GRN – UNICEF
1997-2001
Programme of Cooperation

Youth Health and Development Programme

"My Future is My Choice"

Life Skills Intervention Implementation

Assessment

April 2002

Prepared for the YHDP National Steering Committee (NSC) and the National Planning Commission GRN-UNICEF End-Cycle Review

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1.0 Background

Since 1997, UNICEF and the GRN have been running a Youth Health and Development Programme (YHDP), under the 1997-2001 Programme of Co-operation. The aim the YHDP is to provide life skills and information to young people that would help them to reduce behaviours that put them at risk of HIV infection. The programme has been supporting two projects the Life Skills project, and, the AIDS Communication project. This assessment will focus on the life skills project.

The Life Skills project has the objective of reducing high-risk behaviours that lead to the transmission of HIV and other sexual transmitted diseases (STDs). The main intervention under the Life Skills project has been the life skills training activity called “My Future is My Choice” (MFMC) for 15 to 18 year olds, in and out of school. MFMC involves 20 hours of peer facilitated participatory training which cover information on HIV, STDs, reproductive and sexual health, and substance abuse. Young people also learn and practice condom use skills and assertiveness, decision making, negotiation and interpersonal communications skills.

MFMC uses a peer facilitation model, using secondary school graduates, who receive 10 days of training on the MFMC manual. Each facilitator is assigned to a school or community where they are responsible for signing up a mixed group of around twenty participants between the ages of 15 to 18 for 10 two-hour sessions that make up a MFMC course. Each participant receives a MFMC workbook, which contains information from each session and young people who attend all 10 sessions "graduate" and receive a MFMC Certificate and T-shirt. Just over 75% of the courses are run at schools over a three or five-week period as an extra-curricular activity. For out-of-school youth, the venue is in the community and these courses are often spread over a number of weekends and have participants up to 25 years in age.

The intervention was piloted in 1996, and longitudinal research comparing control and intervention groups of 150 young people each. This research show that those young people who attended MFMC delayed sex longer and were more likely to use condoms once they initiated sexual intercourse. National implementation was scaled up in 1998, and the goal of reaching 100,000 young people by the end of 2001 is likely to be achieved. During 2001 there were 291 peer facilitators, 47 MTs and 14 SMT running and managing the programme.

The supervision of MFMC is the responsibility of 13 regional and sub-regional multi-sectoral YHDP committees. These committees are composed of line ministry staff and young people. The committees develop quarterly work-plans, supervise the facilitators, manage the programme funds, distribute the training and resource materials, and monitor the implementation of MFMC. Each school has identified a "contact" teacher for additional supervision and to ensure sustainability of the MFMC activity. The lead role played by young people in the management, implementation and monitoring of MFMC is one of the programme strengths.

A National Steering Committee (NSC) was formed to manage the programme at a national level. NSC is made up of the technical officers of the main YHDP partners including the Ministry of Basic Education, Sports and Culture (MBESC), the Directorate of Youth Development (DYD) Ministry of Higher Education, Ministry of Health and Social Services, National Youth Council (NYC), UNAIDS and UNICEF. The YHDP is a joint Government of the Republic of Namibia (GRN) and UNICEF programme, under the 1997-2001 Programme of Cooperation. The NSC has developed a new Adolescent HIV Prevention programme (AHPP) which will start in January 2002, under the new GRN-UNICEF Programme of Cooperation 2002-2005.

"My Future is My Choice" life skills training initiative with young people forms a central component to AHPP in the new programme of co-operation. The new programme will help to institutionalise this intervention as a formal extracurricular activity in schools, supported with on-going peer education activities (drama, group discussion, debates, counselling) by the My Future is My Choice graduates and AIDS awareness clubs. The GRN is very committed to putting in place an effective programme which can provide life skills education to 120,000 young adolescents a year, by 2005.

2.0 The Youth Health Development Programme (YHDP) Assessment

In support of the new GRN-UNICEF Programme of Co-operation (2002-2005), an assessment of the current YHDP programme was undertaken to contribute to the development of formalised mechanisms for the co-ordination and implementation of activities under the new GRN-UNICEF Adolescent HIV Prevention Programme (AHPP). Specifically the assessment examined 1). The development needs of 'My Future is My Choice' (MFMC) in school programme in line with MBESC HIV planning; 2) Role and responsibility of partners in management and implementation of the programme; 3) the role of the current Regional YHDP Committees in relation to RACOC and MBESC RACE and the development of regional mechanisms for the co-ordination of youth HIV activities.

These assessment findings will be utilised to help defined key action areas, which will support the formulation of the new implementation model for the AHPP in the new country programme of co-operation. These findings will guide provide the basis of discussions with key partners and the YHDP National Steering Committee; and will be presented for discussion at the YHDP Annual Review Meeting to be held November 2001.

2.1 Objective

To support the development of the new GRN-UNICEF Programme of Co-operation (2002-2005) the assessment objective was to review the current YHDP implementation mechanisms within regions and develop a plan for strengthening the co-ordination and implementation of Youth HIV Prevention activities at regional level; harmonise the links to national structures and existing mechanisms.

2.2 Assessment Visits

Field visits were made by members of the YHDP National Steering Group to five regions – the 4 'O's, Caprivi, Khomas, Omaheke and Erongo Regions, during a 5 week period in September and October 2001 *(see annexe 1)*. Visits to 4 'O's, Caprivi, Khomas Regions were arranged in collaboration with the MBESC AIDS Committee to coincided with MBESC Field Visits to Regional RACE Committees.

Visits consisted of:

Meetings and focus group discussions in schools (that have had active MFMC programme operating), with Principals, Senior Teacher, Contact Teachers, School Counsellors and other staff, and school management representatives involved in the schools MFMC programme; and learners.

11 schools were visited in the 5 regions

Interviews with YHDP Regional Committee Chairs in 4 of the regions and YHDP Regional Committee members

Group discussion with the MFMC youth volunteers, facilitators, MTs, SMTs in each of the region. A total of 66 young people.

Participation in MBESC RACE field visits in 4 'O's, Caprivi and Khomas Regions.

3.0 Findings

3.1 Regional HIV Co-ordinating Mechanisms

3.1.1 Regional YHDP Committees

Regional YHDP Committees were instigated in 1998 and a process of management operationalisation was undertaken in 1999. The focus on capacity development has resulted in reasonably well functioning committees with clear understanding of YHDP mechanisms primarily for the implementation of the MFMC life skills intervention. Committees have generally reduced in size over the past 3 years and now most function with a small number of committed members. The long-term commitment of committee members is valued; as is the quality of the Senior Master Trainers (SMTs) in managing the programme.

