



YOUNG PEOPLE TODAY **TIME TO ACT NOW.**



MULTI-STAKEHOLDER COOPERATION

ON SEXUAL AND REPRODUCTIVE HEALTH FOR YOUNG PEOPLE

Handbook of experiences and tools from a project in the Ohangwena Region in Namibia as an example for the implementation of the **ESA Commitment at a local level**

Windhoek, Namibia
2016



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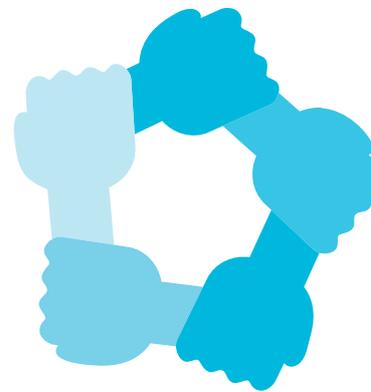


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VOICES



“The harsh realities for the youth in the Ohangwena Region have been the foundation of our successful partnership, the Ohangwena Youth Health Task Force. We now pledge to continue working towards the establishment of effective practices aimed at improving relationships between all the organisations serving the youth in our region.”

Dr Odon Nkongolo, Chief Medical Officer at the Ministry of Health and Social Services (Ohangwena Region) and current Chairperson of the Ohangwena Youth Health Task Force, during the panel discussion following the launch of the film Together We Shine, Windhoek, 24 November 2015

“The Ohangwena Youth Health Task Force is a wonderful example of integrating activities and interventions between three government ministries. But in the end, it will be the young people who will make the choices that will affect the rest of their lives.”

Speech from Mr Charles Kabajani, Deputy Permanent Secretary of the Ministry of Education, Arts and Culture, given before the launch of Together We Shine

“We, in our ministry, sometimes forgot to reach out to other stakeholders when planning and implementing activities. This pattern changed after Namibia endorsed the Ministerial Agreement to the ESA Commitment in 2013, and launched the task force in 2014. Now the stakeholders in the Ohangwena Region work together as a team when planning and overseeing activities and interventions for our youth.”

Dr Norbert Foster, Permanent Secretary of the Ministry of Health and Social Services, during the panel discussion following the launch of Together We Shine



Launch of documentary Together We Shine: youth health development in Namibia's Ohangwena region, Windhoek, 24 November 2015

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- Dr Carmen Perez-Samaniego and the Multisectoral HIV and AIDS Response Programme for technical support.

We hope this handbook will provide support and ideas to the current and future members of the ESA Commitment's coordinating bodies, and all service providers committed to the health of our youth. May your dedication assist the youth of Africa to lead healthy, happy and prosperous lives.

The members of the Ohangwena Youth Health Task Force:

- **Dr Odon Nkongolo** (Chief Medical Officer), **Libby lipinge** (Senior Health Programme Officer, Special Disease Programme) and **Bernard Tjitondo** (Social Worker) from the Ministry of Health and Social Services.
- **Fenni Silas** (Senior Education Officer, Planning and Development), **Mike Luaanda** (Coordinator, Regional AIDS Committee of Education) and **Bernhard M. Haireka** (Office Assistant, Regional AIDS Committee of Education) from the Ministry of Education, Arts and Culture.
- **Sesilia Ndeikoyele** (Registered Nurse and Health Officer, Namibia Planned Parenthood Association), **Charity Manera** (Social Worker) and **Easter Mokaxwa** (Rural Youth Officer) from the Ministry of Sports, Youth and National Service.
- **Lusia Uupindi** (Media Officer) from the Ministry of Information and Communication Technology.
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- **Lucia Nakale** (Regional Coordinator) and **Pokati Tjitunga** (Deputy Regional Coordinator, Total Control of the Epidemic (TCE) programme) from the Development Aid from People to People (DAPP).
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- **Martha Asser** (Head, Community Service and Public Health) from the Eenhana Town Council.
- **Dr Laura Bleckmann** (Technical Advisor) and **Vera Riffler** (Technical Advisor) from GIZ.

FOREWORD



I am delighted to write a few words to introduce this handbook on multi-stakeholder cooperation for the sexual and reproductive health of young people. Since the inception of this initiative, when I was the incumbent Director of Education (Ohangwena Region), the establishment of cooperation has been a high priority for me. Establishing cooperation between many stakeholders is not always easy and certainly poses various challenges, which can make it a long and tiresome process, but, in the end, all the more worthwhile and very rewarding indeed. We cannot take big steps alone, but together we can.

