skills? Are there ancillary, secondary outcomes? These questions can be subsumed under the overarching question of: what is the value of the Window of Hope program?

3.2. Data collection

3.2.1. Protection of human subjects

Since sampling involved under-aged children, the evaluation team adhered to the Government of Namibia/UNICEF guidelines for sampling data from this group. Informed consent was obtained from participants at all times. The regional education officers were notified in advance of the aims and objectives of the evaluation. Permission for the evaluation was obtained from the principals and school boards in advance.

Confidentiality was ensured at all times and the data collected was reported on an aggregate basis and never on an individual basis. The evaluation team kept the raw data secure and was shared only amongst the evaluation team members. The information/data collected will never be linked to the names of the participants interviewed. The evaluation team also adhered to the declaration of Helsinki, which emphasizes autonomy, beneficence, non-malfeasance and justice.

3.2.2. Mitigation of possible biases

In two of the 10 schools visited, children were pre-selected by the WOH club teacher on the basis of being orphans or vulnerable children, or having learning difficulties. For the majority of the children in the junior WOH clubs, participation is voluntary and as such their self-selection may form a research bias. The children may be high achievers interested in maximizing their access to any educational opportunity. Alternatively the children may have personal experience or a special interest in HIV/AIDS and therefore already have greater knowledge and more progressive attitudes than non-club members. Maturation might also pose another bias since the children likely matured whilst participating in WOH clubs, especially when advancing from grade 4 to 5. Thus the changes noted by participants may not be directly due to the intervention. Although the Junior Window of Hope is targeted toward 9-12 year olds, given the presence of late school starters in Namibia some groups have a higher proportion of children whose age falls outside the usual 9-12 years. Children in this study were aged 10-14 having already finished the program in 2005 or early 2006.

Some clubs may perform better than others due to their school’s exposure to previous HIV/AIDS or life skills activities (historical bias). While the evaluators attempted to select schools that most recently completed the junior WOH program, it was necessary to include schools whose clubs finished the curriculum in 2005. As such, the evaluation of these groups may have been contaminated by breakdowns in group cohesion and/or absence of children who may have relocated. Additionally, children may be exposed to relevant information in Natural Science classes. Thus it is impossible to separate the measurement of learning from the club as opposed to ancillary learning.
Children who did not understand the material being taught or were uncomfortable with the subjects may have dropped out of groups. Their attrition may have left a higher proportion of successful learners. To counter this potential bias the evaluators identified club dropouts and administered a small evaluation tool to assess their reasons for dropping out.

And finally there may be a possibility of Instrumentation bias, since in some cases there was a language barrier between the evaluation team and the WOH club participants. In areas where the WOH teachers chose to conduct the club curriculum in their local language, vocabulary and cultural differences may have resulted in slight changes to the program content.

3.3. Sample populations

The aim of this study was to conduct the evaluation in only those schools whose learners had completed the entire Junior WOH program (4 Windows) but had not yet begun the Senior WOH program. The Senior WOH program provides more in-depth opportunities for the practical application of the knowledge, attitudes and skills introduced in the Junior WOH program and as such would bias the evaluation results. Furthermore, given that respect for and understanding of gender is one of the key elements of the WOH program an equal number of boys and girls as respondents was desirable. Therefore, purposive sampling was used i.e. the assessment population had already been identified in advance of the evaluation. Clubs that had most recently completed the junior program were given preference in order to limit the biases created by a deterioration of group cohesion, learner relocation and learner exposure to ancillary knowledge.

3.4. Study populations

In order to achieve as wide a geographic and cultural representation as possible, the evaluation team implemented the evaluation in three regions; Oshana (North), Khomas (Central) and Erongo (West). The original research design sought to identify four schools in each region, two urban and two rural. However, this proved to be impossible given the limited number of schools per region that had both implemented and completed all four of the windows. For more information on the attempts made to identify qualifying schools, please see Appendix II. To ensure a child-friendly approach, only 12 participants per club group were selected, with the intent to distribute gender as equally as possible (6 boys & 6 girls). The club teacher(s) at each school selected these respondents. In three circumstances, the numbers of girl participants in the study exceeded the number of boys. In Khomas School F, only one boy was included. School F’s WOH teacher explained that their club contained mostly girls. Erongo School H had a similar explanation for selecting more girls. In Erongo School I, the WOH teacher had misunderstood the pre-study information given and had selected more girls on the basis that she thought the girls more deserving. Since the girls were ready and waiting in a classroom, the consultants decided to proceed as is so the children would not be disappointed.
Thus, the final study population consisted of:

<table>
<thead>
<tr>
<th>Age</th>
<th>M</th>
<th>F</th>
<th>Total</th>
<th>Oshana</th>
<th>Khomas</th>
<th>Erongo</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 years</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>11 years</td>
<td>22</td>
<td>36</td>
<td>58</td>
<td>17</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td>12 years</td>
<td>17</td>
<td>21</td>
<td>38</td>
<td>17</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>13 years</td>
<td>3</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>14 years</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Urban school</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Rural school</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Additionally available club dropouts were asked to participate in individual interviews to highlight any systemic concerns.

General demographics of these schools
Source: School principals

<table>
<thead>
<tr>
<th>Region</th>
<th>Oshana</th>
<th>Khomas</th>
<th>Erongo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no of learners</td>
<td>No of OVC</td>
<td>%</td>
<td>Total no of learners</td>
</tr>
<tr>
<td>School A</td>
<td>810;</td>
<td>289;</td>
<td>36%</td>
</tr>
<tr>
<td>School B</td>
<td>719;</td>
<td>160;</td>
<td>22%</td>
</tr>
<tr>
<td>School C</td>
<td>289;</td>
<td>68;</td>
<td>24%</td>
</tr>
<tr>
<td>School D</td>
<td>384;</td>
<td>154;</td>
<td>40%</td>
</tr>
<tr>
<td>School E</td>
<td>1300;</td>
<td>40;</td>
<td>0.3%</td>
</tr>
<tr>
<td>School F</td>
<td>1500;</td>
<td>250;</td>
<td>2%</td>
</tr>
<tr>
<td>School G</td>
<td>1542;</td>
<td>225;</td>
<td>15%</td>
</tr>
<tr>
<td>School H</td>
<td>560;</td>
<td>50;</td>
<td>9%</td>
</tr>
<tr>
<td>School I</td>
<td>525;</td>
<td>50;</td>
<td>10%</td>
</tr>
<tr>
<td>School J</td>
<td>272;</td>
<td>64;</td>
<td>24%</td>
</tr>
</tbody>
</table>

3.5. Methods Used
Access into the study area was negotiated with the relevant regional education officers (responsible for the WOH program in their area); the Ministry of Education and UNICEF were entry points. Relevant documents such as training reports, quarterly reports and annual reports were obtained where possible. Given that the majority of children finished the program in 2005, schools no longer had copies of the reports, and regional education officers had no records for 2004, when most of the clubs started. It also became clear that there was not complete and comprehensive data available because reports had not been submitted to the region. Of the 10 schools involved in this evaluation, two had not submitted any reports, and four had only submitted attendance records for 2006. Data that was submitted did not yield significant information other than demographics and teachers’ comments were minimal.
A regional education officer from each of the three regions was interviewed. These regional education officers are responsible for supervising and supporting the teachers, networking with the school principals, and monitoring the WOH program.

Principals from each of the 10 schools were individually interviewed. The Junior WOH club teacher(s) from each school were also individually interviewed. In one Erongo school (School G), the WOH program is fully integrated into the curriculum rather than delivered as an after-school club. This school has effectively 9 Junior WOH teachers, only one of whom received the official training, with the others simply being given the WOH manuals and instructed to teach. At this school, the trained teacher and only one of the non-trained teachers were interviewed. The selection of only two teachers was decided upon to minimize disruption to the school (all the Junior WOH teachers were busy teaching).

While it is relatively straightforward to evaluate knowledge attained, an evaluation of attitudes and skills must, by definition, be of a qualitative and inferential nature. Thus, the tools developed were piloted on three separate occasions to assure their validity and reliability. The key aspect of this evaluation is that the methodology is rooted in the Window of Hope curriculum. This is the only type of methodology that could be used to gain the necessary information about knowledge, attitudes, skills and ultimate impact of the program.

### 3.6. Tools used

#### 3.6.1. Knowledge

A knowledge quiz consisting of ten (10) multiple-choice questions (three options each) was administered to all participants in a group setting. Eight of the 10 questions on the knowledge quiz concerned HIV/AIDS and two concerned physical changes during puberty, two areas essential to the behaviour formation of future HIV/AIDS prevention.

The questions were taken from the Junior Window of Hope manuals and care was taken to use the same words and phrases as in the manuals to ensure that the children had good comprehension:

<table>
<thead>
<tr>
<th>Question</th>
<th>Source</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Red Manual</td>
<td>22</td>
</tr>
<tr>
<td>2</td>
<td>Red Manual</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>Yellow Manual</td>
<td>46</td>
</tr>
<tr>
<td>4</td>
<td>Red Manual</td>
<td>24 / 27</td>
</tr>
<tr>
<td>5</td>
<td>Red Manual</td>
<td>35 / 52</td>
</tr>
<tr>
<td>6</td>
<td>Yellow Manual</td>
<td>33 / 47</td>
</tr>
<tr>
<td>7</td>
<td>Red Manual</td>
<td>23 / 27 / 35</td>
</tr>
<tr>
<td>8</td>
<td>Red Manual</td>
<td>36 / 37 / 38</td>
</tr>
<tr>
<td>9</td>
<td>Red Manual / KAPB Study 2006</td>
<td>44 / 56 // Question 26m</td>
</tr>
<tr>
<td>10</td>
<td>Red Manual</td>
<td>33 / 36 / 52</td>
</tr>
</tbody>
</table>
Each participant individually marked the correct answer on an answering sheet. The procedure of how to answer and what to do in case of correcting an answer was explained and demonstrated visually and a test question was used to reinforce the procedure. Children were asked to mark their gender on the answering sheet. No other identifying data was collected.

After assessing the language skills of the group, the questions were presented once orally in English, Afrikaans or Oshiwambo. It was then shown written on a poster in the relevant language and slowly read aloud. After each question, facilitators ensured valid answers by walking around the classroom to ensure that each child had accurately marked only one answer for each corresponding question. After all questions and options were read, the children were asked if there were words that they had not understood. If this was the case, the word was offered in a different language or dialect. If that did not help, an agreed definition was given in any of the relevant languages. Once the quiz was finished and all answer sheets had been collected, the children were given the correct answers. This would ensure that they were exposed to the right information. The children then each received a paper “Window of Hope” cap from UNICEF and were thanked for their participation.

3.6.2. Attitudes
Attitudes towards HIV/AIDS-related stigma and gender relations were measured using a forum theatre model. Members of the research team acted out a scripted story about two school friends. One of the school friend’s fathers had become ill with AIDS and the resulting effects on relationships were enacted. The drama was stopped at specific intervals and questions were posed to the children. It was explained that there were no ‘right’ or ‘wrong’ answers in this drama; it was about their feelings and opinions. In all four schools in the Oshana region, the play and questions were presented in Oshiwambo (Oshindonga dialect). In the Khomas and Erongo regions, the drama and questions were presented in English.

The learners were given an answer sheet and asked to mark their answers on it during the intervals in the drama. The procedure of how to answer and what to do in case of changing an answer was explained and demonstrated visually. A test question was used to reinforce the procedure. Children were asked to mark their gender on the answering sheet, but no other identifying information was collected. After each question, facilitators ensured valid answers by walking around the classroom to check that each child had accurately marked only one answer for each corresponding question. Upon request, questions would be read aloud again. When the drama was finished, the children were encouraged to applaud the actors and the actors were de-roled. Each child received three stickers and was thanked for their participation.
The drama questions were drawn from the WOH Red and Yellow books and at the request of UNICEF, from their questions posed in the UNICEF KAPB study (HIV and AIDS Knowledge, Attitudes, Practices and Behaviour (KAPB) Study in Namibia, November 2006).

<table>
<thead>
<tr>
<th>Question</th>
<th>Manual</th>
<th>KAPB Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Red pg 44</td>
<td>Q 36d</td>
</tr>
<tr>
<td>2</td>
<td>Red pg 52</td>
<td>Q 26c,f,i,j,k,l</td>
</tr>
<tr>
<td>3</td>
<td>Red pg 52</td>
<td>Q 36b</td>
</tr>
<tr>
<td>4</td>
<td>Red pg 44 - 57</td>
<td>Q 36f,g</td>
</tr>
<tr>
<td>5</td>
<td>Red pg 52</td>
<td>Q 36a,d,g</td>
</tr>
<tr>
<td>6</td>
<td>Red pg 53 - 70</td>
<td>Q 36a,d,g</td>
</tr>
<tr>
<td>7</td>
<td>Yellow pg 59 ff</td>
<td>Q 36a,d,g</td>
</tr>
</tbody>
</table>

3.6.3. Skills

HIV prevention, relationship, sexuality communication and academic skills impacted by the children’s participation in the WOH program were qualitatively assessed by means of Key Informant Interviews individually conducted with each child. Interviews consisted of 22 questions. The interviewers were three female 4th year psychology students from the University of Namibia and one female assistant facilitator regularly employed by the consultants. It was determined that the children would feel most comfortable talking to young women of their same cultural background. Three of the interviewers are of Ovambo background and one is of a Coloured background. Sixty-six (66) interviews were conducted in English, 37 in Oshiwambo, nine (9) in a combination of English and Oshiwambo, three (3) in Afrikaans and three (3) in a combination of English and Afrikaans. While facilitators interviewed individual children, one facilitator stayed with the group and played games, sang songs and read stories. As the children finished their interview, they went back to their classroom. Each child was given an ink gel pen by the facilitator who conducted the interview and thanked for her/his co-operation.

3.6.4. Ancillary Outcomes

The Key Informant Interview (see 3.6.3 Skills above) questions were also selected to address ancillary outcomes. The questions were clustered to identify likes and dislikes of the program, what individual participants thought was important knowledge acquired, teacher attitudes, relationship formation and gender awareness as well as any secondary impacts (e.g., teaching others about information learned at the club).

3.7. Data analysis:

Given the limited scope of this study and the relatively small sample size, data were analyzed by the researchers using a data matrix and descriptive analysis.
4. **Findings**

4.1. **WOH Participant Responses**

4.1.1. **Knowledge**

The overall correct responses by region were Oshana 84%, Khomas 85% and Erongo 79%. Where the results for individual questions are significantly different, the consultants have looked for possible explanations.

Question 1: 89% correct that the HI virus causes AIDS.

Question 2: 86% correct that HIV positive means that HI virus is in the blood.

Question 3: 83% correct that as children grow into adults, girls menstruate.

Question 4: 73% correct that AIDS is a sickness that uses other sicknesses to make one sick, while 23% answered that AIDS can be cured. The higher percentage of the incorrect response to this question may indicate confusion about the meaning of the word “cured”, although the word was questioned only once in Oshana and once in Erongo.

Question 5: 84% correct that one can get HIV from getting an infected person’s blood into a wound.

Question 6: 77% correct that in puberty boys and girls grow hair under their armpits. This result was skewed by the responses from Oshana, where 21% of participants incorrectly answered that boys and girls produce sperm. The higher percentage of the incorrect response to this question may indicate either confusion about the question, or since it is confined primarily (but not solely) to one region, the way in which the information about puberty was taught. In fact, as indicated in the section 4.2. (Responses of other key informants) below, teachers in two of the four Oshana schools stated that they had difficulties teaching certain sections of the yellow window due to personal discomfort with the subject matter. Additionally, the researchers had reasonable cause to believe that three of the four Oshana clubs might not have addressed all the topics in this window.

Question 7: 84% correct that an HIV test can tell if person is HIV positive.

Question 8: 91% correct that the virus cannot enter the body if a person uses a condom during sex.

Question 9: 68% correct that many people who have the HI virus are afraid that people will tease them if they find out, while 22% answered that many people who have HI virus have been bewitched and cannot be helped, and 11% answered that many people who have HI virus were naughty and are being punished. The incorrect responses about being bewitched were mainly made by respondents from the Erongo region (the children from the Erongo region, either got the question correct or selected the bewitched option, none of them chose the being naughty option), while the incorrect responses about being naughty and being punished were made predominantly by respondents from the Oshana region.
Question 10: 88% correct that semen is a body fluid that can transmit HIV

4.1.1.1. Knowledge: Summary of Responses by Gender & Region:

<table>
<thead>
<tr>
<th>Region</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oshana</td>
<td>80%</td>
<td>87%</td>
</tr>
<tr>
<td>Khomas</td>
<td>81%</td>
<td>87%</td>
</tr>
<tr>
<td>Erongo</td>
<td>78%</td>
<td>80%</td>
</tr>
</tbody>
</table>

As can be seen from the above table, the girls out performed the boys in all three regions but the results are not vastly dissimilar.

The percentage of correct responses of the Erongo region was slightly lower than for the other two regions. The two overall lowest scoring schools were in Erongo (School J 69% and School I 73%) yet Erongo also had the second highest scoring school (School G 92%), while the highest was in Oshana (School A 95%).