Membership of all YHDP Committees is multi-sectoral, with MHETEC and MBESC taking leading roles supported by other line ministries, regional and/or town council and some NGOs.

MHETEC, Directorate of Youth Development (DYD) has provided office space for nine of the thirteen YHDP offices. This works particularly well when the YHDP is located in the MHETEC Multipurpose Youth Resource Centres (for example Oshakati and Khomas). DYD has also allocated space in Outapi MPYRC for the decentralised Omasuti YHDP Office.

Representatives of MBESC chair nine of thirteen YHDP Committees. The Directorate of Special Education, MBESC and the Regional School Counsellors played a significant role in the support and development of the operationalisation of YHDP Regional Committees. Eleven YHDP accounts are held in the Town, Municipal or Regional Council; 2 are held by NGOs.

MOHSS has limited involvement in the management of YHDP in the regions although each of the 13 Committees has a MOHSS representative.

YHDP Committees have clear Terms of Reference (TOR) for the management and implementation of 'My Future is My Choice'. This was facilitated through the development and implementation of project management working notes, which are updated on an annual basis to reflect changes in project implementation. The project management notes provide information on the recruitment and support of volunteers, monitoring and evaluation, budget planning and management. Youth volunteers working as Master Trainers (MTs) and Senior Master Trainers (SMTs) manage the programme on a daily basis, supporting facilitators and undertaking monitoring and evaluation.

YHDP Committees	YHDP Office	Chair	Account Holder
Caprivi	MBESC	MBESC	Regional Council
Erongo	MBESC	MBESC	Erongo Development Foundation
Hardap	MHE	MBESC	Regional Council
Karas/Keetms	MHE/DYD	MBESC	Complementary Learning Centre
Karas/Ludz	NGO	MBESC	Town Council
Kavango	MHE/DYD	MLRR	Regional Council
Khomas	MHE/DYD	MBESC	Municipality
KuneneN/Opuwo	MHE/DYD	Kunene Regional Council	Regional Council
KuneneS/Khorixas	MHE/DYD	MBESC	Town Council
Omaheke	MHE/DYD	MHE/DYD	Regional Council
Otjo/Gfontien	MHE	MOHSS	Regional Council
Otjo/Ojiwarongo	MHE/DYD	MBESC	Municipality
4 'O's	MHE/DYD	MBESC	Regional Council

3.1.2. Regional AIDS Co-ordinating Committees (RACOC)

RACOC are the co-ordinating bodies for HIV and AIDS activities in the region. Formed through the Governments MTPII, each RACOC is chaired by the Regional Governor and is comprised of multi-secortal membership of representative of line ministries, regional/town councils and NGOs. AIDS co-coordinators have been appointed in all regions to support the work of the RACOC.

As outlined in the MTPII, RACOCs are charged with planning, implementing, supervising and evaluating the National AIDS Programme at the regional level, as well as initiating activities aimed at the prevention of the spread of HIV infection, and care and support of those infected and affected by HIV and AIDS.[1]

Caprivi and Omaheke AIDS Co-ordinators are committed YHDP Committee members, therefore ensuring linkage of the YHDP to RACOC. Where there is not the involvement of the AIDS Co-coordinator in the YHDP committee there seems to be ad hoc relations to RACOC. Omaheke has a clear collaborative mechanism with the YHDP chair and SMT both attending RACOC, providing report back of YHDP activities. The RACOC in Omaheke is used as a place for sharing experience, work and joint co-ordination. The secretary of Caprivi YHDP Committee is also the Regional AIDS Co-ordinator, although there is less systematic report back of YHDP activities to the RACOC. The Caprivi Regional Governor expressed the need for more co-ordination of YHDP activities with RACOC and formalisation of reporting mechanism to RACOC. Whilst in the 4 'O's, YHDP committee members attend RACOC meetings; and in Erongo SMT and YHDP Committee Members attend the Erongo RACOC. At the National Conference to Review the Response to HIV in Namibia (2000), nine of the thirteen RACOC Annual Action Plans included reference to the role of YHDP activities in the region as important regional responses to HIV infection.[2]

The formulation of RACOCs followed the launch of MTPII in late 1999. YHDP committees by that point had been functioning in the regions for nearly two years. Although report and feedback links have been developed between the two committees, each committee is continuing to operate parallel mechanisms of planning around HIV prevention activities with young people. MFMC, however, is often one of the main adolescent HIV activities in the regions and YHDP representatives, therefore, can play a substantial role in RACOC. There is a need to formalise horizontal links of the committees and the development of the YHDP Committee role in relation to RACOC. This role needs to envisage a more proactive partnership supporting active co-ordination of activities, and specifically youth activities with recognition of Youth HIV prevention gaps and activity development. With the establishment of more effective operations of the RACOC there is now opportunity to consider strengthening the joint co-ordination of HIV and AIDS activities in the regions and specifically the co-ordination of Youth HIV prevention activities.

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[1] National Strategic Plan on HIV/AIDS (MPTII) 1999-2004, GRN.

[2] AIDS: The Greatest Leadership Challenge. National Conference to Review the Response to HIV/AIDS in Namibia 22/11/00. Windhoek

3.1.3. Regional AIDS Committee Education (RACE)

As a result of the Educational Sector HIV strategic planning, Regional AIDS Committee Education (RACE) have been established in each of the 7 educational regions. Proposed membership consists of Regional Education Officer, Senior School Inspector, Regional School Counsellor, senior advisor teacher, principals and others. RACE committees were formed during 2001 and are currently in the process of formalising operations.

The 4 RACE committees visited (Khomas, Ongdangwa East, Ondangwa West, and Caprivi) are established with committed members but are currently barely functioning. The MBESC field visits; lead by the MBESC AIDS Committee members took an orientation and familiarisation role. Most members of the committees were not familiar with the TOR, and as yet no guidelines, beyond the TOR, on their operations or reporting have been provided by national level. Appointed members were still unclear about their roles. They had received their HIV Care & Counselling training materials from UNISA, but they were unclear if this meant they would become counsellors. Most of them had not seen the Education Sector HIV/AIDS Strategic Plan document.