The figures on teenage pregnancy and HIV infection among our adolescents and young people in eastern and southern Africa are alarming. Currently, the teenage pregnancy rate of 15- to 19-year-olds in Namibia is a frightening 19%. The continuing high rates of HIV prevalence and the number of new infections in young people remain a major concern. Young women, in particular, are still becoming newly infected. Of all new HIV infections in young people globally, almost 80% occur in sub-Saharan Africa and 50% of these are in eastern and southern Africa. Each year, 430,000 people between the ages of 15 and 24 become infected with HIV in eastern and southern Africa – this translates to 50 new HIV infections per hour!

The low level of comprehensive HIV knowledge among young people in Namibia is another concern. According to the Namibia Demographic and Health Survey, 2013, about 40% of young females and almost half of young males have insufficient knowledge on HIV. Comprehensive HIV knowledge is essential for young people to make healthy and safe decisions regarding their sexual health and to empower them to take better charge of their lives.

The Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa—known as the ESA Commitment—has been a first step in considerably improving access to sexual and reproductive health services and comprehensive sexuality education for adolescents and young people. On 7 December 2013, the ministers responsible for health and for education in 20 eastern and southern African countries came together in Cape Town, South Africa, to endorse and affirm their joint commitment to this. In addition to making a high-quality comprehensive sexuality education available to more adolescents and young people, the ESA Commitment's focus on improved access to 'real' and youth-friendly sexual and reproductive health services for young people has proved to be absolutely essential. HIV-related stigma is a major reason for the reluctance of many young people to make use of public health services. A lack of 'youth-friendliness' and a presumed lack of confidentiality of the services further discourage many young people from making use of them. Youth-friendly clinics in Namibia are insufficient, and almost non-existent in remote and rural areas. We need to improve our

FOREWORD continued

programmes and approaches for young people to encourage changes in their behaviour so that HIV prevention and healthcare become priorities in their daily lives.

In Ohangwena we discussed the challenges we face in the region. Representatives of the Ministries of Education, Arts and Culture, Health and Social Services, and Sports, Youth and National Services came together to plan and strategise, and to steer the process of cooperation between all stakeholders working on the sexual and reproductive health of young people in the Ohangwena Region, as well as the youth themselves! We consulted young people and gave them a voice to speak about their challenges, needs and wishes, and plans for the future. Our coordinating body has become known as the Ohangwena Youth Health Task Force – the OYHTF or, more simply, the task force. It places great emphasis on the principles of individual commitment and on sharing resources. Infusing these two principles into our everyday work has proven to be a great success, not only in the work of the task force, but also in our daily activities as managers, administrators, planners and practitioners.

The Ohangwena experience presented in this handbook can be considered ‘best practice’ under the ESA Commitment, as it is an example for the effective cooperation between all relevant ministries and other stakeholders in rendering youth-friendly health services that are more attractive and more accessible to young people – young men, in particular – and high-quality comprehensive sexuality education. We need to ensure that in the process of empowering girls on sexual health and supporting their success in life, we do not lose sight of the interests, needs and capabilities of boys and marginalise them in the process. Teachers should balance their approach and be open to include both sexes in projects and programmes at schools. In addition, boys and girls should respect each other’s strengths, intellectual abilities, and sexual orientation and preferences. Men have a critical and constructive role to play in promoting gender equity and health in their families and communities. Men, together with women, can and should share responsibility for sexual reproductive health and HIV prevention and care. For a long time, a lot of focus was placed and investment was made on educating and empowering girls, and significant emphasis was placed on female vulnerability. This has led to the understanding that the sexual health and behaviour of men and boys is not important. This perception is wrong. We all have a role to play in correcting this. We can bring about meaningful action and change, but in order to do that, urgent, concerted and collective action is needed in a collaborative fashion in all structures, regionally and nationally.

The OYHTF is a well-functioning body of coordination and implementation of the ESA Commitment at a local level. I believe that if multi-stakeholder cooperation to improve the sexual and reproductive health of young people is possible in Ohangwena, it is possible elsewhere. It is my hope that other regions and countries will gain confidence and ideas from this handbook and will risk a change as well!

Thank you.