In order to be certain that the answers were not based on misunderstood words, the facilitators recorded the words that were questioned / clarified in all the schools. See Appendix V. The words most frequently asked about by the learners were: Semen (6 schools), Menstruation (4 schools), Erection (4 schools), Puberty (3 schools), Sperm (2 schools). The most questions were asked in the Oshana region, though the questions were read out and presented in Oshiwambo. In Oshana, words had to be explained 18 times. In the two Khomas schools, seven words had to be explained. In Erongo, children in three schools didn’t ask any questions and the facilitators observed that these learners sometimes appeared to be afraid to ask. In one Erongo school, four words had to be explained.

4.1.2. Attitudes
Towards people infected/affected by HIV/AIDS:

The Hileni drama involved asking the WOH participants seven (7) questions. Their responses have been categorized as 'appropriate' or 'not appropriate' based on the teachings from the Red and Yellow WOH manuals.

1. Hileni tells her friend about her daddy being sick and that maybe he has AIDS. Mark the box next to the ☺ if you think it is okay for Hileni to talk to a friend about her father and his illness. If you think she shouldn’t tell a friend about her father and his illness, then mark the ☹. (This question assesses expressing and sharing feelings outside of the family regarding suspected illnesses, in particular HIV/AIDS).

Of a total of 120 responses, 72 (60%) indicated that it is acceptable (appropriate response based on WOH teachings), while 48 (40%) indicated that it is not acceptable. The Oshana and Erongo regions had similar response rates (Oshana: 54% acceptable to 46% unacceptable; Erongo: 56% acceptable to 44% unacceptable) while the Khomas region demonstrated a marked difference in favour of acceptable responses (79% acceptable to 21% unacceptable). The research team examined the cultural implications of these responses. The Owambo
members of the research team indicated that it is a common Ovambo tradition that one can only discuss family matters outside of the family with parental permission; otherwise family matters are kept strictly private. It would appear that with regard to the disclosure of private matters, cultural beliefs still strongly influence the children’s responses. The Khomas results could lead one to conclude that with the exposure to the diversity of cultures that tends to happen in a large urban setting (Windhoek), traditional cultural beliefs and practices are less strongly adhered to.

2. Johanna’s mommy doesn’t want Johanna to play with Hileni anymore because Hileni’s daddy is sick and she is afraid that Johanna could get sick too, if she gets close to Hileni’s daddy. If YOU were Johanna’s mommy, would you be worried about this too? Mark the box next to the ☺ if you would be worried about this too. If you are not worried about Johanna playing at Hileni’s house, then mark the ☻. (This question addresses the issues of confidence to reduce the risk of infection, stigma).

Of a total of 120 responses, 83 (69%) indicated that they would not be worried about getting sick by playing at a friend’s house (appropriate response based on WOH teachings), while 37 (31%) indicated they would be worried. The responses from the three regions all reflected these percentages. To ensure that the children were not being asked to contradict an elder (parent), the question was carefully phrased in such a way as to place the child in the position of a parent and therefore in the role of a decision maker.

3. The people in the neighbourhood don’t greet Hileni’s family anymore. They don’t buy their food because they are frightened to get sick. Mark the box next to the ☺ if you would be frightened and would not buy or eat food from a person you think has AIDS. If you wouldn’t be frightened and would buy or eat food from a person you think has AIDS, then mark the ☻. (This question addresses stigma and fear).

Of a total of 120 responses, 80 (67%) indicated that they would not be frightened of buying or eating food from a person who may have AIDS (appropriate response based on WOH teachings), while 40 (33%) indicated they would be frightened. Interestingly, the responses from Oshana and Erongo regions generally reflected these same percentages, while the responses from the Khomas region reflected an even division of 50% to 50%.

4. Johanna’s mommy says that God is punishing Hileni’s daddy with a bad illness. He is not a good man and makes his whole family ill. Would you believe this too? Mark the box next to the ☺ if you believe this too. If you don’t believe this, then mark the ☻. (This question addresses stigma and fear).

Of a total of 120 responses, 84 (70%) indicated that they did not believe that God was punishing Hileni’s daddy with a bad illness (appropriate response based on WOH teachings), while 36 (30%) indicated that they believed that God was punishing Hileni’s daddy. The percentage of appropriate responses varied from 79% in Khomas to 73% in Erongo to 63% in Oshana. As indicated in the first question, cultural beliefs may still compete with the teachings of WOH. It was observed that of the 48 participants in the Oshana region, all were Oshiwambo with the
exception of one Damara child. This degree of homogeneity was not observed in the other two regions and could be a factor in Oshana’s significantly lower appropriate response rate.

5. The children at school are afraid to sit next to Hileni, because they have heard lots of stories about her sick daddy. Now they worry that Hileni is sick, too and can make them sick if they play with her. Mark the box next to the ☺ if you would not sit next to Hileni, just like everyone else in the class. If you would sit next to Hileni even if no one else in the class does, then mark the ☻. (This question addresses the issues of stigma, sharing feelings, helping each other, self-confidence).

Of a total of 120 responses, 97 (81%) disagreed with the statement that Hileni would make them sick and indicated that they would sit next to her in class (appropriate response based on WOH teachings). The remaining 23 (19%) participants indicated that they would not be willing to sit next to Hileni. The responses to this question reflected the highest percentage of agreement with WOH teachings and were uniform across the three regions.

6. Nobody in the neighbourhood wants to help Hileni and her family. Mark the box next to the ☺ if you agree that only Hileni’s family members should care and help them. If you think that friends and neighbours should also care and help Hileni’s family, then mark the ☻. (This question addresses stigma and helping others).

Of a total of 120 responses, 96 (80%) indicated that friends and neighbours should help the family (appropriate response based on WOH teachings), while 24 (20%) indicated that only family members should care and help the family. There was much variation by region on this question, with 96% of the respondents in Khomas selecting the appropriate response, 81% in Oshana, and 71% in Erongo.

7. Hileni tells Josua, an older boy in her class that he is wrong to treat her badly. If you were Hileni, would you do the same? Mark the box next to the ☺ if you agree that a girl can tell an older boy that he should not treat her like this. If you don’t agree that a girl can tell an older boy that he should not treat her like this, then mark the ☻. (This question addresses understanding and respecting the opposite sex, self-esteem and self-confidence).

Of a total of 120 responses, 96 (80%) indicated that a girl can stand up for herself to an older boy, (appropriate response based on WOH teachings), while 24 (20%) did not think that a girl could tell an older boy he is wrong. There was a variation among regions, with 88% of respondents in both Erongo and Khomas indicating agreement, but only 69% of respondents in Oshana. Again, the researchers must cite the pervasiveness of traditional cultural beliefs in the rural North, where males are believed to have higher status.

In general it can be said that the findings concerning attitudes / stigma support the findings of the KAPB study (see KAPB, p. 13).
4.1.2.1. Attitudes: Summary of Responses by Gender and Region:

<table>
<thead>
<tr>
<th>Region</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oshana</td>
<td>72.6%</td>
<td>66.1%</td>
</tr>
<tr>
<td>Khomas</td>
<td>69.4%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Erongo</td>
<td>68.6%</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

Data from this assessment tool about attitudes were also analyzed in relation to gender of respondent for those questions in which there appeared to be significant differences in responses.

Oshana: there was a total of 48 respondents, 24 boys and 24 girls. Overall, the boys’ responses were in slightly greater accordance with WOH teachings than those of the girls. School A in Oshana had the highest attitude score overall (93%) but also contained the two lowest scoring schools, School C (65%) and School D (52%).

Khomas: there was a total of 24 respondents, 6 boys and 18 girls. A larger proportion of girls were evaluated in the one school, because the club itself contained a greater proportion of girls due to the high numbers of boys dropping out. This school scored the second highest overall with 85%. In Khomas, the girls’ responses were significantly better than the boys’.

Erongo: there was a total of 48 respondents, 20 boys and 28 girls. In this region, the girls scored slightly better.

In general, the boys across all three regions answered consistently well (Oshana 73%, Khomas 69%, Erongo 69% in accordance with WOH teachings). There was more variation with the girls’ results (Oshana 66%, Khomas 82%, Erongo 75%). The Khomas girls scored 82%, significantly better than all other groups. This result has been skewed however, because there were only two schools evaluated in the region, with the girls from one of these schools scoring extremely well (87%) and the other girls’ group scoring a more average 74%. It was observed in the successful Khomas school that the attitude of the WOH teacher was strongly in favour of the girls. The teacher was a young and enthusiastic woman who acted as a positive role model for the girls.

4.1.3. Generalized Summary of Knowledge Quiz and Hileni’s Drama Questions

School A from Oshana scored the highest overall in both the quiz and the attitude questions. This is likely due to the strongly positive influence of the school’s principal who was also a trained WOH facilitator and an enthusiastic supporter of the program. The research team were notably impressed by this principal's knowledge and dedication.

School G from Erongo was the second highest scorer in the knowledge quiz and third highest in the attitude questions. Although the majority of this school’s teachers had not been formally trained in the WOH program, this school, which is the only one to have fully integrated the club into its curriculum, has done exceptionally well. There are a number of possible explanations for this; learner’s will have this program delivered to them by teachers with whom they are already
familiar, learners will be able to discuss program issues with any of their friends, not just other members of the club and the ethos of the school may be more open and integrated.

School F from Khomas had the second highest score in the attitude questions. As previously mentioned, the majority of the club were girls who obviously benefited significantly from the positive role modelling and attitude of the newly graduated teacher.

With the exception of School A, the remaining three Oshana schools (B,C,D) performed very poorly in the attitude questions. This is likely due to the homogenous, traditional environment in which the schools are located. Oshana is the only strictly homeland region under examination by this assessment.

In comparing the responses to both the knowledge and attitude questions, there appears to be some correlation for the top scoring schools. The same three schools achieved the highest in both sections. Schools C & D were the lowest performing schools overall with poor scores in both sections. However, Schools I & J had the lowest scores in the knowledge quiz but achieved mid-range scores in the attitude questions. At School I, the program was taught to a group of 40-50 children, which could have impacted negatively on their ability to absorb knowledge. However, this same school has a dynamic, socially conscious principal who has taken the club children to visit and support people dying of AIDS, hence the possible explanation for the discordant results. No similar situation was observed in School J (located in a highly deprived, informal settlement).

4.1.4. Skills
Skills acquired as a result of the WOH program were qualitatively assessed by means of Key Informant Interviews individually conducted with each child. The majority overall responses were:

- **Ranking of Children’s Self Identified Most Significant Areas of Learning**
  - HIV/AIDS; protection, transmission and caring for those infected.
  - Self-confidence regarding how to say yes/no and being in charge of one’s own body.
  - Changes in adolescence, both physiological and emotional.
  - Respect for others and solving interpersonal problems.
  - Hygiene.

- **Relationship Improvements Associated with the WOH Program**
  - The overwhelming majority of participants indicated that they are still friends with other members of the club and it appears that girls and boys were more likely to be friends with each other as a result of the club.
  - All of the Junior WOH club teachers were female and displayed more positive attributes (friendliness, tolerance, patience, trustworthiness) when teaching in the club as opposed to teaching in class.
Communication Skills Improvements Associated with the WOH Program Regarding Body Parts, Sexuality and General Learning

- Learning about physical changes and body parts was an integral part of the yellow window. Fifty percent of the respondents reported that they are comfortable talking about their body, while the other 50% indicated that they are not comfortable talking about their private parts. Of those who were not comfortable talking about their private parts, girls outnumbered boys by almost 2:1.

- Talking about sex remains difficult for many of the respondents. The most frequent response (21%) was that they would not talk to anyone about sex, while almost the same number (20%) said they would talk to their mothers, and 18% said they would talk to their teacher or principal.

- The respondents are most embarrassed to talk to their friends about sex. The most frequent reasons they cited are that it is a cultural taboo (20%) as well as the lack of confidentiality (16%), i.e., that their friends would tell others.

- Almost all of the respondents (95%) talk to their families about the WOH club, particularly to their mothers and other relatives. They talk primarily about HIV issues, but also about life skills learned, decision-making, body parts and body changes, things that are bad and good for them, being the boss of their own body, how to care of sick people, having good relationships, and other club activities.

Academic Improvements Associated with the WOH Program

- Fifty-six percent (56%) of respondents indicated that their school marks improved as a result of the club, especially in the subjects of English, Mathematics, Natural Sciences and Social Studies.

- These same respondents indicated that their marks improved as a result of skills learned in the club, such as taking school more seriously, participating in class, teamwork, decision-making, increased confidence, improved English skills.

4.1.5. Ancillary Outcomes

Most Popular Aspects of the WOH Program

- Content: All creative activities (drawing, games, stories, songs).
- Best Book: Red (because they learned about HIV protection, transmission and caring for those who are infected) followed by Yellow (because it addresses body changes and gender issues).

What Children Who Don’t Attend Club Miss Out On

- Top Response: Learning about HIV issues.
- Second Most Common: Creative activities (drawing, games, stories, songs).

4.2. Responses of Other Key Informants (14 teachers, 10 principals, 3 regional education officers)

The responses of teachers, principals and regional education officers have been grouped into themes for better comprehension.
4.2.1. Selection of children for participation in Junior Window of Hope club

The teachers appear to be the most informed and responsible agents for starting up the WOH clubs in their respective schools. With the exception of one Oshana principal (who was a trained WOH facilitator) the majority of principals had minimal information about the selection process. Two principals, who had started at their respective schools this year, did not know the selection process at all.

In all three regions, the majority of schools had voluntary membership in their WOH clubs. Teachers and their principals ensured that all grade 4 and 5 learners and their parents were informed about the program. Those learners who were interested and who had parental permission were selected by the teachers. Most schools had one or two parents refuse permission because they considered the topics inappropriate for their children (content not appropriate for learner age or due to religious beliefs). Two Oshana schools (Schools A & D) in accordance with the WOH Implementation Guide, purposely selected orphans and vulnerable children (OVC) to attend the club, whilst School D also targeted children with learning difficulties. In the Erongo region, School G fully integrated the program into Grades 4 & 5 so that all learners attend. In Erongo School I, the club appears to be mostly integrated, with one class attending club on a compulsory basis after school while another teacher provides the curriculum to 50 learners in the morning schedule.

It has been the teachers’ responsibility to attempt to ensure equal gender participation in all of the non-integrated schools. These teachers experienced that boys were more likely to drop out of the after school club in order to play soccer (Boy drop outs reported that they had to do after school chores at home). Girls were noted as being more interested and enthusiastic to participate in club activities, particularly in the games, songs and artwork.

4.2.2. How children were changed by Window of Hope

All teachers interviewed and those principals who had more knowledge of their WOH programs were in agreement that the children were changed by their participation in the WOH program. All teachers found that the children feel special because of their membership and are envied by those who are not members. The majority of teachers and half of the principals stated that the learners became more “free” to speak, more able to voice their opinions, had more confidence, participated more in their classes and were more willing to help one another. Half of the principals also found improved discipline with the club participants. Though the informed school principals (all from Oshana and one from Erongo) noted increased academic performance and /or improvement of marks, none of the teachers noted that grades had improved. Yet 25% of teachers found that children had increased knowledge (Body parts and HIV/AIDS) when these subjects were addressed in Natural Science classes. A minority of teachers and principals also found that their children had become less segregated by gender and tribe (more mixing occurred), less sexually active, could say ‘no’ to abuse more readily, while one teacher said that children were better able to cope with problems at home.
4.2.3. Teaching Aspects Related to WOH Program

4.2.3.1. Personal benefits for the teachers and regional education officers

Half of the teachers (7) spoke of gaining knowledge they didn’t previously have. There was specific mention of learning about bodies and HIV. Five teachers spoke of learning how to talk to children, recognize their feelings and behaviours and being able to help them. One teacher spoke of gaining English vocabulary, one spoke of becoming a facilitator (transferable skill). Two teachers mentioned how it enriched their own lives and in one of those cases, how she had taught this information to her own family. One teacher used knowledge learned to intervene in cases of abuse.

All regional education officers felt that they had gained from the program. One had used some of the principles with their own young children and felt that they had a better understanding of others now. One felt that they had greatly improved their abilities as a trainer and the program had added to their personal growth and made them more patient. One regional education officer spoke from a facilitator’s point of view and felt that they had gained greatly in their abilities as a facilitator.

4.2.3.2. Selection, Training, Support, Languages Used and Challenges

Oshana principals used various criteria to make the WOH teacher selection. One principal was quite specific in wanting a mature, married teacher who had the self-confidence to talk about sex. At least two of the Oshana teachers were selected because they taught Natural Science. In Khomas, one school selected the teacher based on enthusiasm and compassion for children. The other Khomas school chose a teacher who had attended the WOH information meeting and who had a religious background. In Erongo, two new principals did not know how the selection was made. The principal of the most integrated school wanted all his teachers to attend the training. One Erongo principal stated that the teacher who had already been involved in HIV related issues was selected. Four principals stated that teachers were selected in consultation with the staff.

All regional education officers stated that the decision lies with the school principals. The invitation from the regional education officers has a recommendation for the selection of appropriate teachers which suggests that the teacher should not facilitate both Junior and Senior WOH, but this sometimes happens.

Thirteen (13) of the 14 teachers interviewed, received formal training in WOH; the one untrained teacher (from the Erongo school that integrated the program into all grade 4 and 5 classes) had simply been given the manuals. A preliminary visit to this school identified that there were nine (9) Junior WOH teachers, only one of whom had received formal training. Out of the ten schools visited, the principals were only aware of one teacher trained in WOH who is not currently facilitating a club (a Grade 3 teacher in the integrated school where the club is operated in-class for Grades 5, 6, 7). One Oshana and one Erongo principal (new to the school) did not know if there were inactive trained facilitators in their schools.
The regional education officers gave the following numbers with regard to training:
Khomas region: 23 Junior and 11 senior trained WOH facilitators
Oshana: 107 Junior WOH facilitators out of 113 schools and 66 Senior WOH facilitators out of 89 qualifying schools
Erongo: 64 trained WOH facilitators but no separate numbers for Junior and Senior facilitators available

Only Khomas had one person trained as a WOH facilitator who was not a teacher, and there had been training for NGOs that was never followed up. Oshana only trained teachers and Erongo did not have the data available to answer the question.