Clarity needs to be established of the role of the RACE committees, a refinement of the TOR and understanding of the links to other Regional mechanisms of HIV co-ordination (RACOC, YHDP). MBESC management in the Ondangwa E & W regions consider RACE as the vehicle for the implementation of the HIV programmes in the regions, and but are unclear on how to integrate HIV prevention and care issues into the existing Regional Education structures. This process would ensure, for example, that school inspectors would be responsible for monitoring HIV activities such a s MFMC in schools, the personal sector would focus on HIV in the work place issues, and the library sector would be responsibility for the distribution of HIV and AIDS information and materials. During the assessment a key starting point identified by RACE members was the need to add HIV and AIDS to the Management Teams regular management meeting agenda. Further, RACE members need to actively participate in leading the mainstreaming of HIV and AIDS activities and programmes into the regular work of MBESC. It is clear that for RACE to be effective, it should be a body for facilitating the mainstreaming process of HIV into existing education programmes and activities and not simply an implementation structure.

An impact study of HIV and AIDS on the Education Sector in Namibia has been commissioned and data collection started in October 2001. This will contribute to the HIV and AIDS policy development process of MBESC, which also started in October. The impact study and policy development process provides an opportunity to address the role of RACE and linkage to other structures as well as MFMC.

Following the RACE field visits members of the MBESC AIDS Committee will consider their role at a national level in terms of the provision of the guidance, which the regions sought. This may include training but requires further consideration on programme implementation issues. Visits showed the need for MBESC to revisit the RACE TOR,

develop guidelines to address the needs identified, and provide technical guidance to operationalise procedures to support the implementation of activities.

The American Peace Corps will be providing five volunteers to MBESC in January to support the development of RACE. The clarity of their TOR will determine the effectiveness of their mainstream facilitation role.

3.2 ' My Future is My Choice' In School Programme

3.2.1 The School Environment

Facilitation of MFMC requires two way process of YHDP supporting schools and schools supporting the programme with a commitment to the creation of an enabling environment to promote responsible sexual health.

Schools in each of the regions expressed concern about levels of pregnancy and STDs within schools and the consequence for HIV incidence. It is clear that schools are concerned and want additional support for addressing the issues of HIV and the social issues related to HIV infection and the sexual activity of learners. Action in reorganisation of the problem was tempered by school staff own admittance of being 'unsure' what actions to take, including for example structured policy on condom distribution in schools, and support to sexually active and pregnant learners. The different Responses, actions and programmes in each school often reflect the commitment, skills and knowledge of teachers and staff.

In this respect MFMC was seen as a welcome programme in the schools as a key input into the learning about HIV and sexual health. Although some schools have had other programmes visiting such as Childline 'Yes/No Feeling' programme, "AIDS dramas" the 'Girl Child Programme' and TADA clubs; YWCA (peer counselling programme) and, Health Unlimited and Oxfam have developed in school initiatives in Omaheke, there is no clear linkage between programmes or co-ordination in terms of targeting of schools and activities. The development of a RACE committees provides and opportunity to co-ordinate these and other school based activities.

3.2.2 Current Implementation Mechanisms of MFMC In School Programme

Since 1999 YHDP committees have been encouraged by the YHDP National Steering Committee with discussions and directions at YHDP Annual Review Meetings[3], to develop a regional 'mapping exercise' to record the spread of schools and MFMC coverage; and location of facilitators in relation to school coverage. Few regions have undertaken the exercise consistently and have not developed systematic mechanism for identifying and prioritising schools for MFMC implementation.

Regions instigate different approaches. Some regions have attempted to contact and offer MFMC programme to all schools (with learners aged 15 and older), other regions have

[3] see YHDP Annual Review/Planning Meeting January 2001 Windhoek

selected schools on more ad hoc basis such as location, interest of principal or teachers, relationship of facilitators to the school and so on. The MBESC PS Circular (2000) detailed the role and commitment of schools to the MFMC programme, however, the interest of the principals varies considerably with schools and MFMC facilitators are sometimes denied access on the principal's decision.

Resource limitations and the number of facilitators available to reach a limited number of schools require a systematic targeting of schools. Initially school were identified with support from school counsellors relating to, for example, high or frequent pregnancy rates. This is prioritisation of schools should be reviewed as an effective way for MFMC selection and implementation.

Caprivi YHDP and 4 'O's YHDP Committees have organised their MTs and facilitators on MBESC circuit basis. Erongo and Omaheke YHDP volunteers are organised on a constituency basis. The nature of the capital city means that neither of these system are found to be useful in Khomas where approach has been made to all schools, (although it is the Katutura and Khomsdal schools that are most responsive to the programme).

In large regions with diverse rural populations the management of MFMC on circuit basis seems to have been a successful mechanism for implementation. Facilitators are attached to their local MBESC circuit with an MT undertaking monitoring of the facilitators in each circuit. In Caprivi, for example, there are 7 circuits with approximately 10 facilitators under each circuit and 1 MT to each circuit; supervised by 2 SMTs for the region. A similar system is organised in 4 'O' Region; whilst Omaheke and Erongo use a constituency-based system (Erongo has a second YHDP Office in Omaruru to cover the eastern constituencies of the region). This allows for coverage of schools away from the urban points and reduces some of the transport problems for MTs and facilitators. Circuit School Inspectors have played a role in the evaluation if MFMC in some regions, by completing a one page check list of MFMC activities in the schools they visit as an addition to their regular supervision

Circuits and constituencies, however, are large geographical areas with remote schools and limited transport. This results in the neglect of some schools in implementing the programme and hinders the ability of MT to undertake monitoring, support and contact with the school and facilitators. In addition to other supportive task to the YHDP Committee, MTs are required to monitor the activities of each facilitator at least once per MFMC course, and are required to introduce MFMC to the school management of each school before implementation (strictly, a minimum of two visits per school per course).

The staff of the schools visited value the MFMC programme. They like the peer facilitation nature of the programme and generally favour the programme being after school and extra curricular. Learners find facilitators approachable and enjoy being facilitated by a young person

MFMC is planned at the regional level on a school term basis with MFMC facilitators running the 10 sessions programmes over 3 to 5 weeks at the start of each new term. A

maximum of 22 learners participate in the course. The third term is often a difficult term to facilitate due to the exam commitment of learners. YHDP is operated on a 'quarterly basis' at the national level requiring 3 monthly reports from the regions and 3 monthly liquidation of finance in line with UNICEF financial procedures. This sometimes leads to regions experiencing difficulties in planning and can lead to disjointed MFMC implementation; further restricted resources mean that not all schools can have MFMC programmes at all times. This was often referred to as a 'start-stop' nature of implementation by facilitators and schools alike.