Sanet L. Steenkamp
Permanent Secretary
Ministry of Education, Arts and Culture

WHAT CAN BE DONE TO ADDRESS THE PROBLEMS AND CHALLENGES FACING THE NAMIBIAN YOUTH?

“Young people need the spaces to socialise and develop their own creativity.”

Dr Carmen Samaniego, GIZ's HIV and AIDS Programme Team Leader, during the panel discussion following the launch of the film, Together We Shine



Launch of documentary Together We Shine: youth health development in Namibia's Ohangwena region, Windhoek, 24 November 2015

“We must create spaces for young people in this country – for sports, recreation and fun. Sports fields and other facilities for professional sportsmen and women should also be made accessible to the youth.”

Representative of the Namibia Football Association and member of audience, during the panel discussion following the launch of the film, Together We Shine

“The breweries and alcohol and cigarette manufacturers are so effective with their attractive advertising on how ‘cool’ it is to drink and smoke, and to be part of the drinking social scene. We must do things to attract the youth and pull them away from the bars. Maybe we can enlist these very same companies to support the creation of healthy recreational and entertainment alternatives and facilities.”

Member of audience during the panel discussion following the launch of the film, Together We Shine

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung – German Federal Ministry of Economic Cooperation and Development
COMESA	Common Market for Eastern and Southern Africa
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DAPP	Development Aid from People to People
DHIS	District Health Information System
EAC	East African Community
ESA	Eastern and Southern Africa
ESA Commitment	Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa
FAQ	Frequently Asked Question
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH – German Development Cooperation
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and Sexually Transmitted Diseases in Africa
IPPF	International Planned Parenthood Federation
HLG	High Level Group [for the ESA Commitment]
M&E	Monitoring and Evaluation
MEAC	Ministry of Education, Arts and Culture
MoHSS	Ministry of Health and Social Services
MSYNS	Ministry of Sports, Youth and National Service
NAPPA	Namibia Planned Parenthood Association
NDHS	Namibia Demographic Health Survey
NFA	Namibia Football Association
NGO	Non-governmental Organisation
OYHTF	Ohangwena Youth Health Task Force
PHC	Primary Healthcare
SADC	Southern African Development Community
SHP	School Health Programme
SIDA	Swedish International Development Cooperation
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TCE	Total Control of the Epidemic [programme]
TCG	Technical Coordination Group [for the ESA Commitment]
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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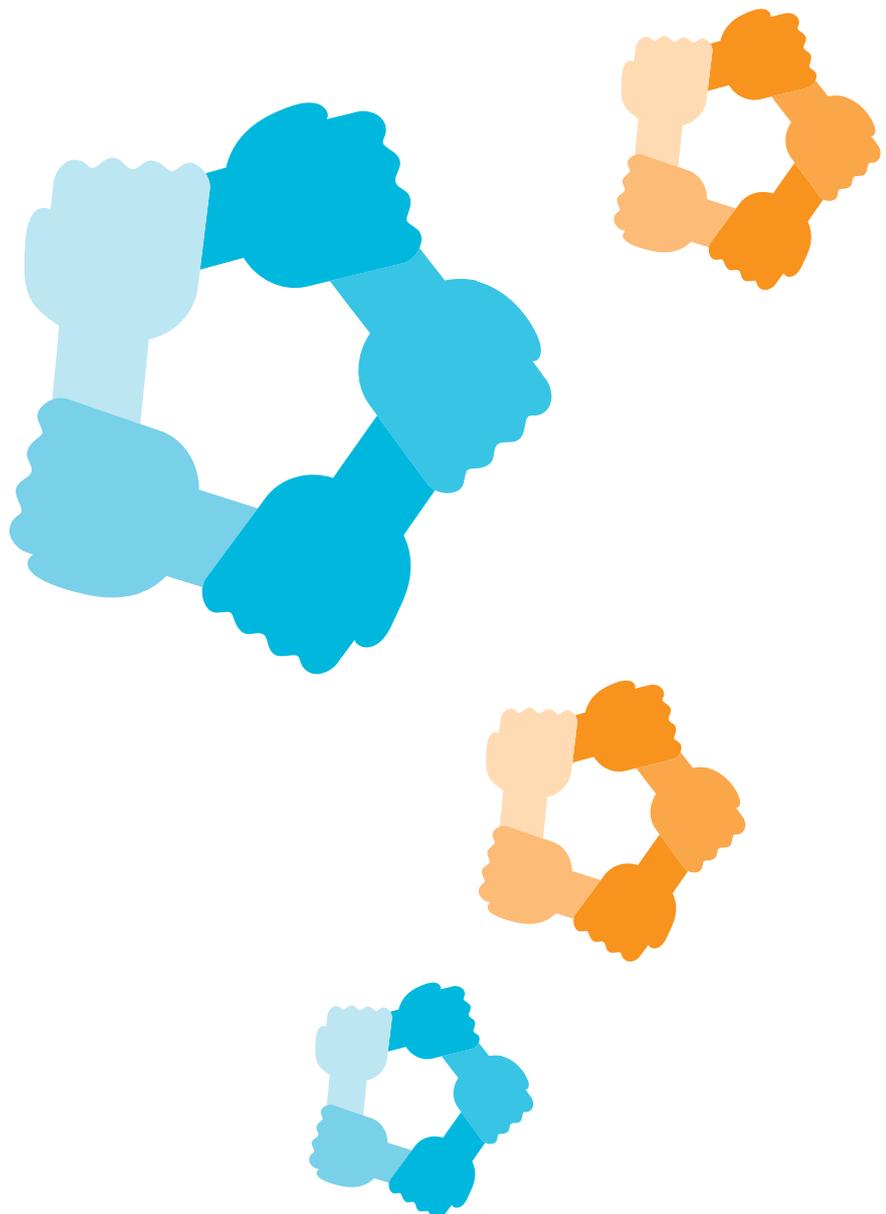
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INTRODUCTION