The regional education officers pointed out that they offered various degrees of follow-up trainings that were not used by all relevant stakeholders. Khomas ran three follow-up training sessions, Oshana met with other regional education officers for an idea exchange once in 2006 and Erongo had no trainer at the time of the evaluation, thus the question was not applicable.

In general, it is clear from the teachers that support is largely lacking. Two teachers said they received no support from anyone, and one teacher wanted more support. Five teachers stated that they received some support from other WOH colleagues and two stated that they received support from non-WOH teachers. However, other comments suggested that most non-WOH teachers either do not know or do not care about the program.

Six teachers stated that they receive support from their principal, but this support mainly involves informing learners about the program and handing out certificates. From these six teacher responses, only one principal in Oshana was noted to have visited the club and helped out from time to time. Some responses specifically noted that there was no support from the principal.

Overall, the principals identified their responsibility to the clubs to a) inform or support the teachers, b) inform learners and parents of the WOH program, c) sit in on club sessions, d) to sign the school reports and to sign and hand out certificates upon learner completion of each window. Three principals (all in Oshana) claimed to know quite a bit about the WOH program content. Two of these three had been trained in WOH. Principals who reported that they sat in on club sessions were more numerous than the reports given by teachers. Three principals (2 from Erongo, 1 from Khomas) indicated that they had little knowledge of the program and had not observed any sessions. These two Erongo principals claimed not to have had time yet to do so. (One of the two principals had been named principal only recently).

When asked about support from the regional education officer, three teachers indicated that they had had contact with the regional education officer, and two teachers felt they were getting the help they needed from the regional education officer. One teacher from each region said they were getting their certificates and buttons when asked for. However, teachers interviewed in each of the three regions made mention of needing their supplies replenished. Many seem to expect that this is the responsibility of the regional education officer. All schools noted that they were lacking in paper, pencils and coloured pencils (or crayons). Each region was represented by at least one teacher saying that they had received the original kits but no replenishments.
One Oshana teacher had never received the kit flag. One Erongo teacher said their kit was stolen and never replaced.

When questioned about the support the regional education officers themselves received, the answers varied: one regional education officer felt unsupported and that WOH was a very low priority for HAMU, but UNICEF offered good support. One regional education officer received support from colleagues but felt unsupported by UNICEF. HAMU and RACE were not mentioned. One regional education officer received support from the regional supervisors of RACE, HAMU and RACOC, although support from some schools could be better. No mention of UNICEF was made.

Two teachers stated that they received support from parents, in one case a parent volunteers as a WOH facilitator, and in the other case the parents are also employed as members of RACE & HAMU and can be called upon for assistance. One Erongo teacher asked for and received assistance from former club members.

Three teachers in Erongo and two in Khomas taught the clubs strictly in English. In the case of the Erongo teachers, two said they had no choice but to teach in English as their home language differed from that of the learners’. In one of the English speaking Khomas clubs, a child translated for the learners. The remaining schools taught their clubs in a combination of English and either Oshiwambo (Oshindonga dialect), Afrikaans or Damara. Home languages were often used for discussion.

The questions, “What was the easiest window to teach?” and “Which window did you have the most difficulty with?” were added to the teacher interview at the third school visited by the research team (The evaluation began in Oshana, then moved to Khomas, and finally to Erongo). A number of reactions at School B in Oshana (club members showing an inordinate unfamiliarity with the words and songs used in the Yellow book, teacher and principal responses) had resulted in a growing suspicion on the part of the research team that parts or all of certain windows were not being taught.

Eight teachers found the Green book or Blue book easiest to teach. One Oshana teacher found the Red book easiest. Two teachers had no difficulty teaching any of the windows. The remaining 12 teachers found either the Yellow or the Red book more difficult to teach because of the sensitive nature of the content. One Erongo teacher said “Red was most difficult as I find it difficult to talk about AIDS. It is a part of my life and I had no counselling to cope with my history.” One Oshana teacher commented on the Yellow Book, expressing her anxiety about the content but recognizing its importance if things were to change for the future.

### 4.2.4. Likes and Dislikes about the WOH Program

All teachers liked being the WOH teacher. Some pointed out how much they liked the program content or some parts of it. The majority of teachers spoke about how it had helped them to feel closer to the children, to understand them more, to offer better help or advice. One teacher said she wanted to help them to understand because “in our houses we have sick people.” Four
teachers indicated that it had helped them in their own lives (“as a child, no one [talked] to me but I experienced [these things] too”).

All the principals also responded positively to the WOH program. Their reasons differed, but all centred around some form of learner improvement. Comments included:

- improved self esteem,
- self confidence to speak up,
- becoming better citizens,
- saying no to sexual activity or abuse,
- gaining more information about HIV,
- gaining life-skills,
- gaining decision making skills
- learners knowing they are not alone with their feelings,
- better teamwork,
- improved performance at school,
- improved reading and writing,
- more serious about their future.

Additional general comments included improving the school’s development, bringing society together and getting parents involved.

Regional education officers commented positively on the WOH program, some key points are outlined below:

- Training of facilitators allows people with different backgrounds to interact on the same level
- Learners get involved and learn to focus on themselves
- Manuals are well set up

Three teachers and five principals had either no comment or said there wasn’t anything they didn’t like about the club. Complaints about the content of the program were limited to unease with the sensitivity of some of the book topics (3 teachers) “Tradition doesn’t allow them to discuss with children.” The remaining complaints were about the amount of work the program requires (3 teachers), the time involved in both length of sessions (or parts) and timing the program to run after school where either the learners or teachers have other demands on their time (6 teachers, 1 principal), lack of access to a classroom (1 teacher), lack of materials (1 teacher) and lack of a CD player to play the WOH CD on (1 principal). Several teachers and one principal made a point of suggesting that the afternoon sessions are unfair to children who are hungry and have no access to food.

One Oshana principal expressed concern about WOH participants, stating that “small children should not be using condoms”. An Erongo principal made a similar comment, saying that condom use is encouraged by WOH, which in turn encourages sexual behaviours. (Note: The Junior WOH program does not promote condom use).
Regional education officers stated the following key points
- Too much paperwork
- Trainings being cancelled due to lack of funding
- Children too tired / teachers too busy for afternoon activities

4.2.5. Feedback from others

Only one teacher said she received feedback from other WOH colleagues. Five other teachers’ responses indicated having received some degree of interest or support for the program from other schoolteachers; two responses indicated some sort of complaint (noise). None of the teachers said that they had received any feedback from the principal. There were two reports of positive responses from parents, while four teachers commented that parents were either not interested or had no complaints about the program. Based on the responses to this question, it appears that most of the teachers interviewed received little feedback from staff or parents.

Four principals had had positive feedback from other teachers at the school. One principal stated that the Natural Sciences teacher said that WOH learners already knew some of the curriculum. Five principals mention positive feedback from parents including the request for their children to join the club. One principal spoke of a family that said the club was not appropriate for their child for religious reasons. No specific comments or feedback from other children or community members were mentioned.

In general regional education officers received positive feedback concerning the program. Principals and teachers were strongly in favour of the program and learners greatly enjoy it.

4.2.6. Suggested Changes to the regional operation of the WOH program

Half of the teachers (7) and almost half of the principals (4) want the program to operate during regular school hours or to be fully incorporated into the curriculum. Another principal wants the program to be offered as a compulsory extra curricular activity. However, teachers at the integrated school questioned whether integration can work given the large number of learners in a classroom (+/- 40) and the inherent lack of physical space for games and other activities. One Erongo principal (from a school that has some degree of integration) also shared their concern saying that if the program is integrated into the curriculum, the bigger groups will take time and attention away from the needier children. Two Erongo principals mentioned the idea of integrating the program with similar initiatives such as My Future, My Choice.

One teacher and a few principals indicate the need for more regional support. One teacher specifically asked for regular visits from the regional education officer in order to get feedback. One Oshana principal said there was no support from the region, that no one monitors the program nor visits the schools. This principal thought it would encourage the teachers if monitoring were to occur. One Erongo principal spoke of the need to strengthen the regional / ministry set up, “Need more human resources to run the program; productivity and planning is lacking (regional and ministry). From (the) regional office we need better communication and planning and more follow-ups concerning workshops, they are too far away.”

The need for other forms of regional support was mentioned. Both the teacher and principal from the school that has a volunteer parent facilitator wanted to see this parent receive a monthly
stipend as an incentive. One Erongo principal wanted transportation money to address constraints about attending all the trainings for WOH teachers. He also wanted the club to attend World AIDS day activities and thought it should be sponsored to do so. Two Oshana principals and one Khomas principal stated that their Junior WOH teachers did not receive certificates for their own training.

One Oshana principal went into detail on how they believe the program can be improved. The suggestion was that the curriculum should also include multi-cultural issues, as Namibia is a multi-cultural country. The principal made another important point about the fact that WOH does not form part of the teacher’s assessment, is not used for promotion and therefore is not an attractive activity for teachers to participate in. It was suggested that material covered in the WOH program should form part of the promotion criteria.

Other comments from teachers included: not knowing of any male Junior WOH teachers, not knowing of any white WOH teachers and that white teachers were not forcing their learners to join.

Four principals had little or no comment.

Regional education officers felt that more time and funding should be available to regional education officers for better implementation and monitoring of the program. They also supported the integration of the program into the school curriculum

4.2.7. Other Comments

One Khomas principal stated that this program contributes to the 2030 vision and could make a difference in the future lives of the children. Two other principals made similar statements about the future careers and the well-being of the children as being positively influenced by this program. One Oshana principal stated that the children have the trust, confidence and comfort to report incidences of abuse and to succeed even if a parent has passed away.

A disadvantage for a Khomas school that had morning and afternoon classes was that learners had to wait until 16:00 for a free classroom and that they were hungry by then. The principal suggested being supported to have a feeding scheme and transportation provided. Another principal reported that the book sessions were too long, so they are not always completely finished.

Regional education officers commented on the following key points:

- The job of the regional education officer requires a full-time position
- Access to supplies required by the club facilitators is an on-going problem

4.2.8. WOH Schools in General

Khomas submitted a list that indicated 28 schools were offering the WOH program. Oshana, relying on school reports received, indicated that 48 out of 107 schools with WOH trained teachers were offering the program. In Erongo, 19 schools were offering the Junior WOH and 18 schools were offering the Senior WOH program. It is important to note that regional education officers are aware that there are schools offering the WOH program but not submitting reports.
The officers can only base their findings on reports that in some cases are being sent in months after the respective window has been completed. No regional education officer could accurately inform the evaluation team of exactly how many schools are currently running the WOH program, nor say how far into the program each school is at as funding is not available to visit schools. Also, records were available of the teachers that had been trained in the regions, but follow-up data concerning whether teachers were still at the respective school or running a club at the school was not available.

The difficulty in obtaining accurate information on the schools that have completed at least one round of the Junior WOH program was substantiated by the evaluation team. In two of the three regions evaluated, the team contacted schools according to lists provided by the regional education officers, only to find that most of the schools listed were either not providing the program anymore or were far from completing all four windows. The recruiting process thus took much longer than expected and in the case of Khomas, only two schools were found that qualified for the evaluation (four were sought).

The evaluation team also asked regional education officers about how many schools had started with the Senior Window of Hope program. Khomas estimated that, according to reports 5-10 of 58 schools had started the Senior Window. In Oshana, according to the reports from the second term of 2006, 18 of 66 schools had started with the senior window, although the regional education officer did not believe that this was an accurate reflection of the actual situation. Erongo stated that, according to the list, 15 schools had started the program.

When asked about possible reasons of schools not offering the program, these reasons were given:
- Teachers had left or were transferred
- Private schools often don’t participate, particularly due to religious affiliation
- Teachers don’t have enough time to run the club in the afternoon and hence request that it be integrated into the school curriculum
- Learners cannot concentrate in the afternoon and so drop out
- The school is not interested in running the program

4.2.9. Participating WOH Schools

Regional education officers were asked about their working relationship with each of the participating schools. Khomas had good relationships with the two schools that were evaluated but reported a less productive relationship with the one evaluated school that had to be omitted from the research due to incorrect information given during the contact phase (the school had in fact not completed the four Junior windows). Oshana had excellent relationships with all the evaluated schools. Erongo had established telephonic contact to all schools, but as the regional education officer had only started in August 2006, no personal visits had yet been made.

Khomas and Oshana confirmed that all schools studied submitted regular reports. Erongo had no access to reports from 2004 or 2005 and could not state on this question.

All regional education officers supplied the evaluators with a variety of documents from the evaluated schools but the information that could be extracted from the reports and attendance
lists was not always valid, as the reports mostly covered the year 2006. The evaluated school clubs had all completed the program in 2005, and thus the data gave no information about the clubs in the study.

When asked how the relevant evaluated schools compared to other schools offering the Junior WOH, in the Khomas Region one school could be seen as being more “disadvantaged” when compared to other schools, whilst the other school was more “precise” and “timely” than other schools. Oshana stated clearly that these were the best schools in the region, which is why they had been recommended for the evaluation. The regional education officer from Erongo felt she did not yet have enough experience to comment on this matter.

4.3. Interview of WOH club drop-outs

The original intention of the research team was to interview drop-outs of the WOH clubs where the percentage of drop-outs exceeded 20% of the total number of club members. Most of the clubs identified for this study had completed the Junior WOH program in 2005 or early in 2006. The teachers had prepared their summary reports of these clubs and submitted them to their regional education officer. None of the teachers had copies of their attendance records for their completed clubs. Records of attendance were also not immediately available from the regional education officers, each of whom agreed to meet with the team midway through the study week in their respective region. In each case, the regional education officers did not have report information available for the team to take away, necessitating a second visit to their offices two or more days later. Therefore, the research team had to rely upon the teachers’ memories of how many members had been in the completed clubs and approximately how many drop-outs there had been. Some teachers stated that there had been no drop-outs, or only one or two drop-outs, or that the drop-outs had been children who had moved away. The evaluation team decided to interview drop-outs whenever they were available.

The evaluation team noted that, in most cases, the drop-outs were very nervous about being sent to be interviewed. Their conduct suggested that they anticipated some sort of negative or punitive experience. The team made efforts to reassure the drop-outs and in the circumstances where the drop-outs arrived while the club members were still involved in games and songs, the drop-outs were encouraged to join in, in the hope that they would relax. All drop-outs received coloured stickers as a thank you for their participation.

Given the difficulty obtaining accurate records and interviewing the drop-outs, the following summary should be viewed as a description rather than as any exact research data. Fourteen (14) respondents were interviewed, 11 of whom were male. All of the respondents cited problems about staying after school to attend the club. The majority reported having to do chores at home, while a few said they were too hungry after school. All of the respondents said that they liked the club, would like to re-join or requested that the club be held in the morning during school hours.
5. Analysis

The Junior Window of Hope program holds definite value for the participants. Although the most significant area of learning was about HIV/AIDS protection, transmission and caring for those infected, knowledge acquired was not limited to HIV issues. Equally important, respondents also reported learning self-confidence regarding how to say yes/no and being in charge of one’s own body. Learning about changes in adolescence, both physiological and emotional ranked highly, as did learning respect for others and solving interpersonal problems. Participants especially liked the creative activities associated with the clubs (drawing, games, stories, songs).

The reports from the children themselves as well as from the school staff definitely point to positive changes as an outcome of participation in the Junior Window of Hope program. In general, the children are more confident, more open, and academic performance and classroom involvement have increased. The psycho-social benefits of the program in terms of children’s behaviour, such as attentiveness in class, self-confidence to speak and participate in class, forming better relationships with peers, and generally coming to believe and accept that they are special, are invaluable positive impacts of the program.

One of the inferential aspects of the children’s interview concerned the questions of talking about sex. The results revealed that children were embarrassed to talk to their friends about sex because of cultural taboos and lack of confidentiality but that they were increasingly willing to talk to older persons, particularly their mothers.

The program also holds a great value for the teachers. They experience a new teaching style and the aspect of child-centred teaching that is essential to the WOH program is notably different from the instructional style of classroom teaching. This holds true even when the club teacher and the classroom teacher are one and the same. Some teachers noted that they “are not teachers” when they conduct the club and thus can be more empathetic and open towards the children. Ultimately, the child-centred emphasis of WOH could provide a beneficial transfer into the general classroom teaching style. Children learn best when they are relaxed and comfortable. Experiencing the children in such a relaxed and comfortable way helped teachers to see them in a very different light. They acknowledged that even young children have feelings and are entitled to their emotions.