Schools can and do approach the YHDP committees to request a MFMC programme, usually if they have had a programme in the past, and often to enquire when the next course will be run. The 'start - stop' nature of the implementation of MFMC programme is a commonly expressed frustration of the school staff. Schools may receive a MFMC course only once in the year and are concerned that each MFMC course can only reach a maximum of 22 learners, resulting in many learners not having the opportunity to participate.

Although some MFMC volunteers continued to facilitate in the same school, school staff also expressed exasperation that often it is a different young person facilitating in the school each time and it is hard to 'keep track' of who the facilitator is or form a relationship with them. Schools also expressed that it was difficult to plan when facilitators just 'turned up'. Facilitators confirm that it is usually the case that schools want MFMC to run through out the year in the school and if this is not possible then the first term must be the priority for facilitation.

The effectiveness of MFMC as an after school, 'extra-mural' activity was discussed with school management. Some suggestions were made that MFMC should become an 'in-school' programme integrated into the life skills classes. Further discussion revealed that the feasibility of this might be limited. Most schools favoured MFMC as an after school activity although pointed out that it can be difficult for learners to attend and may disrupt after school study time. This, and the non-compulsory nature of the programme do lead to drop out of learners. The additional after school commitment for the contact teachers does in some cases reduce the motivation of contact teachers, already over burdened.

3.2.3 Roles of Staff and Contact Teachers.

Although all principals had some knowledge of the MFMC programme, most principals have a 'hands off' approach to the programme, delegating the responsibility for the management of the programme in school to a contact teacher. Facilitators are required to introduce themselves and the programme to the principal at the start of each MFMC course; most facilitators do this most of the time, though not always. Some facilitators feel frustrated by limited support received from principals and school management. There is very limited relationship of the MT, SMT and YHDP committee members to the school or senior school staff.

In most cases the selection of the contact teacher is through the principals delegation. In many cases however facilitators have accessed schools by finding their own contact teachers as the entry point, often a friend, relative or own previous teacher. Although this shows initiative as a way to access schools in the short term in the long term this leads to reliance on individual teachers rather than reflecting a whole school commitment to the programme.

It seems that many of the international volunteer teachers (for example V.S.O, Peace Corps volunteers) support the facilitators, the implementation of MFMC programme, and even the post MFMC AIDS activities in the schools. Although this is valuable and should be applauded this can only be a short-term commitment (most volunteer teacher contracts are for 2 years) and again leads to the reliance on individuals rather than a whole school commitment.

Contact teacher's (usually the Life Skills teacher) are the main access point to the school for the facilitator. Contact teachers enthusiasm and commitment varies, with some contact teachers providing support to the facilitator and commitment to the learners following the MFMC programme aiding the development of AIDS Activities (e.g. Lipumbu Secondary School Oshakati, Ella Du Plessis Khomas). Many contact teachers however limit their role to organising the attendance of learners to the MFMC session; rarely does a contact teacher attend the MFMC session or support the facilitation. Contact teachers don't necessarily promote or monitor the programme within schools.

Often a contact teacher is not clear of their role or TOR, and has limited knowledge of MFMC, although some facilitators do provide the contact teacher with the handout 'Guidelines for Contact Teachers'. This lack of clarity can be transferred to learners who attend MFMC course without knowing what it is about.

Contact teachers feel that the 'start-stop' nature of the programme is frustrating and the often-changing facilitators difficult to maintain consistency in implementing the programme reducing the motivation of the contact teacher. Contact teachers want an assigned named facilitator with whom they can develop regular contact, and need to clarify the links and role of facilitator to the school possibly providing an office or space in the school to ensure 'a presence'.

Links to the MOHSS School Health Promotion Initiative (SHPI) in Erongo enhances the implementation of MFMC and consolidates an approach of creating a whole school health environment.

3.2.4 Links to In School Learning

The MFMC programme is a recognised and valued extra-curricular programme in schools. On close examination however it is clear that many of the senior staff and management of the schools have only limited awareness of the content of the MFMC programme.

Life skill teachers may develop learning links to the in school teaching, and it is reported learners do often discuss learning from MFMC in class. MFMC graduates have some knowledge of HIV, which is shared in school science lessons. MFMC graduates also developed skills, which contribute to group work in the school lessons. There is, however, no formal links to in school learning and support of in school sexual and reproductive health education.

3.2.5 Post MFMC Activities

It is clear that facilitators consider that their role is the facilitation of the MFMC 10 session programme for which they receive the incentive payment. Despite clear Terms of Reference and discussions at national level with regional YHDP committees, facilitators in most cases do not support graduates of MFMC to implement their graduate action plans to develop AIDS Activity Clubs, or implement post- MFMC AIDS activities.

Limited MFMC follow up activities contributes to the perception of a 'start –stop' nature of the programme in schools and leads to the assessment by the schools that the facilitators form a limited relationship and commitment to the school.

Some schools have already developed AIDS activities. For example, in Omaheke the Youth Forum has developed AIDS Clubs and activities in some school. Health Unlimited is developing programmes with schools, and the SHPI in Erongo has generated some AIDS activities. MFMC facilitators and activities need to support, integrate and harmonise with these activities.

There is limited understanding by some schools as to what post MFMC activities, AIDS clubs and other activities might be. Many schools don't offer support and commitment to the development of post MFMC activities.

Facilitators find that is very common for learners to request informally support on personal issues following MFMC sessions; the facilitators find themselves in the role of counsellor. Facilitator's request training in one-to-one counselling skills to support them in this role, and this suggest that facilitators may take a structured counselling role in the school. This requires school commitment to providing support and space for this.

3.2.6 The 'Ideal' Facilitator

The success of the MFMC ultimately relies on the quality of the young people facilitation skills. Schools main criticism of the programme was when the facilitator was perceived to have limited skills and/or low commitment to the programme.

School staff were able to articulate their ideal for MFMC facilitators. Quality well trained facilitators (articulate in English and local language(s)) able to facilitate MFMC programme several times each year, supporting post - MFMC AIDS activities and acting as a resource person able to provide HIV and AIDS materials (leaflets, posters etc) and able to link to other HIV activities and organisations (MOHSS for example). Some staff

expressed that their 'ideal facilitator' may even be able to support the teachers in some life skills lessons when discussing HIV and sexual health issues. Facilitators with skills could almost become to be seen as 'experts' that the school can use as a resource. Schools also supported the possibility of facilitators providing some time for one-to-one peer counselling with learners.