BACKGROUND

The German Federal Ministry of Economic Cooperation and Development (BMZ) commissioned GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH – German Development Cooperation) to implement two programmes that have been crucial for the production of this handbook:

- The GIZ Regional Programme for the Implementation of the ESA Commitment: Improving sexual and reproductive health (SRH) and HIV prevention among young people in Eastern and Southern Africa (in short, GIZ ESA programme), which has started in 2014
- The GIZ Multisectoral HIV and AIDS Response Programme in Namibia, which has been running since 2005

The overall goal of the GIZ ESA Regional Programme is to improve the regional and national frameworks for comprehensive sexuality education and youth-friendly health services as laid down in the ESA Commitment. It also cooperates with individual member countries and links with existing initiatives in these countries, with a particular focus on a cluster of four countries in southern Africa (Mozambique, Namibia, South Africa and Zambia). In close cooperation with UNAIDS, UNESCO, UNICEF, UNFPA and other partners of the ESA initiative and the GIZ country programmes in the ESA region, the regional programme concentrates on three main areas of support:

1. Establishment, strengthening and interlinking of multi-sectoral working groups for a sustainable and effective coordination of the ESA Commitment in the four cluster countries.
2. Strengthening the development and regional dissemination of sensitive instruments for implementation in the area of youth-friendly services and comprehensive sexuality education.
3. Supporting the development of a strategy for an allocation mechanism on financial and technical support for the implementation of the ESA Commitment.

Within all three areas of support, the GIZ ESA regional programme builds on the exchange of learnings and cooperation between the 23 ESA countries. This handbook is one example of an instrument with which the experiences of the successful implementation of the ESA Commitment on a local level can be shared.

The GIZ HIV programme in Namibia works mainly with the following partners: the Ministry of Health and Social Services (MoHSS), the Ministry of Agriculture, Water and Forestry, the Ministry of Works and Transportation, the Healthworks Business Coalition (formerly known as the Namibian Business Coalition on AIDS), and the Namibia Football Association (NFA).



Prof. Sheila Dinotshe Tlou, the UNAIDS Regional Director and chair of the ESA HLG and TCG at the TCG meeting, Johannesburg, 3 March 2016



Participants at the GIZ ESA Commitment Strategy Workshop, Johannesburg, 27–28 January 2016

The programme centres on three aspects:

1. Employee workplace programmes (wellness at the workplace)
2. Youth (coordination of regional-level HIV prevention)
3. Support groups for people living with HIV (strengthening local networks)

GIZ also supports the MoHSS in its effort to improve the efficiency and coordination of its response to HIV and AIDS in Namibia as captured in the National Coordination Framework for HIV and AIDS Response in Namibia 2010/11–2015/16 (MoHSS 2010).