Teachers saw a great personal benefit in the program despite having few supports and external incentives. Many started to redefine their role as a teacher, being touched by the positive changes they observed in the children as the club progressed. The teachers often stated that they are happy to be able to help the children understand about matters that the teachers themselves were never taught at that age. Teachers gained additional satisfaction and motivation from the fact they could actively contribute to the fight against the HIV/AIDS pandemic.
6. Discussion and Conclusion

The Window of Hope is a unique program, in both content and presentation. It is far more than an HIV/AIDS prevention program. It is a Life Skills program that can, and apparently does, have a great positive impact on a child’s psycho-social development. The combination of the Western emphasis on “I” with the African emphasis on “We” allows for the development of self-esteem and self-confidence within tribal and cultural contexts. A powerful assumption embedded within the Window of Hope curriculum is that every child is affected, and thus every child can relate to the stories and games. The content is inclusive, positive and affirmative. Ultimately, the development of positive Life Skills, of sharing and acknowledging feelings, and believing one has value, that one has control over one’s body and control over one’s future, presumably will mitigate risky behaviours and serve as a preventative tool against the HI virus.

The purpose of the evaluation was to assess whether life skills education through WOH is reaching its objectives in terms of influencing young adolescents’ knowledge, attitudes and skills.

Looking at knowledge acquisition it is evident that the children’s knowledge concerning HIV/AIDS and related matters is high as has been found in similar studies (HIV and AIDS Knowledge, Attitudes, Practices and Behaviour (KAPB) Study in Namibia, 2006; Structural Conditions for the Progression of the HIV/AIDS Pandemic in Namibia, 2004). As the evaluation team was not able to assess additional HIV/AIDS activities at the schools, some WOH children may have been exposed to additional knowledge from various other sources (commemoration of World AIDS day, natural science classes etc.). Yet the fact that the questions were adapted from the WOH manuals suggests that the knowledge gained during club sessions has been internalised.

From the evaluation it can generally be said that the WOH children’s attitudes about HIV stigma lagged behind their development of HIV knowledge. Looking at the correlation between knowledge and attitude, it becomes apparent that although the children have the basic scientific knowledge concerning HIV/AIDS transmission and prevention, their attitudes seemingly are still strongly influenced by cultural knowledge and practices.

In this study, it was noted that attitude questions involving family and community as well as spiritual or religious beliefs seem to be strongly influenced by the African culture and tradition of ‘we’. For instance 40% of children follow the tradition that they may not discuss family issues especially regarding illness without the explicit permission of their parents. And there was 33% and 30% of children respectively, who believe that someone who has AIDS has been bewitched (animistic curse) or punished by God despite the fact that 89% of all the WOH children studied, know that AIDS is caused by the HIV virus.

Another example of this knowledge-belief dichotomy is evidenced by the 84% of children who correctly answered the knowledge question concerning HIV transmission, yet 31% of whom would still worry about visiting a house with an infected resident and 33% would be frightened to purchase or eat food from someone suspected of having HIV/AIDS. Despite these fears, 80% of the children feel that friends and neighbours should help a family with an infected member. This may be explained by the African ‘we’ that despite there being great fear, the responsibility to helping out in the community is still paramount.
It is further interesting to note that within the school environment (by definition a Westernised concept of ‘I’), 81% of children would have no problem sitting next to an infected child.

The study indicated that some of the WOH children are using their communication skills to discuss sexual matters with elders, mainly mothers. This points to an important change in culture and tradition, where sexual matters were a topic that could never be discussed with anyone. Yet most of the children would not discuss sexuality issues with their peers.

It is essential that children be able to transfer the knowledge they gain from WOH to their future sexual partners. They must be able to share concerns about HIV protection and transmission; if they are unable to talk about this with future partners or be able, in the case of females to control their own sexuality, then the knowledge they have gained will not be applicable to their own situations. In this way, knowledge is greatly affected by attitudes that are developed and reinforced.

This is supported by the findings of Debie LeBeau (Structural Conditions for the Progression of the HIV/AIDS Pandemic in Namibia, 2006, p.10) In Nelao Hileni’s interview, “she said that not only did she have full knowledge about HIV/AIDS and preventative measures, but that she had previously been an HIV/AIDS awareness campaigner. When asked how, with all of the knowledge she had about HIV/AIDS, could she let herself become infected, she explains: It is true that I have the knowledge and the information but I did not have the courage or the power to tell my partner to use a condom each time we had sex. I had the fear of telling the guy please let’s use a condom. I was shy. I kept thinking, what would this guy say. (The Namibian 2002: 1-4)” In the same report it is stated that “some men express the idea that “some rights interfere with traditional beliefs” and are therefore, not acceptable…” (pg 23) or feel “that women’s rights “cause confusion and some women refuse to obey their husband’s rules … they [women’s rights] change our traditional norms and values. Those things are European. They shouldn’t be practiced here in Namibia.” (pg 24).

The children, particularly the girls (who outnumbered boys in this study 2:1 in discomfort talking about body parts), demonstrated that talking about body parts, functions and sexuality is still a challenge within the WOH club members. The evaluation team noted that the children had substantial difficulties in recognizing or understanding some sexual development/body part vocabulary (See Appendix V). This unfamiliarity is confirmed by the teacher interviews whereby most expressed some discomfort in teaching sexuality to young children and some hinted that they skipped topics in the relevant manuals (particularly the Yellow).

Lack of support was a pervasive theme throughout the study. Many teachers, some principals and regional educational officers appeared to need more material support (supplies, money for transportation, paid time etc) and recognition from their colleagues, superiors and stakeholders. The systemic lack of support does pose a potential threat to the longevity of this vital program. The sustainability of the program will largely depend on the Ministry of Education, in particular HAMU taking full ownership of the program.
There was much conversation about the integration of WOH into the daily school curriculum rather than operating it as an after-school club. The pros of integration would include more children would receive the benefits of the program, teachers would receive more acknowledgement and there would be less obstacles that interfere with the provision of the program (hungry children, soccer practice, conflicting duties for teachers etc). Cons would point towards limited time (school periods are too short for full club sessions), limited space (it would be very advisable to have a dedicated WOH classroom), too many children to have the full participatory aspect of the club, all teachers would need to be trained and not all teachers may be suitable (or interested) in providing this program. However it is known that there is currently a project underway by UNICEF and NIED (National Institute for Educational Development) to develop WOH teacher training modules for the teacher education colleges as well as for UNAM. Thus, all pre-service teachers would receive the training. In-service training would have to be provided for all the rest of the teachers, either directly or through a TOT model.

The question of WOH being a required part of the curriculum has many advantages, not the least of which is that the program will increase in status among the school staff, and the teachers who teach it will receive credit. As it is now, promotions and salary increases are tied to teaching compulsory subjects, and not to after-school activities. This results in a de facto irrelevancy of the WOH program among the general school staff. It is clear that HAMU must designate more resources (funding and concomitant time) to the Window of Hope program in order for it to be sustained. If WOH were to become a mandatory part of the curriculum, there would be more incentive for teacher and principal participation, not to mention more resources.

If an integrated program is to become a reality, it would seem that a revision of the WOH program needs to occur. The Ministry of Education, HAMU, regional education officers, teachers, and other stakeholders could provide input about the nature of such integration to occur during the school day. The sessions could be shortened so that they can be delivered during standard class time or the session material could be incorporated into the natural sciences curriculum or could be taught as part of English, Art or Music classes in such a way that preserves the expressive and interactive nature of the program. WOH could also be integrated into the Life Skills curriculum to give Life Skills the boost needed to find more acceptance amongst teachers.

If the WOH program remains an extra-curricular activity, it would still be vital that more teachers are trained. If every school had enough trained WOH teachers, enough clubs could be run to reach all children and still keep the smaller groups as well as the child-centred, expressive and interactive nature of the program. Teachers agree that OVC benefit greatly from the program and one worry would be that the special care and attention they receive in the club would be lost, if the club was to be integrated into the curriculum. By remaining an afternoon activity, children would still be able to feel special about being a member of the club, which was identified as an important feeling for the children. Keeping the program an afternoon activity also allows the teachers to try out new teaching methods without the fear of “loosing authority”.

Implementation and monitoring would have to be substantially improved in order for the program to be sustainable as an extra-curricular program. Regional education officers require the monitoring of the WOH program to be a full-time job and not an add-on activity to an already
existing full-time job. Additionally it would be vital to supply enough funding, so that the regional education officers are able to visit all schools on a regular basis as well as offer on-going trainings / refresher trainings and conduct cluster meetings for WOH teachers / facilitators. With enough time and funding, regional education officers could additionally promote WOH clubs amongst NGOs and other interested parties to make it accessible to as many children as possible.

Materials, or lack thereof, posed a problem for the teachers. Issues ranged from incomplete WOH kits, materials being stolen or lost and consumable resources not being replaced. It should be noted, however, that while the materials are a wonderful addition to the curriculum, only a few items are indispensable to the running of the program. The essential core of WOH is the teachings, as reflected in songs, games and activities. The teachers only require the manuals, paper and crayons or coloured pencils on an ongoing basis. While having a supply box may appear to substantiate legitimacy and convey importance, and is no doubt a very welcome bonus, the on-going costs of providing extraneous materials and supplies, such as buttons and certificates, should not be an obstacle to the operation and expansion of the program. Teachers could be encouraged to produce their own certificates and possibly create tokens such as the buttons from cardboard or other recycled material together with the children.

7. Recommendations
The WOH program makes an invaluable contribution to the on-going fight of the HIV/AIDS pandemic in Namibia. To ensure its sustainability, the evaluation team gives the following recommendations:

Implementation and monitoring of the program needs to improve by:

- Ensuring that the selection of children for participation in the WOH clubs is done in a manner consistent with the WOH Implementation Guide
- Ensuring that no matter what structural changes the program undergoes, the child-centred, expressive and participatory nature of the program remains intact
- Ensuring that regional education officers become full-time co-ordinators of the WOH program in their region
- Regional education officers receive sufficient funding to
  - Make regular visits to all schools, monitor existing clubs and assist with the implementation of new clubs
  - Organise and offer regular follow-up training sessions
  - Keep on-going supplies of required consumable materials for the schools
• Improve monitoring and evaluation of the clubs by
  o Supplying attendance sheets with a duplicate so schools are able to keep their
    own records of learner activities
  o Design and administer pre and post knowledge, attitude and skills based
    evaluations for each child for each window (evaluations could be limited to a one
    year period to minimize costs)
  o Design and administer a short self-evaluation form for the children to be filled in at
    the end of each window (what did you learn / like / dislike / miss)
  o Ensure regular evaluations be written by teachers, principals and regional
    education officers to ensure continual revision of the program

Integration of the program into the school curriculum:

• A further study is needed to gain in-depth insight into the possibilities of integrating the
  program into the curriculum

• Training, resources and time factors as well as special monitoring of the program would
  have to be looked into

• Overcoming the obstacles as mentioned above would require careful consideration

Due to cultural and traditional beliefs holding a great weight amongst large groups of the
Namibian population, the “African” and “Western” values need to be more evenly integrated:

• More young male teachers need to be encouraged to run WOH clubs to act as positive
  role models

• Ideally clubs could be conducted by both a male and a female teacher, demonstrating
  equal sharing of responsibility

• Additional special gender-separated sessions could be conducted, where free and open
  discussions about sexuality would help to break down the fears of talking about sexual
  issues with peers

• More training is required to help teachers deal with their own fears and level of discomfort
  when talking about issues such as sexuality and HIV/AIDS and thereby to assist them in
  their efforts to become positive role models

• Provide educational sessions to parents to help them to support their children in achieving
  the aims of the WOH program
Bibliography


Appendix I: UNICEF Terms of Reference

Terms of Reference
Evaluation of WINDOW OF HOPE
within the Country Programme of Cooperation,
Government of Namibia and UNICEF, 2006-2010

DRAFT 12 March 2006

PLEASE NOTE: These TOR will be further refined once an evaluation team is on board, particularly with regard to the key evaluation questions and corresponding elaboration of the methodology.

I Background

Namibia has been one of nine countries participating in the Multi-Country Life Skills Initiative (MCI) funded by the Government of the Netherlands (2002 – 2006), receiving a total of Mio USD 1,085,736 out of the total allocation of approx. 6 Mio USD. Expected outcomes of the regional initiative were a reduction of HIV prevalence among youth, better and more effective HIV/AIDS education, more widespread and effective use of the life skills approach, and an increase in the number of teachers, administrators and education officials able and willing to support the life skills approach in HIV/AIDS prevention.

The largest part of Namibian MCI funds were used to expand skills-based health education to the 10-14 age group through Window of Hope, as well as the development of complementary communication materials for young people and capacity development of parents and teachers to provide an enabling environment for primary prevention of HIV among adolescents.

Since 1997, UNICEF has been working with the Education Sector on the life skills programme My Future is My Choice, which has reached over 170,000 young people aged 15-18 years old. Given its attributed success as a programme with national coverage and the levelling off of HIV prevalence rates in this age group, UNICEF was requested to support the development of a programme for the age-groups under 15 years to contribute to a reduction in HIV/AIDS prevalence as per national goals laid out in the Medium Term Development Plan 2 to below epidemic threshold.

Prevention efforts have largely been ‘behaviour change’ interventions focussed on older adolescents who are already sexually mature. However, internationally recognition has gained

3 The 2004 national HIV sentinel survey measured a national prevalence rate of 19.8 per cent among pregnant women, ranging from 8.6 to 42.9 per cent in the thirteen regions. Prevalence among youths 15-19 years has declined from 12 per cent in 1998 to 10 per cent.
ground that some of this attention comes too late: A crucial opportunity in behaviour formation is the

time of profound changes between the end of childhood and the start of adolescence in the

10-14 age group, when children first face the choices and risks that could derail their lives.

An additional compelling reason for starting HIV prevention with young adolescents is the fact

that despite Namibia’s high primary school enrolment\(^4\) only about half of secondary school aged

adolescents are in school. Therefore, the need to reach young people at the primary level is

urgent.

Window of Hope (WOH) was therefore designed to target the crucial 9 -14 age band. WOH aims to contribute to

positive behaviour formation through equipping children with the self-esteem, knowledge, attitudes and skills to be

able to protect themselves against HIV infection by not engaging in early sexual activity. It also strengthens the

resilience of young adolescents to cope in an environment where HIV/AIDS disrupts family life and other support

systems.

The Window of Hope initiative takes a two-pronged approach of incorporating life skills

education into the formal curriculum (the ‘in-school component’) and of imparting life skills through a participatory extra-curricular afternoon activity (the ‘after-school component’). While the in-school component as integral part of the national curriculum reform process has a multi-year time frame, the after-school component aims for accelerated implementation with national rollout started in 2004.

Programme development commenced in 2003 with the setting up of government-owned project structures, review of skills-based health education models in the SADC region, and consultative workshops with curriculum developers, NGOs/FBOs, teachers and parents. This process was led by two working groups, composed of curriculum developers (in-curricular working group) and education ministry officials as well as NGO representatives (extra-curricular working group), and culminated in the official programme launch through the Minister of Basic Education, Sport and Culture during the annual June AIDS Awareness Week, which this year had the them Window of Hope.

For the ‘in-school’ component, an audit of all subject curricula of the senior primary phase was

conducted, mapping out sexual health related themes and competencies already in the syllabus, and identifying the gaps. A nationwide study into the status of HIV education was carried out to establish how (and whether) HIV components currently in the syllabus are taught, and to gauge needs of adolescents and educators for teaching and learning materials. A national workshop agreed on an integration framework in which two examinable subjects (Natural Science & Health Education and Social Studies) become the core carrier subjects for HIV related life skills, whereas all other subjects will supplement HIV education through subject related content. Following endorsement of this framework by the ministry’s responsible decision-making body on curriculum reform, the syllabi of the two carrier subjects were revised according to an agreed scope and sequence of key topics and concepts.

The process of designing the ‘after-school’ component of Window of Hope resulted in a

genuinely new type of AIDS Awareness Club in scope and format, unique in at least two

features: firstly, its holistic approach combines skills for prevention with building the psycho-

social strengths vital for coping in an AIDS-affected society. Secondly, it runs over a much

longer period than other programmes to accompany long-term adolescent behaviour

development.

\(^4\) 94% for Grades 1 – 7 in 2002 (ESPAG: Education Sector Performance Indicators and Targets, 2004)
Window of Hope (‘after-school’) is a life skills programme embracing the definition of the World Health Organisation\(^5\). It is aimed at primary prevention of HIV, as well as at developing coping/resilience skills in children made vulnerable by AIDS or other social problems including domestic violence and poverty. WOH focusses on communication and interpersonal skills, decision-making and critical thinking skills, and coping and self-management skills. Special emphasis is on **developing self-awareness and self-confidence** as a foundation for all other skills above, and as a prerequisite for engaging in health-seeking behaviour as well as for coping and developing compassion in an environment deeply disrupted by the pandemic.

The implementation model is a children’s club led by a teacher trained as WOH facilitator, with parents and older youth encouraged to become club patrons or co-facilitate activities. WOH after-school clubs complement the knowledge and skills acquisition through the key carrier subjects, but provide a more informal environment with ‘fun’ activities.

The *Window of Hope* after-school component comprises eight modules, divided up into four ‘junior’ and four ‘senior’ windows for age cohorts 9 - 11 and 12 - 14 respectively. Each module has five 90 minute sessions of participatory activities such as games, stories, songs, information sharing, partner and group work, role playing, artwork, visualisation exercises and opening & closing rituals. Instructions for each of these structured sessions are spelt out in minute detail in the facilitator’s manual, which also provides background information on the developmental stages of young teenagers and on the themes dealt with in the sessions, such as self-esteem, decision-making, child abuse, gender roles, reproductive health and HIV/AIDS. In addition, each module provides suggestions for more open activities (learner ‘projects’ or outreach activities to peers and parents/caregivers).