Schools and committees express the need for facilitators to be 'role models'. In order to build up a long-term relationship with the facilitator school staff expressed that they should have more control over the selection of facilitators to work in their school. Schools felt that they may be able to nominate a suitable candidate for training as a facilitator from their past learners or community, or request facilitators that they have worked with before. School involvement in selection of facilitator would require development of a relationship with the contact teacher and between the MT/SMT, YHDP committee and RACE.

3.2.7 School Monitoring and Evaluation

Currently schools take a limited monitoring and evaluation role, concentrating on the attendance of learners and facilitators to MFMC Sessions. Schools do not have a clear designated role in monitoring and evaluation in terms of the learners learning or of the quality of facilitation. Schools have general opinion that learners are gaining knowledge but the school does not systematically monitor this. Schools do not receive feedback from the facilitators monitoring and evaluation; nor from the YHDP committee in terms of quarterly reports. School staff and contact teachers do not have a formal opportunity to undertake evaluation or feedback to YHDP Committee/ M&E committee, MT or SMTs reports (although some YHDP do have teachers as committee members).

Currently learners complete a pre and post course questionnaire to monitor knowledge change during the course; and baseline attitude questionnaire completed by a random sample of young people to assess level of knowledge. Unfortunately the data collected for the baseline attitude questionnaire is inconsistent, poorly collected and collated. Data for the pre/post questionnaire is more consistently collected though it is clear that there are often mistakes in the collection and collation. The inefficient use of these two monitoring mechanisms has meant an opportunity has been lost for the development of good information systems to support the quality implementation and monitoring of the programme.

3.3 YHDP Youth Volunteers

3.3.1 Facilitators

There is a corps of trained and quality MFMC peer facilitators in Namibia, however the motivation of facilitators to fulfil their Terms Of Reference in full, is low. The Facilitators enjoy facilitating MFMC programme and develop good relations with learners. In many cases, however, facilitators are not developing long-term consistent relationship with schools. Facilitators tend to only visit a school if they are facilitating a

MFMC course and do not support the development of post-MFMC activities. Relationships with contact teachers are varied but rarely is there systematic mutually support. Currently there is minimal assessment of AFHS by facilitators, despite this requirement in TOR.

The success of MFMC is balanced on the quality of facilitators, their motivation and commitment. Training of new facilitators is currently at a national level. The quality of training will determine the quality of facilitators and refresher training is required for the development of skills and update of information. For the further development of MFMC the quality and committed facilitators need to be kept and nurtured; facilitators with limited commitment to the programme and/or low skill level will need to leave the programme. YHDP committees through the maintenance of the facilitator's files have objective indicators for identifying which facilitators to keep. With a reduction in a number of facilitators the remaining facilitators will be required to increase their commitment to the programme. Additionally new facilitators maybe recruited and trained.

Some facilitators have already expressed interest in developing their skills and undertaking peer counselling training to support learners though one-to-one peer counselling in school, and in AFHS clinics.

During the second quarter of 2001 there were 302 active facilitators in the country.

3.3.2 Master Trainers

The Master Trainer provides an important, but often weak link between facilitators and Senior Master Trainers. MT have a role to support facilitators in implementing MFMC, undertake assessment of the facilitators, visiting the schools to prepare for MFMC and maintaining monitoring and evaluation records to feed to SMT. MT consistently report difficulty in undertaking monitoring and evaluation, experiencing constraints in reaching all schools because of unavailable transport, or not enough transport allowance to cover expenses. MT generally do not have working relationships with the schools in their charge or with contact teachers. Feelings of discrepancy in remuneration for MT, (facilitators are seen to receive more) lead to disgruntlement and limited motivation. Master Trainers expressed their need for more training and this could provide opportunity for clarity of roles and to review terms of reference and incentive payments inline with the new programme. During the second quarter of 2001 there were 46 active Master Trainers.

3.3.3 Remuneration

Currently the remuneration incentive for facilitators is N$500 (plus transport allowance). This remuneration is to cover the expenses for young people for facilitating the 10 sessions MFMC course plus undertaking support for post-MFMC activities with graduates, assessment of AFHS and completion of monitoring and evaluation forms. Generally facilitators consider the N$500 to be remuneration for the facilitation of the 10

sessions (20 hours) of MFMC programme and payment is received on the completion of the course.

During the period of facilitation Master Trainers receive a daily transport allowance of N$20 and the same for a meal allowance per day, for ten days in one month. For administrative purposes, this is paid on a monthly basis as a lump sum of N$400. It is clear that there is confusion regarding the MT allowance, with MT requesting additional monies for transportation; and there is discrepancy between committees on the allowances paid.

Similarly, Senior Master Trainers receive N$20 for transport and N$20 for meals per day for 15 days in one month. This is paid as a lump sum of N$600 per month for their role in managing the programme. Again there is misunderstanding that this money represents an allowance for 'out of pocket' expense, rather than a 'fee' or payment.

The remuneration system for the facilitators was introduced in 1997, as an "honorarium". This was changed to a "Facilitation Fee" in 1998, and the SMT and MT allowances were introduced in 1999. Since this time there has been an increase in development of youth volunteer activities in Namibia. MFMC remuneration to volunteers is high when compared to other volunteer systems. Through the House-to-House HIV Counselling (MOHSS) Scheme in Caprivi and the 4'O's, the youth volunteers receive N$250 per month. Trainees of the National Youth Service Scheme also receive N$250 per month (plus food and accommodation). Whilst in Windhoek the Youth Volunteer ChildLine counsellors receive N$30 per counselling session (a morning or afternoon).

3.3.4 Volunteer Drop–out

MFMC volunteers leave the programme mainly for studies or employment. As a youth volunteer programme this is expected and indeed should be encouraged. MFMC is a nationally recognised programme, which empowers young people and provides opportunity for skills and knowledge development amongst out of school youth, making the volunteers marketable for employment. SMT especially develop valued skills in running a complex programme, budget and record systems and managing an office.

The 'start stop' nature of the programme is a second reason for the drop out of facilitators who need more consistent and regular opportunity to undertake facilitation (once a year is not enough). Development of the commitment of the facilitator to the school and increase opportunity for implementation will potentially decrease drop out rates.

3.3.5 Adolescent Friendly Health Services (AFHS)

Development of the AFHS is a key initiative within the GRN-UNICEF AHPP. There is recognition for the need for young people not only to have the knowledge and skills for developing responsible sexually behaviour; but also require access to services and support.