The Ohangwena Region is one of the main regions in which Namibia concentrates its efforts to strengthen HIV prevention among the youth. This is done through an approach that emphasises multi-stakeholder cooperation among line ministries, the Regional Council, non-governmental organisations (NGOs) and the youth. The main goals are to provide better access to youth-friendly sexual and reproductive health services and to increase awareness around HIV and sexual behaviour. The expected outcomes include an improvement in young people's health, their sexual behaviour and their lifestyles in general. The approach, goals and expected outcomes are aligned with the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa (the ESA Commitment).

The ministries responsible for health and education in 20 eastern and southern African countries endorsed the ESA Commitment at the 17th International Conference on AIDS and Sexually Transmitted Diseases in Africa (ICASA), which was held in Cape Town, South Africa, in 2013. Subsequently, the Namibian ministries of health and education launched the ESA Commitment nationally at a ceremony in 2014 in Windhoek. In June that year, the Ohangwena Youth Health Task Force (OYHTF) was established as one of Namibia's regional multi-stakeholder coordinating bodies to improve young people's access to sexual reproductive health (SRH) services. The objectives of the OYHTF respond to the targets of the ESA Commitment. This effective multi-stakeholder cooperation that caters for the health needs of young people has been recognised as a good practice for the implementation of the ESA Commitment at a local level.

PURPOSE OF THIS HANDBOOK

This handbook gives a detailed insight into the initiative in Ohangwena, which provides an example which can be expanded and improved upon in Namibia, and in the other 22 ESA countries. The experiences and tools presented in this handbook are intended to guide and support the work of the various government ministries, civil society organisations and other interested stakeholders that strive to improve comprehensive sexuality education (CSE) and SRH services for young people.

HANDBOOK OVERVIEW

CONTENT

This handbook documents the OYHTF as a 'good practice' for the implementation of the ESA Commitment at a local level. It shares the experiences and knowledge of this task force, the lessons learned and challenges encountered, and makes recommendations for replicating the initiative elsewhere. This handbook provides information on the approach, activities, systems and procedures that the OYHTF follow, which would be of interest to organisations coordinating activities for youth health in other regions of Namibia and those in the other ESA countries.

The handbook is divided into two sections:

SECTION ONE provides **information** on the ESA Commitment and its implementation in the Ohangwena Region. It covers the ESA Commitment, the ESA coordination structure in Namibia, including links between ESA and the OYHTF, the setting and focus of the OYHTF, a description of the local-level stakeholders and information on the work of this task force. It shares the experiences of the task force, especially its successes and challenges, but also the lessons learned and good practices. Section One ends by recommending key messages and providing guidelines for other multi-sectoral coordinating bodies working in the area of youth health.

SECTION TWO provides a '**toolkit**' of practical working documents the task force currently uses, as well as additional, useful templates for coordinating bodies. Templates and samples comprise tools for young people and their health service providers; meetings; planning and reporting; monitoring and evaluation (M&E); and workshops or training sessions.

WHO IS IT INTENDED FOR?

This handbook has been developed for anyone who wants to improve the coordination of activities related to the sexual and reproductive health of young people in Namibia and the other ESA countries. This includes the staff of government bodies, regional or town councils, civil society organisations (CSOs), such as NGOs and faith-based organisations, and national and international development partners.

HOW TO USE IT

This handbook can be used as a working and reference document when establishing and running a multi-sectoral coordinating body for youth health.

The experiences of the OYHTF, including lessons learned and good practices, in Section One can be adapted and applied as necessary by stakeholders working on similar projects in Namibia and in other ESA countries.

The templates and examples in Section Two can be printed and used as hard copy forms, or the electronic versions can be copied onto a computer and utilised electronically.

SECTION ONE

**THE ESA COMMITMENT
AND EXAMPLES FOR ITS
IMPLEMENTATION IN THE
OHANGWENA REGION,
NAMIBIA**

Teen life, a story from northern Namibia*

Chapter 1: Teen troubles

Samuel spent most of his days at the 'Water is Life' beer hall. Playing pool, smoking a loose cigarette when he could find a few spare coins, and sipping on a tin of beer to make it last. Or when he was lucky, sharing a bottle of cane alcohol with an older guy, who was in a celebratory mood, having just sold some dagga for a bit of cash. Samuel basically had nothing else to do since he left school; no place to go, no better place to chill. If he didn't come here, he would be sitting at his grandmother's homestead, either bored senseless or pestered by his sister's two little boys. Or worse, lectured by old Meme Lizzie, his mother's mother ... to quit sneaking homebrew from her clay pots, stop being lazy and help in the vegetable garden, or find their lost goat, or ... anything, 'Just to show me that the school was wrong about kicking you out.' 'And furthermore,' Meme Lizzie added, as an afterthought before heading out to the mahangu field with her hoe slung over her shoulder, 'I don't want to see that useless friend of yours, Immanuel, coming around here again. That boy just brings trouble, to you ... and to this family.'