All activities of the 44 sessions were developed through a process of pre-testing in rural and urban schools and conducting a culture and gender check by a group of designated readers from different language groups. Eight facilitator (teacher) manuals were printed along with an implementation booklet which guides schools in setting up the intervention and in mobilising parents and communities to support the clubs. It also describes the monitoring and support framework for schools as well as regional and national level.

The training of teachers as WOH facilitators is the responsibility of regional education officers (at least two per region), who underwent separate training of trainers workshops on the modules for Grades 4-5 and 6-7. The national roll-out of the training on the ‘junior’ modules commenced in 2004, and by end of 2005 close to 80% of all primary schools nationally had been reached. The training on the senior modules started in 2005, covering 391 schools (27%).

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\(^5\) Life skills are a group of psychosocial competencies and interpersonal skills that help people to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with and manage their lives in a health and productive manner. Life skills may be directed toward personal actions or actions toward others, as well as toward actions to change the surrounding environment to make it conducive to health. (World Health Organisation (n.d).Skills for Health. Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School.)
National coordination of Window of Hope rests with the HIV and AIDS Management Unit of the Education Sector (HAMU). Regional implementation, including training of facilitators and regular monitoring is the task of the regional education directorates, especially the Regional AIDS Committees in Education (RACE).

The programme intervention is managed under the Education for HIV Prevention and Mitigation Component of the Government of Namibia – UNICEF Programme of Cooperation 2006 – 2010. WOH, as well as My Future is My Choice and complementary mass and interpersonal communication interventions, will contribute to the envisaged strategic result: “Adolescents have correct information and appropriate skills, contributing to a national reduction in HIV prevalence among 13-19 year olds from 10% in 2004 to 7% in 2010”. UNICEF and its partner, the Ministry of Education, aim to scale up the intervention to ensure its implementation in 80% of eligible schools.

The MCI ends in June 2006. In agreement with the donor, each of the five participating countries that received programming funding will conduct a qualitative country-level evaluation focussing on effectiveness and impact of the MCI interventions.

II Purpose of the evaluation

As the major focus of MCI in Namibia, Window of Hope will be assessed to establish whether life skills education through WOH is reaching its objectives in terms of influencing young adolescents’ knowledge, attitudes and skills within the framework of the objectives of the original proposal.

It should be noted that due to the inherent character and time frame of Window of Hope (behaviour formation over several years) and the urgency for scaled-up action for primary schools, no evaluation was conducted prior to going to scale. Nevertheless, measuring impact is crucial, although limitations are evident in the fact that implementation only started 18 months ago and no adolescents have participated in the full programme yet.

Evaluation results will be used by implementers in the Ministry of Education to devise ways to improve programme delivery, and, if the evaluation is successful, as an advocacy tool for full ownership amongst schools and education authorities, as well as for funding allocation from government and resource mobilisation among development partners. Other key users include other countries of the Multi-Country Initiative and in the broader Sub-saharan region in view of adapting and replicating this innovative intervention.

III Scope and focus

6 Component Plan of Action: Education for HIV Prevention and Impact Mitigation
7 The four other countries were accessing Netherlands funding through other channels, and therefore only received funding for networking and multi-country learning purposes.
As noted above, due to the limited time span since its inception, this evaluation will be unable to capture medium to long-term behaviour formation or change. Attribution of behaviours to a single intervention in the targeted age group of 10-14 also faces particular difficulties, as young adolescents are invariably exposed to a multitude of influences by the time they reach maturity.

The focus of the proposed evaluation is therefore limited to the more immediate level outcomes. The key objective is to determine whether the programme is making a difference to children’s knowledge, attitudes\textsuperscript{8} and skills\textsuperscript{9} in the areas defined through the programme. Process indicators will be included in the evaluation as they are presumed to affect effectiveness and efficiency, namely participation and satisfaction of beneficiaries and implementers (teachers), and teacher training and support during implementation. The evaluation will also present information on expenditure incurred for programme development and projections for ongoing costs.

IV  
Research questions and appropriate data collection methodologies

The main evaluation criteria will be impact, effectiveness and sustainability (see matrix). The study will not specifically address relevance, as the need to provide HIV prevention education to pre-sexually active adolescents has been confirmed and amplified throughout the recent country programme preparation as well as the United Nations Development Assistance Framework (UNDAF) on which UNICEF’s country programme is based.

Data collection will combine qualitative and quantitative approaches. While questionnaires and other pen and paper assessments will be suitable for some research questions (and provide reasonable quantitative values as well as comparisons with non-intervention groups), other more affective domains such as self-esteem, attitudes, values and skills like assertiveness, refusal skills and problem-solving require alternative more creative assessment methods to be developed by the evaluators.

The matrix below includes tentative propositions for evaluation methods, to be developed fully by the contracted evaluation team. Indicators will be selected based on the regional MCI M&E framework.

\textsuperscript{8} The term attitudes is used here to encompass a wide range of beliefs, feelings about self (confidence) and others, values, thoughts, social and cultural tenets.

\textsuperscript{9} The term skills is used to refer to Life Skills, i.e. psychosocial and interpersonal skills that can be applied to AIDS prevention and related issues. These skills are important because they can facilitate and may lead to behaviour formation when supported in comprehensive ways.
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<th>Research question</th>
<th>Proposed methodology</th>
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| 1. How has children’s **knowledge** been affected? | • Questionnaire with intervention and control group  
• Focus group discussions with learners participating in WHO (learner assessments on knowledge gain) |
| **Evaluation criterion: Impact** | | |
| 2. How have children’s **attitudes** been affected with regard to  
- gender/respect for the other sex  
- attitudes towards people affected/infected by HIV/AIDS  
- self-esteem  
- confidence to able to reduce risk of HIV infection  
- values / ‘future’s thinking’ | • Questionnaire with intervention and control group  
OR/AND: Alternative assessment methods, such as FGD with exercises such as rankings and use of fictional stories/scenarios/role plays |
| **Evaluation criterion: Impact** | | |
| 3. How have children’s **skills** been affected with regard to  
- decision making (identifying consequences of decisions and actions)  
- Negotiation skills (‘Saying No’) and communication  
- Self-management, management of emotions | • [to be developed] Qualitative assessment method (e.g. answers to hypothetical scenarios, role plays) |
| **Evaluation criterion: Impact** | | |
| 4. Are participants satisfied with the programme? (what do they like/dislike & why; gender differences in attractiveness of the programme; how actively do they participate, group cohesion among WOH club members) | • FGDs with learners using ranking exercises  
• Analysis of attendance records for drop-out  
• Interviews with learners who have dropped out of WOH |
| **Evaluation criterion: Effectiveness** | | |
5. Are teachers satisfied with the programme with regard to - motivation - training - support in implementation by principals, regional office

Evaluation criteria Effectiveness, Sustainability

6. Are parents/caregivers satisfied with the programme? (At what level are they involved? How do they perceive children’s perception about WHO? What, if any, changes do they notice with their children?

The evaluation will be carried out in at least three regions. At least 10 schools in each region representing a mix of urban and rural schools.

Data analysis will include disaggregation by sex and rural/urban locations.

V Major tasks of evaluators

- familiarisation with relevant documentation (see VI)
- WOH session observations
- FGDs with children participating in Window of Hope to guide development of final research questions
- develop research tools and indicators
- pre-test tools with target groups and finalise instruments
- sampling frame
- logistics/setting up of fieldwork
- selection and training of research assistants
- Field work in identified regions
- data processing and analysis
- draft evaluation report
- finalise evaluation report based on comments from UNICEF and HAMU
- prepare PowerPoint presentation on key findings
VI  Existing documentation

*Project documentation and materials:*
- 6 monthly progress reports on implementation and fund utilisation, prepared for Regional UNICEF Office
- Consolidated donor reports covering all MCI countries
- MCI proposal (2002)
- MCI M&E documents
- “Children of Hope” – Documentation of children’s first experiences with Window of Hope, photo brochure (UNICEF 2006)
- “Sourcebook of Education based HIV/AIDS Prevention Programs”, World Bank (draft for online publication in 2006)
- Window of Hope article for UNICEF compilation of Innovations/Lessons learnt 2005
- Misc. magazine, journal and newspaper articles
- 8 Teacher manuals Window of Hope
- Implementation Guide for Window of Hope Clubs, Grades 4-5

*Background documentation:*
- Country Programme Action Plan, HIV/AIDS Policy of the Education Sector, Education Sector Improvement Plan (ETSIP), National Strategic Plan on HIV/AIDS (MTP III)

VII  Required skills and qualifications

The team leader must have at least 5 years experience in social research in the field of HIV/AIDS and/or education, and must have a good references for a positive track record of evaluations that combine qualitative and quantitative data. The team leader must have a Master’s degree in education, sociology, public health or related field. The team leader must be able to provide competent field researchers/field assistants with prior experience in qualitative research. The team leader must ensure supervision of field workers.

The team must include researchers who have experience in developing evaluation methodologies, and possess excellent qualitative and quantitative data collection, processing and analytical skills Proficiency in standard statistical data analysis software is mandatory; good process management skills including facilitation skills; gender analytical skills.

Field workers must be fluent in the dominant local languages of the regions in which the field work will take place.

VIII  Evaluation Criteria:

The responsible project officer will discuss with the Evaluator the criteria for a good quality evaluation as outlined in the African Evaluation Guidelines, and will agree on all that apply. At
the end of the evaluation, the project officer and the Evaluator will again meet to discuss whether
the agreed upon criteria have been fulfilled. If they have not been fulfilled, it is the responsibility
of the Evaluator to address the gaps. The analysis and content of the report will be in line with
the UNICEF Evaluation Report Standards.

IX Ethical Considerations:

The evaluation will follow UNICEF guidelines on the ethical participation of children. In addition,
all participants in the study will be fully informed about the nature and purpose of the research
and their requested involvement. Only participants who have given their written or verbal
consent (documented) will be included in the research. Specific mechanisms for feeding back
results of the evaluation to stakeholders will be included in the elaborated methodology. All the
documents, including data collection, entry and analysis tools, and all the data developed or
collected for this consultancy are the intellectual property of UNICEF. The Evaluation team
members may not publish or disseminate the Evaluation Report, data collection tools, collected
data or any other documents produced from this consultancy without the express permission of
and acknowledgement of UNICEF.

X Deliverables:

- Full schedule of evaluation process, including piloting of tools and field work itinerary
- Methodology, evaluation tools and set of indicators
- Structure of evaluation report
- Draft report
- Presentation on key findings
- Final report
- All completed instruments/raw data sets

All deliverables to be supplied as hard copy as well as on CD in MS office format.

XI Time frame

- The proposed duration of the consultancy is 50 days over 3 months (1. April – 30.June
2006)

XII Submissions

Submissions must include the following:
- Cover letter with expression of interest
- Summary of proposed methodology
- CVs of team members
- List of research studies and evaluations conducted
- Sample evaluation
- Description of how field workers will be identified and trained
- Description of roles and responsibilities of different team members
- Detailed budget, including consultancy fees per team member, and all expenses
  related to field work (including transport).
Submissions in a sealed envelope must reach UNICEF, Attention Ms Cherly Shikongo, Sanlam Building, 1st floor, Independence Avenue (Tel +264 61 204 6111/6341; cshikongo@unicef.org) by 31 March 2006.

Approval by Representative ______________    Date: ______________
Appendix II: School contact logs

Selection of Schools participating in the Evaluation

Each school that was phoned was contacted due to the recommendation of the Regional Education Officer, contact details were supplied by the Officers. Each school that was contacted was asked a list of questions to establish whether the school qualified for the evaluation.

List of Questions:
1. Do you run the Junior Window of Hope Program at your school?
2. Have you got children that finished all four Junior books and have not yet started with the Senior program?
3. Are the Windows of Hope Junior teacher and the principal available at x date?
4. We require six boys and six girls
5. We need a room with tables and chairs for each child for the duration of the evaluation

Schools could only be contacted after the 5th of September due to the school holidays. The evaluations had to take place as follows:
- Oshana Region: 01. – 07.10.2006
- Khomas Region: 09. – 13.10.2006
- Erongo Region: 23. – 27.10.2006

Oshana:
The Regional Officer was contacted and sent a list with 6 school names and contact details. All six schools were contacted. When the Officer was approached again to supply more names to also find urban schools or schools in more remote areas, she declined, as it would take too long to get the required letter to the schools approved by her superior.
The following schools were selected due to availability of teachers and principals during the time of visit as well as having completed all four Junior windows and the children had not yet started with the Senior window:
- Eyelyehongo JPS (Ondangwa rural)
- Omaalala PS (Ondangwa rural)
- Olukolo PS (Ondangwa urban)
- Oshitayi PS (Ondangwa rural)

These two schools had a problem with the availability of either the WOH teacher or the principal:
- Ongwediva Control PS
- Uukwiyoongwe Consultation

Eyelyehongo JPS, Omaalala PS, Olukolo PS and Oshitayi PS were visited.

Khomas:
Altogether 3 lists with contact details for schools were supplied by the Regional Officer. 22 schools were contacted (3 schools were contacted directly by the Officer and we were just informed that they did not meet the requirements).
The following 9 schools informed us that they had not finished the program yet:
- Nicolas Witbooi PS
• Kwakwas PS
• Bloukrans PS
• Elim PS
• Dordabis
• Khomasdaal PS
• Pioneerspark PS
• Theo Katjimuine PS
• Suiderhof PS

The following 2 schools had already taken the club through to the second Senior window:
• Convent
• Michelle McLain

The following 2 schools had discontinued the program:
• Kransneus PS
• Groot Aub JS

The following 3 schools had no WoH teacher:
• Yvonne PS (teacher was transferred)
• Toko Koopman PS (no teacher had been trained yet)
• Aris

Van Rhyn and Bet-El were visited and qualified, although Bet-El could not give us an equal number of boys and girls.

Baumgartsbrunn had given us incorrect information when contacted. It only became apparent after the evaluation had already started at that school, that the children had clearly not done the yellow and red book. This was later confirmed by the teachers, who stated that they started a new club with the Grade fours every year and took them as far as they could – hence in their understanding the Grade 5 group “was finished with the program”. This school did subsequently not fulfil the requirements for the evaluation and had to be taken out.

**Erongo:**
Following lists from the Regional Officer, altogether 21 schools were contacted.

The following 9 schools had not yet finished the program:
• Elifas Goseb
• Omaruru PS
• Flamingo PS
• J.P. Brnad PS
• Vrede Rede JPS
• Tamariskia PS
• Namib PS
• Walvisbay PS
• Immanuel Ruiters
2 schools did not have enough children to participate in the evaluation:
- UB Dax
- Otjimbingwe PS

2 schools could not be reached by phone:
- Tutaleni PS
- Ebenhasser PS

1 school had already taken the club through to the second Senior Window
- Duinesig PS

1 school only went up to Grade 4, so they only taught the first two windows and hoped that the children would be able to finish the program at the new school they were transferring to:
- Arandis PS

1 school lost their WoH teacher, who did not finish the club and then ran no club in 2006, but hoped to start a new one in 2007:
- Swakopmund PS

The following 5 schools qualified for the evaluation and visiting appointments were made:
- Narraville PS
- Hanganeni PS
- !Oe#gab PS
- Kamwandi PS
- Atlantic PS (they cancelled on the day of our arrival due to lack of space and unavailability of the WoH teacher)
Tools for Evaluation
Junior Program
“Windows of Hope”

Facilitator Manual
THE DAY BEFORE THE ACTUAL EVALUATION AT THE SCHOOL
CHECKLIST

On the day before you visit the school, please check that you have packed the following

General Material
- Each evaluation team member will wear a white “WOH” cap. Make sure they all HAVE ONE and wear one!
- Caps for each of the school’s WOH teachers + 4 spare (Check with the School File for number of teachers per school)
- WOH Green & Violet flipcharts (One flipchart of each for each WOH teacher + 4 spare)
- Duster and chalk
- Clipboards with note paper for each team member

Learner Materials
- WOH paper caps for the learners (12 + 3)
- Fancy gel pen for learners (12 + 1)
- Stickers for learners (12 + 4)
- Pencils for learners (12 + 5 spare)
- Pencil sharpener
- One box of crackers for emergency snacks

Team Leader Material
- Age evaluation sheet
- Black binder containing Tools for Evaluation Junior Program “Windows of Hope” (1)

Knowledge Quiz 1, 2, 3
- Black paper block containing quiz questions & answers in all three languages (English, Afrikaans, Oshivambo)
- 12 (+ 5 spare) Knowledge Quiz answering sheets (Put in School name)

Hileni’s Story Drama
- 1 “Hileni” drama script (English or Oshivambo)
- 1 “Johanna” drama script (English or Oshivambo)
- 1 “mothers and Joshua” drama script (English or Oshivambo)
- 12 (+ 5 spare) Hileni’s Story Answer sheets (Put in School name)
- Apron
- Scarf
- 2 dolls
- Pot & spoon
- 1 x large cardboard happy smiley (see black paper block)
- 1 x large cardboard unhappy smiley (see black paper block)

Key Informant Interviews with Children
- Interview sheets for every child (12 + 5); (Put in School name)
**Interview Questionnaires**
- 1 Principle Questionnaire (Put in School name)
- 2 (+ 4) Teacher Questionnaire (check School File for number of WOH teachers) (Put in School name)
- 2 Regional Representative Questionnaires (Put in Region name)
- 4+ Club Drop Out Questionnaires (Put in School name)

**At the school:**
- Find the relevant principal / teacher(s)
- Let them take you to the 2 classrooms that will be used for the evaluation
- Ensure that 12 tables and chairs are set up so that the children can easily move in and out and are unable to copy from the paper of their neighbour
- Unpack everything and set up all items for each exercise

**Start the session:**
- The facilitator welcomes the children and introduces the team members by first name. (Teopolina, Evelina, Kadiva, Kathleen, Carole, Chris)
- Explain to the children in your own words that you are here to find out more about the Windows of Hope Junior club program as well as about the children that are not members in the club. The team appreciates that the children are willing to give their time and energy to us and we promise that they will also have some fun, although it will be hard work. Explain that we will do several games and exercises and that we will ask the children repeatedly to mark answers on an answering sheet. Thus we will hand out a pencil to each child.
- Send the team round to hand a pencil to each child
- Before the games start, we would like to know more about the children:
- Ask all girls aged 9 to stand up. Note the number on your age evaluation sheet
- The same for all girls aged 10 / 11 / 12 / 13 / 14 / 15
- Repeat for the boys.
- Explain to the children that this is not a test where they are being marked. There are no ‘right’ or ‘wrong’ answers. We expect that what each child writes on their sheets or tells us will be different from the other children. We don’t want the children to just repeat what the other children say, but to think for themselves. They cannot fail and the school / principal / teachers will not know anything about what they say or write here. We don’t want their names on any of the papers and they can feel free to say what is on their minds. The aspect of **confidentiality** is very important and needs to be emphasised with the children (Convention of the Rights of the Child; Children Participating in Research, Monitoring And Evaluation (M&E);)
Activity ONE:
Knowledge Quiz “1, 2 or 3”

Objective
Assess the existing knowledge of the children concerning HIV/AIDS facts, myths and prevention and change of body during puberty.