YHDP volunteers and committees have been encouraged to recognise the links of the MFMC programme to the provision of youth friendly health services. As part of facilitators TOR, MFMC facilitators should visit local health clinics and hospitals to assess young peoples access to free condoms and inform the health staff of the MFMC activities in the community? Facilitators were also meant to assess the level of access to reproductive health services for young people by acting as 'mystery clients' reporting back to the YHDP committee through the MT. MT was tasked to do the follow up with the health facility to share the assessment findings. The quarterly monitoring data shows that this task has not be completed consistently and it is clear that there is not a good understanding of the importance of these roles and the link to MFMC facilitation.

Within the new Country Programme, AFHS will have wider implementation within Namibia. It is therefore an opportunity to clarify and develop the role of MFMC facilitators in relation to the provision of services, specifically in the development of skills of facilitators to act as peer counsellors within health facilities.

4.0 Proposed Way Forward

A new model for MFMC implementation is being proposed through this assessment building on the success of the programme. Key developments would be:

- Review of school based programming
- Developing prioritisation for programming through the use of MBESC cluster mechanisms of school management
- Redefine the role of MFMC volunteers as 'Youth HIV Activists'
- Development of regional implementation and management mechanisms, (specifically the reformulation of YHDP Committees) with links to national co-ordination.

4.1 School Based Programming

MBESC has taken a key role in YHDP programming specifically in the management of MFMC. With the developing strategic and operational planning of HIV management in the education sector, MBESC is increasing its commitment to HIV and AIDS programming. This affords opportunity to further integrate MFMC programming with MBESC mechanisms.

4.2 'Making it Official'

Integration of MFMC programming into MBESC strategic mechanisms, relies on MBESC endorsement of MFMC as an 'official' extra-mural activity. Endorsement of MFMC, with the consequential MBESC official documentation will motivate School management to supporting MFMC as a compulsory activity within the school with a commitment on par with sports and other after school activities.

Key Actions:

- MFMC as an official extra-mural activity to be included in the HIV and AIDS Education Sector Policy Strategic and Operational Planning.

- MFMC (including MFMC post activities) to be in school work-plans.

- MFMC as an official extra-mural activity afford the same commitments as to sporting and other school activities

4.3 Contact Teachers

Based on MBESC directive (PS Circular 2000) and in line with developing 'official' nature of MFMC, develop a formalised contact teacher system.

Key Actions:

- Schools to appoint a 'compulsory' contact teacher with accountability to School Principals and report back role to YHC Committees and RACE mechanisms.

- A database of named contact teachers official appointed in all school, to be developed and held by YHC Committees, RACE and MBESC.

- Review contact teacher guidelines and TOR to ensure clarity of role.

- Undertake appropriate training and orientation of teachers reflecting the proposed 'compulsory' nature of MFMC.

- Consider the role of the MBESC proposed appointment of an 'AIDS Co-coordinator' in each school as the MFMC contact teacher in line with MBESC HIV Planning; and the relationship of School AIDS Co-ordinators to RACE.

- Ensure links of School counsellors and counselling support teams to MFMC programming in school

- Formalisation of MFMC programme with in the school work-plans can create links to 'in school learning' through demarcation of MFMC as an official extra-mural activity and with consideration to MBESC Life skills and HIV curricula development; leading to understanding the 20 hours MFMC programming is one part of HIV school learning to use as a skill base and development.

4.4 Post- MFMC Activities

MFMC as an official extra-mural activity in schools would also require the development and support of post-MFMC activities including AIDS Awareness Clubs.

Key Actions:

- Orientation of schools (contact teachers) in HIV and AIDS activities and training for facilitator's to develop the skills needed for supporting the post–MFMC activities.

- Consider role of facilitators as in school peer counsellors, requiring training in counselling skills, support and provision of 'space' within schools. As part of the development of the proposed MBESC counselling support group and teams, consider the role and participation of MFMC facilitators.

Provision to schools, implementing MFMC of a 'MFMC AIDS Awareness Package' including IEC materials, resources, HIV games and activities to use within the school; and provision of update HIV and AIDS Prevention Activities Manual.

4.5 Monitoring and Evaluation

Develop the monitoring and evaluation roles of schools (and contact teachers) and clarify schools responsibility. Identify report back mechanisms to YHC Committee (via MT?), RACE and MBESC.

Key Actions:

- Introduce mechanism for schools to have role in selection and management of facilitator. Identify facilitator's accountability to school (cluster) management.

- Ensure stronger and formalised relationships between MT, SMTs, YHC to the school.

- Identify mechanisms of linkage of schools to RACE and MFMC linkage, including the role of Schools Inspectorate and Counselling groups.

4.6 Schools Sign Up

For MFMC to operate in a school, schools need to express their commitment to the programme by 'signing up' for MFMC.

Key Action:

- 'Signing up' would include evidence of:

Commitment of the principal and school management;
Designated committed contact teacher;

Provision of space for MFMC facilitation;
Involvement in the management of the MFMC (for example, involvement in the selection of facilitator monitoring and evaluation, reporting back);
Support to post MFMC activities;
Provision of IEC materials in school and policy on condom distribution;
Links of the programme to in school learning.

In response MFMC provides a committed quality trained facilitator building a long term relationship with the school; undertaking MFMC facilitation, supporting post-MFMC activities and peer counselling, provide IEC resources and making links to AFHS clinics.

4.7 The 'Cluster School' as Implementing Mechanism

MBESC is introducing into the regions a 'Cluster School System' as a managerial mechanism for education. The Cluster System is a circuit-based mechanism. Circuits are divided on geographical basis into sets of schools or 'clusters'. Each cluster is formed of 4/5 satellite schools, and one 'focal' school. This system will be used as a management mechanism by MBESC for resource distribution and insert training. The principals of each school form a management committee, which meets every two weeks for planning and management. The cluster school system could be the platform for supporting the school based MFMC implementation and monitoring in the regions.

Key Actions:

- Attachment of 1 or 2 MFMC facilitators, living within the local area, to the cluster school. To enhance the development of long term relationship with the schools facilitators are 'allocated' to 1 or 2 schools in which they focus their work. Allocation of 'local' facilitator (possibly recent out-of–school graduates) should ease transport and accommodation issues especially in the rural areas.

- Facilitators develop a report back mechanisms to the Cluster management team, who will have a defined role in the selection, monitoring and evaluation of facilitators.

- MFMC resources would be distributed through the MBESC distribution cluster systems.

These ideas were discussed with school management in the regions. It was seen as a feasible idea in some regions; however, this may not be suitable in all regions and would require phased implementation in collaboration with MBESC implementation of the cluster system. Discussion with GTZ who are supporting this model should also be held.