The 'Immanuel' Meme Lizzie spoke about was Samuel's best friend. They had known each other all their lives, as toddlers until that day at age 19. They had walked the five kilometres to primary school together every day on the heavy sand path. During school holidays, they went into the bush to take care of their mothers' cattle and goats – that is, during the years when each family had some livestock, and the rain and grass were enough. But then Immanuel's mother became weak, lost a lot of weight. Immanuel's father disappeared down south with a younger woman; some would even call her a girl. Soon after, his mother died. His absent father never sent any money to Immanuel or his five siblings. With no money, Immanuel couldn't pay his school fees, and he had to drop out before getting to Grade 12, even though he was a bright kid, a good student. Gone was his dream to study media and communications at the nearby university campus. With that, Immanuel just seemed to give up. He slept at his girlfriend's house when her parents went to town for the market. He frequently talked about suicide – or didn't talk at all.

Samuel went outside for a quick pee when he saw Aino, his current 16-year-old girlfriend, coming down the sand path, making her way despondently through the broken beer bottles, cigarette stompies and yellow

plastic shopping bags dangling from ilala palm fronds and thorny acacia bushes. Samuel just wanted to sneak back to his pool game, but the look in Aino's eyes said otherwise.

'Sammy, we have to talk.'

'What now?' thought Samuel.

'I have just come from the clinic in the next village,' said Aino.

'Yes?' Samuel replied.

'I thought I was just late because of exam stress ... but Sister Hiile tested me and I am three months pregnant.'

'Who's the father, Aino?'

'Sammy, don't say that. You know you were the first and only boy for me.'

Samuel slumped into a broken plastic chair near the back door of the bar, and Aino sat on the step next to him.

'Sammy, you have to help me with this baby when it comes. What kind of a job there is for a Grade-10 failure, I don't know. But you will have to find something.'

'No, Aino, I can't be the father. I can't be a father. I can't even take care of myself right now,' replied Samuel. 'But I will try to borrow some cash from my Uncle Kahenge, you know the one who works as a security guard at the post office in Ondangwa? I will ask him to borrow me some money, but I won't tell him what for ... then I can buy some tablets to fix your problem.'

Aino shook Samuel's leg and said, 'What? What are you talking about? My problem? I will not lose this baby. I cannot do that.'

End of Chapter 1: To be continued...

* Written by Elizabeth Terry based on discussions with young people in the Ohangwena Region and her knowledge and experience from working with young people in southern Africa for more than 25 years. All names are fictional.

WHAT IS THE ESA COMMITMENT?

BACKGROUND

In December 2013 in Cape Town, ministries of education and health from 20 countries in eastern and southern Africa (ESA) endorsed and affirmed their joint commitment to deliver good-quality, comprehensive sexuality education, as well as sexual and reproductive health services, for young people. This process and the subsequent initiative fell under the leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and had the support of the German Federal Ministry for Economic Cooperation and Development (BMZ) and two regional economic communities – the East African Community (EAC) and the Southern African Development Community (SADC). Later, the initiative was expanded to include core UN partners and CSOs from across eastern and southern Africa. Significant financial and technical support has come from the United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), Swedish International Development Cooperation (SIDA), World Health Organization (WHO), Ford Foundation and the International Planned Parenthood Federation (IPPF).

WHAT IS THE OFFICIAL NAME OF THE ESA COMMITMENT?

The official title of this ministerial commitment is: *Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African.*

WHY DO WE NEED IT?

- 33% of the population in Eastern and Southern Africa is aged between 10 and 24 years. An average of 430,000 new HIV infections occur per year among young people between the ages of 15 and 24 in the ESA region.
- Young people in ESA lack access to comprehensive sexuality education (CSE), which includes information on methods to prevent the transmission of the human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs), and unintended pregnancy. They need to be equipped with the necessary skills to explore their own lifestyles, values, goals and options.
- There are insufficient youth-friendly sexual and reproductive health services that are standardised, of a high quality, widely available, affordable and convenient.