Materials
- Black paper blotter containing the question / statement and possible answers in three languages
- Answering sheets for each child: CHECK that the school code is correct!!
- UNICEF paper caps for each child

Procedure
1. The facilitator explains: “We will play a quiz now. Who knows what a quiz is? It is a game where you have to answer some questions. The person that gets the most questions right will win a prize! Here are the rules:
I will read out a statement or a question. Then I will read out three possible answers. We will hold up some posters with the statement and the answers, so you can also read it again. Then you need to look on your answering sheet and mark the number with the answer that you choose as the correct one.”
“A mark is an ‘X’ or a [ ] or a [ ]

Demonstrate the 3 types of marks on the blackboard.
If you make a mistake, scribble it out with lots of pencil marks.
Demonstrate ‘scribbling’ on the blackboard.

2. “Let us do one practise run, okay? But because it is a practise statement, don’t make a mark on your sheet. Here is the statement:
“I am wearing a cap
1) it is a green cap
2) it is a red cap
3) it is a white cap
As the statement and answers are read a second time, the posters with the question and 3 possible answers are shown to the group
3. “Who can tell me the correct answer number? Yes, it is the number 3: Only one answer is correct!”
4. “Any questions?”
5. “Then before we begin the quiz, please take your pencil and mark the top of the paper where it shows a picture of a ‘boy’ and a ‘girl’. If you are a girl, mark the girl picture. If you are a boy, mark the boy picture.” (Team leader ensures that the field workers walk through the learners to make sure they have marked the correct picture).
6. “Now, let us begin our quiz. Here is the first statement:
Questions
1. A HI-virus causes
   1. Bad cough
   2. AIDS
   3. Measles

2. When a person is HIV-positive, it means
   1. medication will kill the virus
   2. the person has AIDS
   3. the person has the HI-virus in their blood

3. Children change when they grow into adults
   1. girls start to menstruate
   2. boys start growing breasts
   3. girls start getting a deeper voice

4. AIDS is a sickness that
   1. can be cured
   2. uses other sicknesses to make you sick
   3. can only make women sick

5. You can get HIV by
   1. getting an infected person’s blood into a wound
   2. getting bitten by an infected mosquito
   3. eating off the same plate as an infected person

6. In puberty
   1. boys and girls start to produce sperm in their bodies
   2. boys and girls start to grow hair under their armpits
   3. boys and girls start to have erections

7. You can see if a person has HIV
   1. by looking at them
   2. if they have sores / marks on their face
   3. if they do a HIV test

8. The virus can not enter the body
   1. If the person drinks medicine before having sex.
   2. If the person uses a condom during sex.
   3. If the person washes after having sex.

9. Many people who have the HI virus
   1. are afraid that people will tease them if they find out.
   2. were naughty and are being punished.
   3. have been bewitched and can not be helped.
10. Which body fluid can not transmit the HI virus
   1. tears
   2. sweat
   3. semen

The facilitator explains: "These were really difficult questions. We are so happy that you participated and helped us! We brought you some paper caps that promote the Windows of Hope Club and help to protect you from the sun."

Hand out the paper caps.
**Scoring sheet “1, 2 or 3”**

Please make a mark to show us whether you are a boy or a girl:

![Boy or Girl Images]

**Your answers**

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Activity TWO:

Attitude Rating “Hileni’s Story Drama”

Objective
Assess the attitudes of the children towards
a) gender / respect for the opposite sex
b) attitudes towards people affected / infected by HIV/AIDS
c) self-esteem

Materials
- Script of “Hileni’s Story”
- 20 answering sheets: **CHECK that the school name is written in**
- Pencils
- Baseball cap
- Apron
- Scarf
- 2 dolls
- Pot & spoon
- Large happy ☺ (in black paper block)
- Large unhappy ☹ (in black paper block)

Procedure
- Hand out answering sheets “Hileni’s story”
- Facilitator explains that the children will see a drama now. It will be stopped from time to time and then they will be asked to mark the answer to a question on their paper
- There are no right or wrong answers in this exercise! This is learning how children think and feel about things and as it is confidential and anonymous, they should please feel free to tell us how they truly feel
- The field workers act out the story of Hileni
- A baseball cap as prop to identify the character of Josua
- Apron to put on as a prop to identify the character of Johanna’s mother
- Scarf to identify Hileni’s mother
- A teddy bear to identify Hileni
- A doll to identify Johanna
- The team leader stops the drama at relevant stages and asks the children a question
- The answer is to be marked on the answering sheet by crossing the ☺ if they agree and the ☹ if they disagree with the behaviour / attitude displayed by the characters
- At the end of the drama, de-role the field workers and thank them for their participation

Hileni’s Story
*Hileni, a 11-year old girl living in (put in the name of the place you are in) together with her mother, her older brother and her younger sister*
*Hileni’s mother*
Johanna, Hileni’s best friend at school, also 11 years old and living with her mother and three cousins
Johanna’s mommy
Josua, a 14-year old boy in Hileni’s class

The facilitator introduces the five characters and points out Hileni and Johanna. She explains that the field worker playing Hileni will later on also play Johanna’s mommy. As Johanna’s mommy she will wear a scarf. The facilitator explains that the field worker playing Johanna will later on also play Josua. The children will know when it is Josua, because the field worker will put on her WoH cap back to front, when she plays Josua (show the children the cap). The fieldworker playing Johanna will also play Hileni’s mommy, when she does that, she will put on the apron, so that the children know she is now Johanna’s mommy.

Team leader: This is the story of Hileni. She is a 11-year old girl living in ……… She stays with her mother, her older brother Michael and her younger sister Rachel in their house. Hileni has a best friend at school, Johanna. They live close to each other and go to school together every morning. After school they walk back home together and Johanna often has lunch at Hileni’s place, because her mother works during the day and isn’t home when Johanna is finished at school. The two girls then do their homework together and play until it is time for Johanna to go home.

Three weeks ago Hileni’s daddy came home. He was working in Lüderitz as a fisherman on a boat.

Hileni and Johanna are sitting outside in the garden. They were playing with their dolls.

Johanna: You must be so happy that your daddy is back home!

Hileni: I am, I missed him when he was gone. But something is not right with him. Before, when he came home, he brought presents for all of us. He was always laughing and he took us out on adventures and showed us how to do special things like make a boat from twigs. But this time he brought no presents. He looks tired all the time and he just stays in the house.

Johanna: Well, do you think that he is sick?

Hileni: I have heard him talk to my mommy in the evening and they were worried because he has no work anymore. But I don’t know what happened to his work. He looks so thin and he has a tummy ache all the time. He is also coughing a lot and there are funny marks on his face. When I ask, they just tell me that all will be okay and that I shouldn’t worry. But I do worry. Remember when the teacher told us that people with AIDS often have bad tummy aches?

Johanna: Right! And didn’t she say something about AIDS people coughing a lot?

Hileni: (Pauses……….looks like she is thinking) Yes, and I think she said that they get marks on their face too. Do you………..do you think my Daddy has AIDS?!?

Teamleader: Before you write on your sheet, listen very carefully: Hileni tells her friend about her daddy being sick and that maybe he has AIDS. Look at the number 1 on your paper. Mark the box next to the ☺ if you think it is okay for Hileni to talk to a friend about her father and his illness. (Hold up cardboard face to demonstrate). If you think she shouldn’t tell a friend about her father and his illness, then mark the ☹. Demonstrate by holding up the cardboard faces as you talk.

Team leader: When Johanna went home that day, she spoke to her mother about her day.
The Hileni character has put the scarf over her hair to now represent Johanna’s mother.

**Johanna’s mother:** So. Johanna, tell me – how was your day today?

**Johanna:** I got a good grade for my maths test! And my team lost the ball game in sports. We had chicken at Hileni’s place and after homework we played with the dolls. Hileni was worried about her daddy.

**Johanna’s mother:** What is she worrying about?

**Johanna:** He came home and brought no presents for her and her brother and sister. And he doesn’t play with them anymore or laugh. He has no more work and his tummy is sore all the time, so he can’t eat much. And he has a really bad cough mommy, I heard it myself. I was also wondering, because he lies on his bed most of the time, and doesn’t fix stuff in the house. Mommy, do you think he has AIDS?

While Johanna is telling her this, her mother gets a more and more worried look on her face.

**Johanna’s mother:** Well, it seems that maybe the family needs some time to themselves, with the daddy being sick. As of tomorrow, I would like you to go to your aunt Mary after school.

**Johanna:** But mommy, its boring there, I have no one to play with!

**Johanna’s mother:** (In a strict voice) Never mind, for now you will go to her!

**Teamleader:** Before you mark your sheet, listen carefully to the question: Johanna’s mommy doesn’t want Johanna to play with Hileni anymore because Hileni’s daddy is sick and she is afraid that Johanna could get sick too, if she gets close to Hileni’s daddy. If YOU were Johanna’s mommy, would you be worried about this too? Look at the number 2 on your paper. Mark the box next to the ☺ if you would be worried about this too. (**Hold up cardboard face to demonstrate**). If you are not worried about Johanna playing at Hileni’s house, then mark the ☹. **Demonstrate by holding up the cardboard faces as you talk.**

**Teamleader:** When Johanna tells Hileni that she is not allowed to come to Hileni’s house anymore and has to go to her Aunt Mary’s instead, both girls are very sad. They hope that Hileni’s daddy will be better very soon. But instead, he seems to get worse.

Two weeks later:

**Johanna:** It is now two weeks that I have to go to my aunt – is your daddy not getting better?

**Hileni:** No, he lies in bed all day now. But the neighbours are not talking to us anymore, and nobody in the street wants to buy my mommy’s mahangu. When we walk to the shop, some people don’t greet us anymore! It scares me!

**Teamleader:** Before you mark your sheet, listen carefully to the question: The people in the neighbourhood don’t greet Hileni’s family anymore. They don’t buy their food because they are frightened to get sick. Look at the number 3 on your paper. Mark the box next to the ☹ if you would be frightened and would not buy or eat food from a person you think has AIDS. (**Hold up cardboard face to demonstrate**). If you wouldn’t be frightened and would buy or eat food from a person you think has AIDS, then mark the ☺. **Demonstrate by holding up the cardboard faces as you talk.**

**Johanna:** My mommy said to my daddy that your daddy had THAT DISEASE.

**Hileni:** THAT DISEASE?
Johanna: My daddy was upset and angry. Hileni, I think they are talking about AIDS.

Team leader: When Johanna came home that evening, her mother called her into the kitchen and asked her to sit down, because she wanted to talk to her.
Johanna's mother: Darling, how was your day?
Johanna: It was okay – but I really don’t like going to Aunt Mary anymore. Please, can I go to Hileni’s place again?
Johanna's mother: That is what I want to talk to you about. Your daddy doesn’t want you to play with Hileni anymore. And you are never to go to her home again!
Johanna: But why? I don’t understand!
Johanna's mother: Hileni’s daddy has a bad illness and he is being punished by God. It is a very dangerous illness. You can get it very easily if you are near him in the house. And by now, Hileni probably has it too so you can’t play with her, because she will give it to you and then you will die!
Johanna starts to cry
Johanna: I am so afraid, mommy! I don’t want to die! But I don’t want Hileni to die either, or her daddy! Is there nothing you can do?
Johanna's mother: No, Hileni’s daddy caused this by himself, because he was not a good man, and now his whole family will be ill! Nothing can be done! If I see you near Hileni, I will get very angry and your daddy will give you a hiding!

Teamleader: Before you mark your sheet, listen carefully to the question: Johanna’s mommy says that God is punishing Hileni’s daddy with a bad illness. He is not a good man and makes his whole family ill. Would you believe this too? Look at the number 4 on your paper. Mark the box next to the ☺ if you believe this too. (Hold up cardboard face to demonstrate). If you don’t believe this, then mark the ☹. Demonstrate by holding up the cardboard faces as you talk.

Team leader: The next morning at school, Johanna tells the teacher that she doesn’t want to sit next to Hileni anymore. When the teacher asks, who would like to change with Johanna, no child wants to sit next to Hileni. And so the teacher makes her sit by herself at the front desk. During break time, nobody wants to play with Hileni and she stands alone in the corner of the schoolyard.

Teamleader: Before you mark your sheet, listen carefully to the question: The children at school are afraid to sit next to Hileni, because they have heard lots of stories about her sick daddy. Now they worry that Hileni is sick, too and can make them sick, if they play with her. Look at the number 5 on your paper. Mark the box next to the ☺ if you would not sit next to Hileni, just like everyone else in the class. (Hold up cardboard face to demonstrate). If you would sit next to Hileni even if no one else in the class does, then mark the ☹. Demonstrate by holding up the cardboard faces as you talk.

Two weeks later Hileni’s mother calls her into the kitchen.
Hileni’s mother: Darling, I know that you have been confused lately about what is going on. Your daddy is very ill. We went to the doctor and he did a test. He told us that Daddy’s illness is called AIDS – maybe you have heard about it in school. Because of the illness his boss doesn’t want him to work anymore. Now the people in the village are very afraid and they stopped
buying my mahangu. We have no money and nobody wants to help us. They also want us to move away from here. So your Uncle Samuel will come later in the week and then we will pack up our belongings and move to their house where Aunt Sara can help me to take care of your Daddy.

Hileni: The children at school are just like the people in the village. Even Johanna doesn’t play with me anymore and the children at school say that I am sick and will die and that daddy will die, too. Is that true?

Hileni’s mother: Yes, darling, the doctor says that your Daddy’s body is already too weak to fight the AIDS so he will die of it. But you are not ill and you will live a long and healthy life!

Hileni: I don’t want to move away from here! I like our little house and the garden! Do we really have to move?

Hileni’s mother: Yes, I have discussed it with your daddy and it is the best for all of us.

Teamleader: Before you mark your sheet, listen carefully to the question: Nobody in the neighbourhood wants to help Hileni and her family. Look at the number 6 on your paper. Mark the box next to the ☺ if you agree that only Hileni’s family members should care and help them. (Hold up cardboard face to demonstrate). If you think that friends and neighbours should also care and help Hileni’s family, then mark the ☻. Demonstrate by holding up the cardboard faces as you talk.

Teamleader: When Hileni comes to school the next morning, Josua walks up to her during break time.

Josua: What are you doing here? People like you should not be allowed into school!

Hileni: What are you talking about? What are “people like me”?

Josua: People that will die with the bad disease and just come here to make all of us ill!

Hileni: Well, Josua, it is sad that although you are bigger than me, you have so little brains! This illness is called AIDS and it is not a “bad” disease. There is no such thing as “good” or “bad” diseases! And I am certainly not going to die! I would like to hit you for treating me so badly. I cannot give you AIDS just by sitting next to you in school. I am the same just like all the other children here. But, if I WAS ill, I would still be like you. Johanna had the measles last year and she was very sick! And Josua, you have been off sick with a bad cough three times this year already! Did you feel that you should be treated differently because of that?

Teamleader: Before you mark your sheet, listen carefully to the question: Hileni tells Josua, an older boy in her class that he is wrong to treat her badly. If you were Hileni, would you do the same? Look at the number 7 on your paper. Mark the box next to the ☺ if you agree that a girl can tell an older boy that he should not treat her like this. (Hold up cardboard face to demonstrate). If you don’t agree that a girl can tell an older boy that he should not treat her like this, then mark the ☻. Demonstrate by holding up the cardboard faces as you talk.

Teamleader: Johanna had been standing near by and heard what Hileni told Josua. Hileni turned around and walked into the classroom. Johanna followed her.

Johanna: Hileni, wait up for me. You are right! I will talk to my mother and explain it to her, and as of now, I will sit next to you again in class! I was very sad when we couldn’t be friends anymore.

Hileni: Really, you mean it?