4.8 School Prioritisation

YHC committees supported by RACE use the cluster system to undertake more systematic prioritisation of schools based on need; aiding the allocation of facilitators to schools and areas for HIV intervention activities.

Key Action:

- RACE plays a key role in knowledge base of schools in the region, and needs and capacities of schools. Prioritising of schools of greatest need, (e.g., high pregnancy rates) or commitment of schools to the programme.

- Under such a system, RACE could identify the clusters and the cluster school. The schools would identify the peer activist(s), commit to the activities and report to the RACE on implementation through school inspector systems.

- Identification of the role of School Inspectorate in RACE, and HIV and AIDS school programming.

5.0 Youth HIV Activists

5.1 Facilitators

Skilled facilitators will maintain their role as MFMC facilitators in and out of school. Additionally facilitators will be expected to undertake support to post MFMC activities, monitoring of AFHS and provision of counselling. The 'MFMC Facilitators' role will be widening to be seen as that of a 'Youth HIV Activists'. So, for example, the same young person could be a MFMC facilitator one afternoon a week, a peer counsellor two afternoons a week and a peer educator working with a school based club another afternoon a week.

Key Actions: Facilitator Selection

- Review and clarify selection criteria for Youth HIV Activists.

YHC committees to undertake review and selection of current facilitators to meet 'quality criteria', identifying facilitators able to support a range of youth HIV activities (including MFMC facilitation, AIDS club development, AFHS support, counselling and so on) and maintain commitment to the programme.

- Selection and recruitment of new facilities as 'Youth HIV Activists'

Attachment of a facilitator to a school (or set of schools within a cluster) will facilitate development of relationship with contact teacher, school management and learners, to ensure regular contact.

5.2 Master Trainers

The role of Master Trainers will be aligned with proposals to use cluster systems, and increase the role of schools in monitoring and evaluation.

Key Actions

- MT role to support facilitators through the cluster school system (MT 'manage' 3 or 4 clusters?), distribute resources to the focus school and maintaining contact with cluster school management team.

- Accountable to SMT for feedback to YHC and RACE.

- The MTs relationship to the schools and school management to be formalised and MTs TOR reviewed and clarified

(Need MBESC data on clusters, and YHC committees need to map and priorities cluster schools, MTs and facilitators)

5.3 Senior Master Trainers

The role of Senior Masters Trainers will remain largely unchanged.

5.4 Youth HIV Activists Remuneration

The remuneration of MFMC volunteers will be aligned to share greater equity with other youth volunteer programmes. Equity will be achieved by

Key Actions:

- Increasing (and enforcing) the implementation of tasks by the facilitators (in addition to MFMC facilitation), with payment received for meal and transport allowance on a monthly (?) basis with evidence of the completion of tasks. These tasks may include, for example, the facilitation of MFMC, support of post-MFMC activities and peer counselling in schools or health facilities.

- A log book system, which would record their activities (the ones they are qualified for and assigned to) and would receive some finical support for meals and transport on a monthly basis. The logbook officially signed by an identified 'official' (contact teacher, health worker) will be introduced to 'log' the facilitator's time, workload and therefore payment. Some standard agreement on allowances would be needed, which could be managed under the YHC through the DYD/NYC/RACOC. Incentives for anticipation such as caps, t-shirts and badges would be maintained.

5.5 Training

Quality of initial training is crucial for skilled facilitation.

Key Actions:

- The YHDP training mechanisms will be reviewed and revised; specifically the quality and role of TOTs and their training skills.

- Facilitators need regular refresher training to ensure their quality implementation, Skills training in setting up AIDS clubs and support MFMC graduates and One-to-one Counselling skills.

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6.0 Coordination of Regional Youth HIV Activities

Below are some proposed mechanisms for improved coordination.

6.1 The Youth Health Committee.

Discussion was held with YHDP committee members and chairs with regard to the reformulation of the YHDP committees. It is clear that the multi-sectoral nature of the committees and the skills and commitment of members is a valuable asset for HIV programming with young people in the regions. Since the 1998/9 inception of YHDP committees and within the last few years the increasing range of Youth HIV activities managed by a number of different organisations (including NGOs, the NYC Youth Forums, Government, donors, private sector and others); and with the establishment of RACOC and RACE, there is need to consider the co-ordinating mechanism of Youth HIV activities in the region.

The skills and commitment of the current YHDP committee's members would form the basis for the establishment of a youth HIV co-ordination committee – a 'Youth Health Committee (YHC)', thus aligning YHDP committee with the regional HIV co-ordinating mechanisms of RACOC and RACE. Reformulation of YHDP to YHC was discussed with regional YHDP committee members, which received positive response recognising the need to co-ordinate activates and identify gaps.

The YHC would be a focal point for organizing, training, and supporting the 'Youth HIV Activists' in a range of youth HIV projects in the regions. YHC seen as a 'Youth HIV Sub-Committee' to RACOC for co-ordinating youth activities in the region, identifying gaps and implementing activities.

Key Actions:

- The lead for the establishment of YHC to be the responsibility of the DYD, MHETEC as a reflection of their commitment to youth development in the regions.

- Develop clear TOR in relation to RACOC and RACE and areas of responsibility.

- The YHC could train the young people and support implementation (incentives, supplies, etc)

Clarity of the reporting mechanisms of horizontal links of RACE and RACOC to be discussed. *This is complicated by the fact that RACE is operational in Educational regions (of which there are 7), whilst YHDP and RACOC operate in the 13 political regions (educational regions encompassing therefore several political regions).*