HOW AND WHEN WAS THE ESA COMMITMENT STARTED?

2013: Ministerial-level endorsement event at ICASA in Cape Town, South Africa

2013: Establishment of the ESA High Level Group (HLG) and the ESA Technical Coordinating Group (TCG)

2014: Launch of the ESA Commitment in Namibia



WHAT CAN WE DO?



Scale up education

As part of the ESA Commitment, countries will scale up CSE for young people. This means public schools and other institutions should accurately and in an age-appropriate way cover topics such as sexuality, gender equality, prevention of HIV and other STIs, relationships and sexual and reproductive rights.



Enhance health services

CSE needs to be linked to accessible, affordable and effective health services and products for young people. These services should include HIV counselling and testing (HCT), HIV and STI treatment, post-abortion care, the safe delivery of babies, and the prevention of mother-to-child transmission. Products should include condoms and other contraceptives.



Youth empowerment

Educate and empower young people to develop capacities and life skills in order to enable them to make a positive contribution to their communities, live healthy lives, and be better prepared for the future.

WHO IS INVOLVED?

The commitment is between the ministry responsible for health and the ministry responsible for education. In some countries, such as Namibia, the government ministry responsible for youth and youth development is also part of the commitment.

Some ESA countries already have a working group in place, the aim of which is to lead the implementation of the ESA Commitment at the national level. In Namibia, this coordinating body is currently the National School Health Task Force. It is co-chaired by the Ministry of Health and Social Services (MoHSS) and the Ministry of Education, Arts and Culture (MEAC) on a rotational basis, and includes members from other line ministries, as well as various United Nations partners.





TARGETING ADOLESCENTS AND YOUNG PEOPLE: COMBINED EFFORTS AROUND A UNIFYING VISION

Work together on a common agenda to deliver comprehensive sexuality education and youth-friendly SRH services for all adolescents and young people.

Ensure that the design and delivery of CSE and SRH programmes includes ample participation by communities and families.

Integrate and scale up youth-friendly HIV and SRH services that take into account social and cultural contexts.

Ensure that health services are youth-friendly, non-judgemental, and confidential, and reach adolescents and young people when they need it most.

Mobilise national and external resources by exploring new, innovative finance mechanisms.

FACTS ON THE SEXUAL AND REPRODUCTIVE HEALTH AND EDUCATION OF OUR YOUTH IN ESA

Reference: Young People Today. Time to Act Now. Summary Report, UNESCO 2013

EDUCATION

LESS THAN 6.5% School completion rates remain low, with young people completing an average of less than 6.5 years of education.



Low levels of progression from primary to secondary education are a great concern.

♀ 28%
♂ 32%

Only 28% of girls are enrolled in secondary school, compared to 32% of boys.

> CSE

Therefore, fewer adolescents and young people have access to CSE before they become sexually active.

PREGNANCY AND REPRODUCTIVE HEALTH



1 IN 5

By the age of 17, one in five young women in ESA has started bearing children.

17-19
CRITICAL AGE

A notable jump in the number of child-bearing girls aged 17-19 suggests that 17-18 is a critical age for young women making choices about, or requiring access to, contraception.

2.4 MILLION UNSAFE ABORTIONS

In 2008, an estimated 2.4 million unsafe abortions were performed in East Africa and 120,000 in southern Africa.

60%
UNDER AGE 25

In sub-Saharan Africa, women under the age of 25 account for 60% of all unsafe abortions.

70%
UNDER AGE 20

In several African countries, up to 70% of all women who receive treatment for complications of abortion are younger than 20.