Johanna: Yes, I’m sorry! (Big hug)
**Teamleader:** This was our little drama for you. Now I need x (name of fieldworker) and y (name of field worker) to be x and y again – no more Hileni, Johanna, mommys or Josua! We will go around now and collect your answering sheets. Thank you for helping us with this exercise. (Remind the fieldworkers to look at each sheet and quickly check if the boy/girl box is marked correctly)
**Answering Sheet “Hileni’s Story”**

Please make a cross to show us whether you are a boy or a girl:

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### Age Evaluation Sheet

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Key Informant Questionnaire Learners

Respondent ID Code: ________________________________

☐ Female  ☐ Male

Age: 10 11 12 13 14

Grade: 4 5 6 7

When in the club?: 2004 2005 2006

1. What do (or did) you like about the club?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What did you learn?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Which Window did you like the best? (Hold up the four booklets)

________________________________________________________________________
Why?
________________________________________________________________________________________

4. Are you still friends with anyone from the club?

☐ Yes ☐ No

Who? ____________________________________________________________

________________________________________________________________________________________

5. What don’t (or didn’t) you like about the club?
________________________________________________________________________________________

________________________________________________________________________________________

6. Have your school marks changed since you joined the club?

☐ Yes ☐ No

7. Have they gone up or down?

☐ Up ☐ Down

8. Which subjects? ____________________________________________________________
9. What did you learn in the club that made your marks go up?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I want to find out a little bit more about your Window of Hope club teacher.

10. Who was your teacher? ________________________________

11. Do you (or did you) have this teacher for other subjects?
   
   [ ] Yes  [ ] No

12. If yes, is she / he different in the club than in class?
   
   [ ] Yes  [ ] No

   Probe: How? ________________________________

13. If no, is your club teacher different from your other teachers?
   
   [ ] Yes  [ ] No

   Probe: How? ________________________________

   Probes: Friendlier? Relationship? Can talk to her/him more easily?
14. Did the boys / girls (say the OPPOSITE sex) behave differently in the club than they did in class or during break time?  
☐ Yes ☐ No  
How? ____________________________________________

15. What have you learned about your body?

16. In Window of Hope you have learned about your body parts. Is there anything about your body that you are not comfortable talking about?

17. With whom would you talk about sex?

18. With whom are you embarrassed to talk about sex?

Why? ____________________________________________  
_________________________________________________  
_________________________________________________  
_________________________________________________
19. Do you talk about the club with your family? Who in your family?

________________________________________________________________________

________________________________________________________________________

20. What do you say?

________________________________________________________________________

________________________________________________________________________

21. What do you think kids who aren’t in the club miss out on?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Semi-Structured Interview Guidelines for Teachers

Introduction – Greeting
My name is (interviewer's name). Thank you for agreeing to talk to us about WOH clubs. We hope you have been informed about us and that you have been expecting us. We are members of the team assessing the effectiveness of WOH clubs on behalf of the Ministry of Education and UNICEF. As part of this assessment we will be talking to WOH teachers to learn more about what you think about WOH clubs. The aim of this assessment is to look into how well the WOH clubs have been implemented in the primary schools of Namibia and also to see how effective it is. This information will help us to improve on the quality of WOH clubs and to improve on the HIV/AIDS problem in your community.

Please know that what you tell us is completely confidential and the information you give us will only be used for statistical data. This means that neither your name nor your school will be identified in connection with the information you are about to give us.

We highly appreciate your openness to share your thoughts and ideas with us.

Part 1: Effect of program

1. How were the children selected for the WOH club?

2. How many boys? How many girls? Do you notice anything about the gender participation?

3. Have you noticed any change with the children since they joined the club?

(Probe: Can you be more specific about the changes noted?)
If necessary Further Probe: Any particular changes concerning school performance or social behaviors?)

4. Do the children feel special because they belong to the club?

5. What language(s) do you teach the club in? Can you give rough percentages of how often you use what?

Part 2: Teacher’s Experiences of Facilitating the Windows of Hope Club

6. What do you like about leading the WOH club? And why?

7. What do you not like about leading the WOH club? And why?

8. Is there anything you would like to change about the club?

9. What feedback do you hear from other teachers, parents, children and stakeholders about the Windows of Hope club?
Part 3: Teacher’s Experiences of the WOH Program

10. Where you formally trained in the Windows of Hope Junior program?


11. How are you being supported in running the WOH club?

(Probe: What kind of support do you get from the principal and the regional representative?)

(Further probe: What kind of support do you get from other teachers, parents and senior students?)


12. Is there anything you would like to change about how the program is run in your region?


13. Is there anything else about this program and the people involved in it that you would like to tell us about?


14. What did you yourself get from the program?


Semi-Structured Interview Guidelines for Principals

Introduction – Greeting
My name is interviewer’s name. Thank you for agreeing to talk to us about WOH clubs. We are members of the team assessing the effectiveness of WOH clubs on behalf of the Ministry of Education and UNICEF. As part of this assessment we will be talking to the principals of schools that have the Junior WOH program to learn more about what you think about WOH clubs. The aim of this assessment is to look into how well the WOH clubs have been implemented in the primary schools of Namibia and also to see how effective it is. This information will help us to improve on the quality of WOH clubs and to improve on the HIV/AIDS problem in your community.

Please know that what you tell us is completely confidential and the information you give us will only be used for statistical data. This means that neither your name nor your school will be identified in connection with the information you are about to give us.

We highly appreciate your openness to share your thoughts and ideas with us.

Part 1: Effect of program

1. How were the children selected for the WOH club?

2. Have you noticed any change with the children since they joined the club?

(Probe: Can you be more specific about the changes noted?)

(If necessary further probe: Any particular changes concerning school performance or social behaviors?)
Part 2: Principal’s Experience of overseeing the Windows of Hope Club

3. What do you like about the Windows of Hope Club?

________________________________________________________________________

4. What do you not like about the Windows of Hope Club?

________________________________________________________________________

5. Is there anything you would like to change about the club?

________________________________________________________________________

6. What feedback do you hear from other teachers, parents, children and stakeholders about the Windows of Hope program?

________________________________________________________________________

________________________________________________________________________

7. Do you sign off on the reports of the teachers about the program?

________________________________________________________________________

________________________________________________________________________

8. Have you selected teachers to go for training / to run the club?

________________________________________________________________________

________________________________________________________________________

(Further probe: What were your criteria?)

________________________________________________________________________

________________________________________________________________________
Part 3: Principals Experience of the WOH Program

9. What is your involvement in the program?

10. Are there teachers at your school that have been trained for the WoH program, but they are not teaching the program at this stage?

(Further probe: If yes, why do they not teach?)

11. Is there anything you would like to change about how the program is run?

12. Is there anything else about this program and the people involved in it that you would like to tell us about?
Semi-Structured Interview Guidelines for Regional Representatives

Introduction – Greeting
My name is **interviewer's name**. Thank you for agreeing to talk to us about WOH clubs. We are members of the team assessing the effectiveness of WOH clubs on behalf of the Ministry of Education and UNICEF. As part of this assessment we will be talking to Regional Representatives of WOH to learn more about what you think about WOH clubs. The aim of this assessment is to look into how well the WOH clubs have been implemented in the primary schools of Namibia and also to see how effective it is. We have selected four schools in your region (name them) to participate in this evaluation. The information we gather will help us to improve on the quality of WOH clubs and to improve on the HIV/AIDS problem in your community.

Please know that what you tell us is confidential and the information you give us will only be used for statistical data. Although your region will be named in the report, any information on particular schools will be unidentifiable. We will generalize your statements as much as possible.

We highly appreciate your openness to share your thoughts and ideas with us.

Part 1: Background Training Information

1. How were the WOH facilitators (teachers) selected?

2. How many teachers have been trained as WOH facilitators in your region?

3. Have there been people other than teachers who have received WOH training?

   (Probe: If so, who are they and are they facilitating clubs?)

   ________________________________

   ________________________________

   ________________________________
a. How long have you been the WOH trainer for this region?

________________________________________________________________________

________________________________________________________________________

Have you received follow up training?

________________________________________________________________________

If so, when?

________________________________________________________________________

________________________________________________________________________

Part 2: Regional Representative's Experience of Overseeing the Windows of Hope Program

4. How many schools in your region are offering the Junior Windows of Hope program?

________________________________________________________________________

________________________________________________________________________

5. How many Senior Primary Schools (Grade 4 – 7) are in the program?

________________________________________________________________________

________________________________________________________________________

6. How many schools in the program have completed the full program / taught all four windows?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. How many schools are just doing one or two windows?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. How many schools have started with the senior window?

________________________________________________________________________
9. Of the schools that are not offering the program, what do you know about their reasons for not doing so?

10. What is your working relationship like with each of the (name participant schools)?
   a)
   b)
   c)
   d)

11. Do these four (4) schools submit their reports in a timely manner?

13. How does your experience with these four (4) schools compare to the other schools offering Jr. WOH in your region?

14. What have you personally gained from the program?

General Questions about WOH program

13. What do you like about the Windows of Hope program?
14. What do you dislike about the Windows of Hope program?

______________________________________________________________________________

15. Is there anything you would like to change about the program to improve its performance?

______________________________________________________________________________

______________________________________________________________________________

16. How are you being supported in running WOH program?

______________________________________________________________________________

(Probe: What kind of assistance do you get from the schools, region, Ministry of Education etc?)

______________________________________________________________________________

______________________________________________________________________________

17. What feedback do you hear from teachers, principals, parents, children and stakeholders about the Windows of Hope program?

______________________________________________________________________________

______________________________________________________________________________

18. Is there anything else about this program and the people involved in it that you would like to tell us about?
Questions for Drop Outs of the Windows of Hope Program

I see that you dropped out of the Windows of Hope club, could you tell me why?

Probes for the interviewers:

€ I was not able to go to the club because I had other things to do after school.

€ I did not go to the club because I was too hungry.

€ I did not understand the information being taught.

€ I did not like the program.

€ I did not like the teacher.

€ I did not like another child or children in the club.

€ I thought the club was boring or silly. (Cue: what was boring about it?)

€ My family did not want me to go to the club anymore.

€ The club teacher did not want me to come to the club anymore.

For each answer given, explore the reasons why.
## Appendix IV: Demographic data

<table>
<thead>
<tr>
<th>Region &amp; Schools</th>
<th>Age 10</th>
<th>Age 11</th>
<th>Age 12</th>
<th>Age 13</th>
<th>Age 14</th>
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<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Boys</td>
<td>Girls</td>
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<td><strong>Oshana Region</strong></td>
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### Evaluation of WINDOW OF HOPE by CB Consult with the assistance of UCCB

#### Children's Interview Questions

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<td>10 What did you learn in the club that made your marks go up?</td>
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<td>14 If no, is your club teacher different from your other teachers?</td>
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<th>Bet-El P.S.</th>
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<td>19.2.11 Scared to be teased</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>19.2.12 Open / comfortable to express myself</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Do you talk about the club with your family?

| 20.1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 20.2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

#### Who in your family?

| 20.1.1 Mothers | 1 | 5 | 5 | 5 | 1 | 1 | 2 | 3 | 1 | 4 |
| 20.1.2 Fathers | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 1 |
| 20.1.3 Parents | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 1 |
| 20.1.4 Grandparents | 2 | 2 | 3 | 1 | 2 | 1 | 1 | 4 | 3 | 2 |
| 20.1.5 Relatives | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 4 | 3 | 2 |
| 20.1.6 Siblings | 2 | 1 | 4 | 4 | 2 | 2 | 3 | 6 | 4 | 4 |

#### What do you say?

| 21.1 | Talk about HIV issue | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 |
| 21.2 | Talk about issues related to the club learned | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 3 |
| 21.3 | Talk about violence, bullying etc | 1 | 1 | 2 | 1 | 2 | 3 | 1 | 1 | 1 |
| 21.4 | Talk about body changes | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |
| 21.5 | Talk about body changes | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |
| 21.6 | Talk about issues related to the club learned | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 3 |
| 21.7 | Talk about issues related to the club learned | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 |

#### What do you think kids who aren't in the club miss out on?

| 22.1 | Nothing | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 22.2 | Life skills | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 22.3 | Body changes | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 22.4 | Decision making | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 22.5 | HIV issues | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 22.6 | Creative Activities | 1 | 1 | 2 | 4 | 1 | 3 | 3 | 5 | 1 |
| 22.7 | Understanding | 1 | 1 | 4 | 1 | 3 | 3 | 5 | 1 | 3 |
| 22.8 | Most appropriate answer | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |
| 22.9 | Leaving your family | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 |
| 22.10 | How to overcome bad feelings | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |
| 22.11 | How to care for sick people | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |
| 22.12 | Most appropriate answer | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |
| 22.13 | Most appropriate answer | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |
| 22.14 | Most appropriate answer | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |
| 22.15 | Most appropriate answer | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |
| 22.16 | Most appropriate answer | 1 | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 2 |

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Van Rhyn P.S. Bet-El P.S. Narraville PS (integrated) Kamwandi PS (Club) Oshikungu PS (Club)
Teacher responses
Fourteen teachers were individually interviewed.

1. **Selection of children for participation in Junior Window of Hope club:**
In all three regions, the majority of schools had voluntary membership in the WOH clubs. Teachers and their principals ensured that all grade 4 and 5 learners and their parents were informed about the program. Those learners who were interested and who had parental permission were selected. Most schools had one or two parents refuse permission because they considered the topics inappropriate for their children (content not appropriate for learner age or due to religious beliefs). Two Oshana schools (Schools A & D) in accordance with the WOH Implementation Guide, purposely selected orphans and vulnerable children (OVC) to attend the club. In the Erongo region, School G has fully integrated the program into Grades 4 & 5 so that all learners attend. In School I, the club appears to be mostly integrated, with one class attending club on a compulsory basis after school and another teacher providing the curriculum to 50 learners in the morning schedule.

2. **Gender**
Teachers made attempts to ensure equal gender participation in all of the schools in which the WOH program was not integrated into class time. In the non-integrated schools, teachers experienced that boys were more likely to drop out of the after school club in order to play soccer (Boy drop outs reported that they had to do after school chores at home). Girls were noted as being more interested and enthusiastic to participate in club activities, particularly in the games, songs and artwork.

3. **How children were changed by Window of Hope**
All teachers interviewed agreed that the children were changed by their participation in the WOH program. The majority of teachers stated that the learners became more “free” to speak, more able to voice their opinions, had more confidence, participated more in their classes and were more willing to help one another. No teachers noted that grades had improved but 25% of teachers found that children had increased knowledge (Body parts and HIV/AIDS) when these subjects were addressed in Natural Science classes. Of special note; three teachers noted that the children became less segregated by gender and tribe (more mixing occurred), one teacher found that a sexually active female learner stopped being sexually active, one teacher said that children could say ‘no’ to abuse more readily and one teacher said that children were better able to cope with problems at home.

4. **Do children feel special because of club?**
All teachers found that the children feel special because of their participation in the WOH program. Children wanted to join the clubs and were envied by those who could not participate.

5. **Language used for teaching WOH program**
Three teachers in Erongo and two in Khomas taught the clubs strictly in English. In the case of the Erongo teachers, two said they had no choice but to teach in English as their home language differed from that of the learners’.. In one of the English speaking Khomas clubs, a child translated for the learners. The remaining schools taught their clubs in a combination of English and either Oshindonga (Oshiwambo dialect), Afrikaans or Damara. Home languages were often used for discussion.

6. **Windows taught**
The questions,” What was the easiest window to teach?” and “Which window did you have the most difficulty with?” were added to the teacher interview at the third school visited by the research team (The evaluation began in Oshana, then moved to Khomas, and finally to Erongo). A number of
reactions at School B in Oshana (club members showing an inordinate unfamiliarity with the words and songs used in the Yellow book, teacher and principal responses) had resulted in a growing suspicion on the part of the research team that parts or all of certain windows were not being taught. Both of the remaining Oshana teachers noted discomfort with the Yellow Book. One expressed anxiety about the content but recognized its importance if things were to change for the future.

Six teachers from Khomas and Erongo found the Green book easiest to teach, and two found the Blue book easiest. Two teachers had no difficulty teaching any of the windows. The remaining 10 teachers found either the Yellow or the Red book more difficult to teach because of the sensitive nature of the content. One Erongo teacher said “Red was most difficult as I find it difficult to talk about AIDS. It is a part of my life and I had no counselling to cope with my history.”

7. What teachers liked about leading the Club
All teachers liked being the WOH teacher. Some pointed out how much they liked the program content or some parts of it. The majority of teachers spoke about how it had helped them to feel closer to the children, to understand them more, to offer better help or advice. One teacher said she wanted to help them to understand because “in our houses we have sick people.” Four teachers indicated that it had helped them in their own lives (“as a child, no one [talked] to me but I experienced [these things] too”).

8. What teachers did not like about leading the Club
Three teachers said there wasn’t anything they didn’t like about the club. Complaints about the content of the program were limited to unease with the sensitivity of some of the book topics (3 teachers) “Tradition doesn’t allow them to discuss with children.” The remaining complaints were about the amount of work the program requires (3 teachers), the time involved in both length of sessions (or parts) and timing the program to run after school where either the learners or teachers have other demands on their time (6 teachers), lack of access to a classroom (1 teacher) and lack of materials (1 teacher).