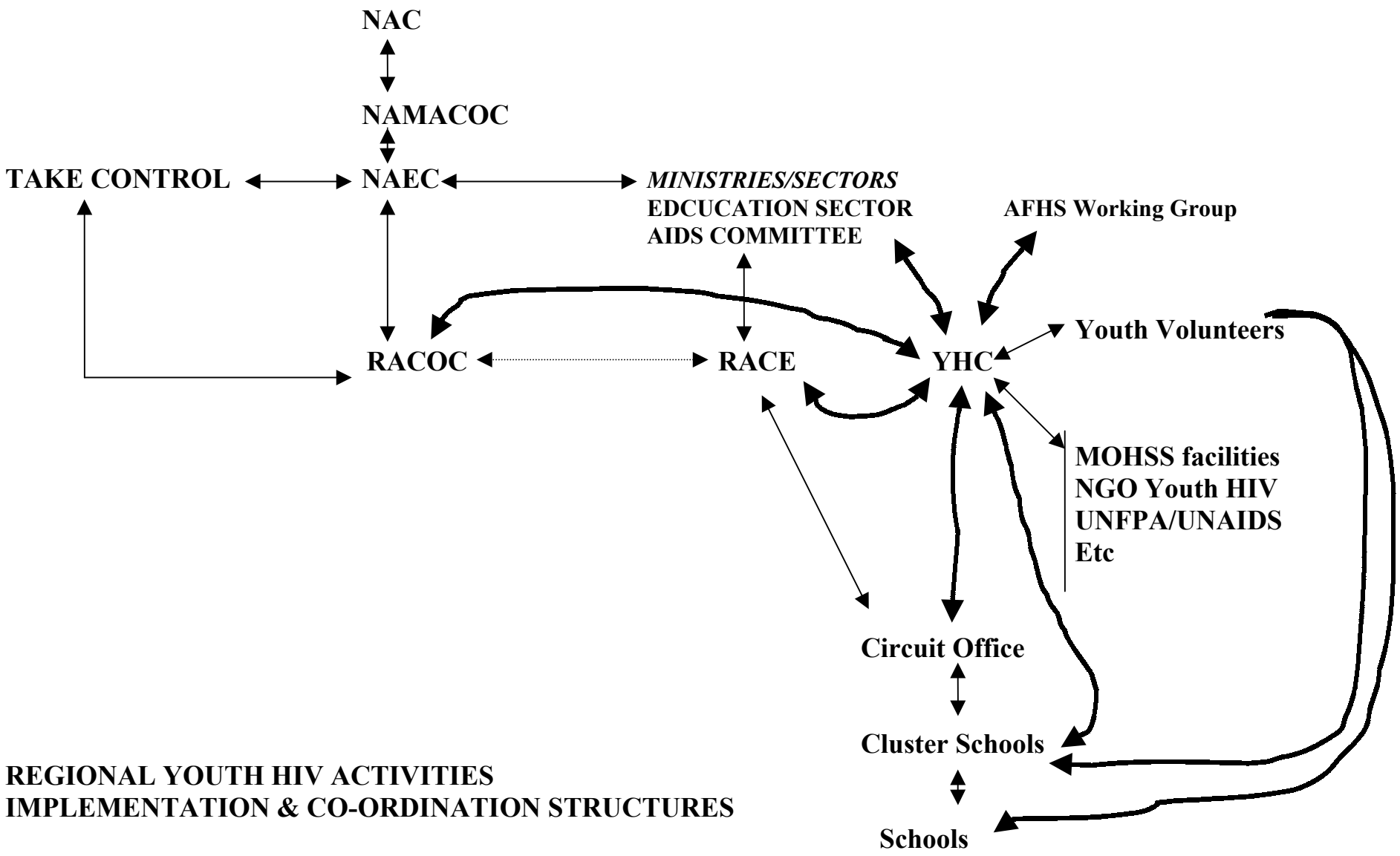
6.2 National Co-ordination.

Currently the YHDP is nationally co-ordinated through the multi-sectoral body YHDP National Steering Committee chaired by DYD, MHETEC. The National Youth Council is currently considering their role in terms of the national co-ordination of youth HIV activities. If NYC were to take this responsibility the alignment of the National Steering Committee to this would need to be consider, with reporting mechanisms, accountability and TOR of YHC to this body. Further Regional Youth Forums supported by the NYC operate in the regions with links to the Regional Youth Officers but with no formal regional capacity. Funding of the National Youth Council is via the Directorate Youth Development MHETEC. Currently this is under discussion.

Alternatively, The Education Sector AIDS Committee may be in a position to undertake the role of national co-ordination, previously undertaken by the National Steering Committee. Clear lines of accountability can be developed from the regions through the YHC and RACE to the national level. This committee is a joint committee representing the interests of both MHETEC and MBESC and has the national capacity and regional structures.

6.3 Regional Youth Activities Implementation & Co-Ordination Structures

The following diagram below delineates the multi-sectoral linkages need for HIV prevention:



REGIONAL YOUTH HIV ACTIVITIES
IMPLEMENTATION & CO-ORDINATION STRUCTURES

Annexe 1: YHDP Assessment Field Visits

10 September – 14 September : 4 'O' Regions	
Attended	Visits
Rick Olson YHDP Diane Moody YHDP Claudia Tjikuua MBESC AIDS Committee/& YHDP (4 MBESC AIDS Committee Members)	Ondangwa East RACE Committee Ondangwa West RACE Committee YHDP Office, Oshakati YHDP Facilitators, MT, SMTs, Oshakati (x8) YHDP MTs, Outapi (x2) Multipurpose Youth Resource Centre (MHETEC) Outapi MPYRC Head of Centre & Staff Principal, David Rasheed School, Outapi Learners & staff Ipumbe Secondary School, Oshakati YHDP chair and Committee Members
18 September – 20 September: Caprivi Region	
Diane Moody YHDP (3 MBESC AIDS Committee Members)	Carpivi RACE Committee Caprivi Region YHDP SMT, MTs, Facilitators (x30) Caprivi Region YHDP Committee Secretary Regional Governor Caprivi Principal, Sanjo Secondary School Principal, Ikumowe Combined School Principal, Ngoma Combined School

26 September – 27 September: Khomas Region	
Diane Moody YHDP	Khomas RACE Committee Khomas YHDP SMT, MT, Facilitators (X6) Khomas Region YHDP Chair Contact Teacher, A. Shipean Secondary School, Khomas
1 October – 3 October: Omaheke Region	
Celia Kaunatjike NYC Diane Moody YHDP	Omaheke Region YHDP Chair Omaheke Region YHDP Committee Members Omaheke Region YHDP SMTs, MTs, Facilitators (x 12) AFHS Programme, Health Unlimited Regional Council, Omaheke Region Principal and Staff, Epako Junior Secondary School Principal and Staff, Drimiopsis Primary School Principal and Staff, Mogandie High School
10 – 12 October: Erongo Region	
Waltraud Munkanda MHETEC Diane Moody YHDP	Erongo Region YHDP Chair & Committee Member Erongo Region YHDP SMT, MT, Facilitators (x5) Swakopmund Erongo Region YHDP SMT, MT, Facilitators (x3) Omaruru Principal & Staff School, SI !Gobas Secondary School, Omaruru Principal & Staff Duinesig Primary School, Kaisbemund, Walvis Bay