9. Feedback from others
Only one teacher said she received feedback from other WOH colleagues. Five responses indicated interest or support for the program from other school teachers, two responses indicated some sort of complaint (noise). None of the teachers said that they had received any feedback from the principal. There were two reports of positive responses from parents, while four teachers commented that parents were either not interested or had no complaints about the program. Based on the responses to this question, it appears that most of the teachers interviewed received little feedback from staff or parents.

10. Training for the teacher
Thirteen (13) of the 14 teachers interviewed, received formal training in WOH. One teacher (from the Erongo school that integrated the program into all grade 4 and 5 classes) had simply been given the manuals. A preliminary visit to this school identified that there were nine (9) Junior WOH teachers, only one of whom had received formal training.

11. Support in running the WOH club
In general, it is clear from the teachers that support is largely lacking. Two teachers said they received no support from anyone, and one teacher wanted more support. Five teachers stated that they received some support from other WOH colleagues, and two stated that they received support
from non-WOH teachers. However, other comments suggested that most teachers either do not know or do not care about the program. Six teachers stated that they received support from principal, but this support mainly involves informing learners about the program and handing out certificates. From these six teacher responses, only one principal in Oshana was noted to have visited the club and helped out from time to time. Some responses specifically noted that there was no support from the principal.

When asked about support from the Regional Education Officer Officer, three teachers indicated that they had had contact with the Regional Education Officer Officer, and two teachers felt they were getting the help they needed from the Regional Education Officer Officer. One teacher from each region said they were getting their certificates and buttons when asked for. However, almost every teacher interviewed, in each of the three regions made mention of needing their supplies replenished. Many seem to expect that this is the responsibility of the Regional Education Officer Officer. All schools noted that they were lacking in paper, pencils and coloured pencils (or crayons). Each region was represented by at least one teacher saying that they had received the original kits but no replenishments. One Oshana teacher had never received the kit flag. One Erongo teacher said their kit was stolen and never replaced.

Two teachers stated that they received support from parents, in one case a parent volunteers as a WOH facilitator, and in the other case the parents are also employed as members of RACE & HAMU and can be called upon for assistance. One Erongo teacher asked for and received assistance from former club members.

12. Changes teachers would like to see in program operation in their region
Seven teachers want the program to operate during regular school hours or to be fully incorporated into the curriculum. However, teachers at the integrated school questioned whether integration can work given the large number of learners in a classroom (+/- 40) and the inherent lack of physical space for games and other activities. One teacher specifically asked for regular visits from the Regional Education Officer in order to get feedback. One teacher noted that she knows of no male Junior WOH teachers. The teacher at the Oshana school that has a volunteer parent, wanted to see this parent receive a monthly stipend as an encouraging incentive. One teacher commented that no white teachers delivered WOH and that the white teachers were not forcing their learners to join.

13. Other issues
As already captured in Question 11, six teachers complained about the lack of materials to support their clubs. One school noted earlier that they only just received their song CD. One teacher suggested that parents and community should be more involved.

14. Personal benefits for the teachers
Seven teachers spoke of gaining knowledge they didn’t previously have. There was specific mention of learning about bodies and HIV. Five teachers spoke of learning how to talk to children, recognize their feelings and behaviours and being able to help them. One teacher spoke of gaining English vocabulary, one spoke of becoming a facilitator (transferable skill). Two teachers mentioned how it enriched their own lives and in one of those cases, how she had taught this information to her own family. One teacher used knowledge learned to intervene in cases of abuse.
Principal responses
Ten principals were individually interviewed.

1. Selection of children
In the non-integrated schools, club members were selected by teachers after learners were informed and parents had given permission. One Oshana school actively tried to include their OVC students, whilst another Oshana school tried to target those with learning difficulties. With the exception of one Oshana principal (who was a trained WOH facilitator) the majority of principals had minimal information about the selection process. Two principals, who had started at their respective schools this year, did not know the selection process at all.

2. Changes with the WOH members
All the Oshana school principals and one Erongo principal noted increased academic performance and/or improvement of marks (interestingly not each teacher mentioned improvement of marks). Five principals noted improved discipline. Five principals stated that the learners spoke up more and appeared to have more confidence. In one Erongo school, the principal stated that the girls were better at saying ‘no’. One Erongo principal found the learners mixed more with the opposite gender and different races. One Oshana principal stated that the club learners demonstrated improved morality regarding sexual behaviours.

3. What principals like about the WOH Club
All the principals responded positively to the WOH program. Their reasons differed, but all centred around some form of learner improvement. Comments included:

- improved self esteem,
- self confidence to speak up,
- becoming better citizens,
- saying no to sexual activity or abuse,
- gaining more information about HIV,
- gaining life-skills,
- gaining decision making skills
- learners knowing they are not alone with their feelings,
- better teamwork,
- improved performance at school,
- improved reading and writing,
- more serious about their future.

Additional general comments included improving the school’s development, bringing society together, getting parents involved.

4. What principals did not like about the WOH Club
Five principals had no comment or said there was nothing they didn’t like. One Oshana principal complained about getting a video (CD?) but not having the equipment to play it on. He wanted funds to be made available to purchase equipment. The same principal suggested that groups could collaborate to share resources and experiences. One Oshana principal expressed concern about WOH participants, stating that “small children should not be using condoms”. An Erongo principal made a similar comment, saying that condom use is encouraged by WOH, which in turn encourages
sexual behaviors. One Erongo principal was unhappy with the timing of sessions, stating that learners were hungry in the afternoon.

5. Anything principals would like to change about the club
Four of the principals expressly stated that the club should be incorporated into the curriculum, although one Erongo principal (from a school that has some degree of integration) said that if the program is integrated into the curriculum, the bigger groups take time and attention away from the needier children. The principal with the volunteer parent asked for money to pay the volunteer. Four principals had little or no comment.

6. Feedback to principals from teachers, parents, children, stakeholders
Four principals had had positive feedback from other teachers at the school. One principal stated that the Natural Sciences teachers said that WOH learners already knew some of the curriculum. Five principals mention positive feedback from parents including the request for their children to join the club. One principal spoke of a family that said the club was not appropriate for their child for religious reasons. No specific comments or feedback from other children or community members were mentioned.

7. Do you sign off on the reports of the teachers?
Eight of the 10 principals said yes. One principal delegated a head of department to sign. For one new principal, this was not yet applicable.

8. Selection of teachers for WOH training
Oshana principals used various criteria to make the WOH teacher selection. One principal was quite specific in wanting a mature, married teacher who had the self-confidence to talk about sex. At least two of the Oshana teachers were selected because they taught Natural Science. In Khomas, one school selected the teacher based on enthusiasm and compassion for children. The other school chose a teacher who had attended the WOH information meeting and who had a religious background. In Erongo, two new principals did not know how the selection was made. The principal of the most integrated school wanted all his teachers to attend the training. One Erongo principal stated that the teacher who had already been involved in HIV related issues was selected. Four principals stated that teachers were selected in consultation with the staff.

9. Principal's involvement in the program
Overall, the principals see their involvement as: a) to inform or support the teachers, b) to inform learners and parents of the WOH program, c) to sit in on club sessions, d) to sign and hand out certificates upon learner completion of each window. Three principals (all in Oshana) claimed to know quite a bit about the WOH program content. Two of these three had been trained in WOH. Principals who reported that they sat in on club sessions were more numerous than the reports given by teachers. Three principals (2 from Erongo, 1 from Khomas) indicated that they had little knowledge of the program and had not observed any sessions. These two Erongo principals claimed not to have had time yet to do so. (One of the two principals had been named principal only recently).

10. Are there trained teachers at your school who are not providing WOH?
Six principals responded that the trained teachers were the one who taught the club. One Oshana and one Erongo principal (new to the school) did not know. One Erongo principal thought a Grade 3 teacher was also trained but the club is operated in-class for Grades 5,6,7, so she did not teach it.
One new Erongo principal did not know, but stated that there was a teacher with AIDS awareness training (although they were unsure if she had WOH training) who was not teaching club.

11. Changes principals would like to see to program operation in their region
One Oshana principal, who was a trained WOH facilitator said there was no support from the region, that no one monitors the program nor visits the schools. This principal thought it would encourage the teachers if monitoring were to occur. Two Oshana principals and one Khomas principal stated that their Junior WOH teachers did not receive certificates for their own training. Two principals (1 Oshana, 1 Khomas) again stated that they would like the club integrated into the school curriculum. One Erongo principal suggested that the club should go up to Grade 7 (he did not know about the Senior WOH program). The same principal also thought that the club should involve all learners as a compulsory extramural activity for upper primary level. One Erongo principal wanted to request money to address constraints about attending all the trainings for WOH teachers as transportation was an issue. He also wanted the club to attend World AIDS day activities and thought it should be sponsored to do so. Two Erongo principals mentioned the idea of integrating the program with similar initiatives such as My Future, My Choice.

Two principals went into detail on how they believed program could be improved. One Oshana principal said the curriculum should also include multi-cultural issues, as Namibia is a multi-cultural country. It should be a compulsory subject integrated into Life Skills and Religious & Moral Education. The principal made an important point about the fact that WOH does not form part of the teacher’s assessment and is used for promotion, therefore it is not attractive for teachers to participate. He suggested that material covered in the WOH program should form part of the promotion criteria. One Erongo principal spoke of the need to strengthen the regional / ministry set up, “Need more human resources to run the program; productivity and planning is lacking (regional and ministry). From regional office we need better communication and planning and more follow-ups concerning workshops, they are too far away.”

12. Other issues
One Khomas principal stated that this program contributes to the 2030 vision and could make a difference in the future lives of the children. Two other principals made similar statements about the future careers and the well-being of the children as being positively influenced by this program. One Oshana principal stated that the children have the trust, confidence and comfort to report incidences of abuse and to succeed even if a parent has passed away.

A disadvantage for a Khomas school that had morning and afternoon classes was that learners had to wait until 16:00 for a free classroom and that they were hungry by then. The principal suggested being supported to have a feeding scheme and transportation provided. Another principal reported that the book sessions were too long, so they are not always completely finished.
Regional Education Officer Responses:
Three Regional Education Officers were interviewed. Where possible, the comments have not been attributed to particular Regional Education Officers to protect their anonymity.

A summary of the findings concerns:

1. Selection of WOH facilitators (teachers)
All Regional Education Officers stated that the decision lies with the school principals. The invitation from the Regional Education Officers has a recommendation for the selection of appropriate teachers which suggests that the teacher should not facilitate both Junior and Senior WOH, but this sometimes happens.

2. Amount of teachers trained as WOH facilitators in the respective region
The Khomas region had 23 Junior and 11 senior trained WOH facilitators.
In Oshana 107 of 113 schools have trained Junior WOH facilitators and 66 of 89 qualifying schools have Senior WOH facilitators.
In Erongo 64 teachers had been trained, but no separate numbers for Junior and Senior facilitators were available

3. Have there been people other than teachers who have received WOH training?
In Khomas one other person had been trained, and there had been training for NGOs that was never followed up. In Oshana no one other than teachers had been trained and Erongo did not have the data available to answer the question.

3a. How long have you been the WOH trainer for this region?
Khomas was in the first group to be trained, Oshana was trained in 2005 and Erongo has no Regional Education Officer who is trained as WOH trainer.

3b. Follow-up training
Khomas ran three follow-up training sessions, Oshana met with other Regional Education Officers for an idea exchange once in 2006 and Erongo has no trainer, thus the question was not applicable.

4. Amount of schools in the respective region offering the Junior Windows of Hope program
Khomas submitted a list that indicated 28 schools were offering the program.
Oshana based this answer on reports received, but stated that not all schools sent reports or reports came in late, so the numbers might not be correct: 48 out of 107 schools were offering the program.
In Erongo 19 schools were offering the Junior WOH and 18 schools were offering the Senior WOH program.

5. Amount of Senior Primary Schools (Grade 4 – 7) in the program
The list received from Khomas did not indicate this information, Oshana stated that 66 schools (of 89) had trained teacher(s). From the first term 2006, 42 schools reported offering the program (out of a total of 95 schools in region). In Erongo the numbers were not known, as some Junior Primary schools had recently upgraded to Senior Primary schools.

6. Amount of schools that have completed the full program / taught all four Windows
All three Regional Education Officers were unable to provide accurate information. Records were available of the teachers that had been trained in the regions, but follow-up data concerning whether
teachers were still at the respective school or running a club at the school was not available. Regional Education Officers have to rely solely on reports from schools, as funding is not available to visit schools. They have no means of determining whether a school is not running the program or merely not submitting reports on the program.

7. Amount of schools offering just one or two windows
In Khomas the lists supplied were not accurate and thus the number of schools could not be determined.
Oshana was unable to supply the information.
In Erongo 28 schools were currently on the first window and 14 schools were on the second window.

8. Amount of schools that have started with the Senior Window of Hope
Khomas estimated that, according to reports 5-10 of 58 schools had started the Senior Window.
In Oshana, according to the reports from second term 2006, 18 of 66 schools had started the senior window, although the Regional Education Officer did not believe that this was an accurate reflection of the actual situation.
Erongo stated that, according to the list, 15 schools had started the program.

9. Possible reasons of schools not offering the program
Reasons named by the Regional Education Officers:
- Teachers had left or were transferred
- Private schools often don’t participate, particularly due to religious affiliation
- Teachers don’t have enough time to run the club in the afternoon and hence request that it be integrated into the school curriculum
- Learners cannot concentrate in the afternoon and so drop out
- The school is not interested in running the program

10. What is your working relationship like with each of the participant schools?
Khomas had good relationships with the two schools that were evaluated but reported a less productive relationship with the school that had to be omitted from the research due to incorrect information given to the evaluators during the contact phase.
Oshana had chosen the best schools and had excellent relationships with all the evaluated schools.
Erongo had established telephonic contact to all schools, but as the Regional Education Officer had only started in August 2006, no personal visits had yet been made.

11. Do these schools submit their reports in a timely manner?
Khomas: the two evaluated schools submit regular reports
Oshana: all four schools submit regular reports
Erongo: the Regional Education Officer had no access to reports from 2004 or 2005.
All Regional Education Officers supplied the evaluators with a variety of documents from the evaluated schools, but the information that could be extracted from the reports and attendance lists was not always valid, as the reports mostly covered the year 2006. The evaluated school clubs had all completed the program in 2005, and thus the data gave no information about the clubs in the study.
12. Experiences with the relevant evaluated schools compared to other schools offering the Junior WOH in the respective region?
In Khomas Region, one school could be seen as being more “disadvantaged” when compared to other schools, whilst the other school was more “precise” and “timely” than other schools. Oshana stated clearly that these were the best schools in the region, which is why they had been recommended for the evaluation.
The Regional Education Officer from Erongo felt she did not yet have enough experience to comment on this matter.

13. Personal gain for the Regional Education Officer from the WOH program
All Regional Education Officers felt that they had gained from the program. One had used some of the principles with their own young children and felt that they had a better understanding of others now. One felt that they had greatly improved their abilities as a trainer and the program had added to their personal growth and made them more patient. One Regional Education Officer spoke from a facilitator’s point of view and felt that they had gained greatly in their abilities as a facilitator.

General Comments about WOH
1. Likes of the WOH program
Regional Education Officers commented positively on the WOH program, some key points are outlined below:
  - Training of facilitators allows people with different backgrounds to interact on the same level
  - Learners get involved and learn to focus on themselves
  - Manuals are well set up

2. Dislikes about the WOH program
  - Too much paperwork
  - Trainings being cancelled due to lack of funding
  - Children too tired / teachers too busy for afternoon activities

3. Suggested changes to the program to improve performance
  - More time and funding available to Regional Education Officers for better implementation and monitoring of the program
  - Integration of the program into the school curriculum

4. Support in running the WOH program
Khomas: the Regional Education Officer felt unsupported and that WOH was a very low priority for HAMU, but UNICEF offered good support.
Oshana: The Regional Education Officer received support from colleagues but felt unsupported by UNICEF. HAMU and RACE were not mentioned.
Erongo: The Regional Education Officer received support from the regional supervisors of RACE, HAMU and RACOC, although support from some schools could be better. No mention of UNICEF was made.

5. Feedback from teachers, principals, parents, children and stakeholders about the WOH program
In general Regional Education Officers received positive feedback concerning the program. Principals and teachers were strongly in favour of the program and learners greatly enjoy it.
6. Other comments about the program and the people involved in it

- The job of the Regional Education Officer requires a full-time position
- Access to supplies required by the club facilitators is an on-going problem
Appendix V: Difficult words

Oshana:
Difficult words at School A
- Sperm (Yellow Book p. 37)
- Menstruation (Yellow Book p.46)
- Puberty (Yellow Book p.5)
- Body Fluid (Red Book p.33)
- Semen (Red Book p.33)
- Cured (Red Book p.27)

Difficult words at School B
- Menstruation
- Erection (Yellow Book p. 44)
- Puberty
- Tears (Red Book p. 52)
- Semen
- Sperm

Difficult words at School C
- menstruation
- sweat (Red Book p. 52)
- bewitched (Red Book p.45)
- semen
- tears

Difficult words at School D
- children battled with most words, even instructions given in Oshiwambo

Khomas:
Difficult words at School E
- Erection
- Puberty
- Semen
- Menstruation
- Bewitched

Difficult words at School F
- Semen
- Erection
Erongo:
Difficult words at School G
  ➢ None

Difficult words at School H
  ➢ None

Difficult words at School I
  ➢ None

Difficult words at School J
  ➢ Cured
  ➢ Measles (Red Book p.30)
  ➢ Erections
  ➢ Semen