HIV AND AIDS

50
NEW
INFECTIONS
PER HOUR

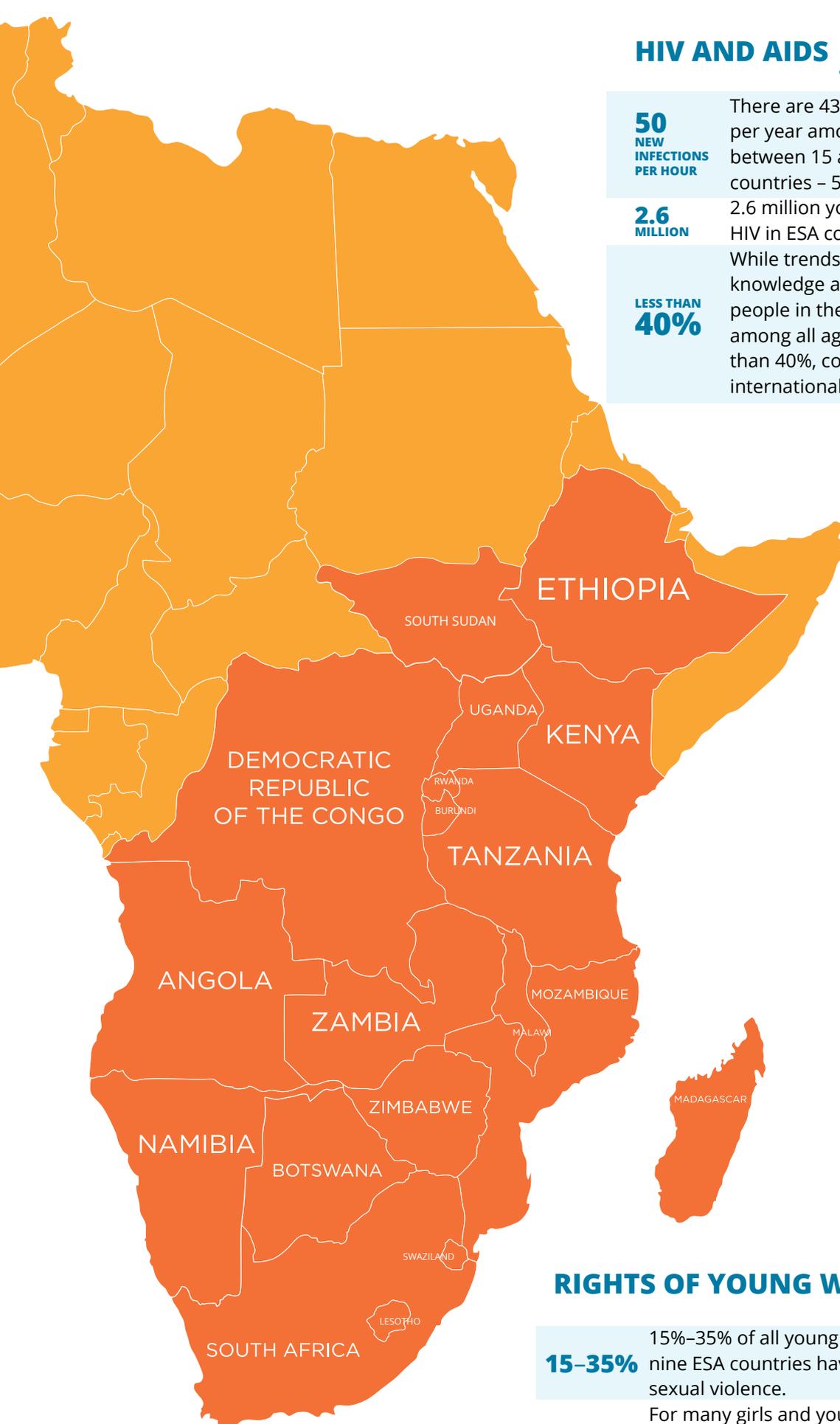
There are 430,000 new HIV infections per year among young people aged between 15 and 24 years in ESA countries – 50 new infections per hour.

2.6
MILLION

2.6 million young people are living with HIV in ESA countries.

LESS THAN
40%

While trends show a high level of knowledge about HIV among young people in the ESA region, knowledge among all age groups stands at less than 40%, compared to the agreed international target of 95%.



RIGHTS OF YOUNG WOMEN

15–35%

15%–35% of all young women in nine ESA countries have experienced sexual violence.

FORCED

For many girls and young women in ESA, sex, marriage and pregnancy are not voluntary, consensual or informed.

TARGETS

OF THE ESA COMMITMENT

TO ENSURE EFFECTIVENESS, IMPACT AND ACCOUNTABILITY, WORKING TOGETHER WITHIN A MULTI-SECTORAL AND WHOLE GOVERNMENT APPROACH, AS EDUCATION AND HEALTH MINISTERS WE AFFIRM OUR DETERMINATION TO ACHIEVE THE FOLLOWING TARGETS BY THE END OF 2015:



4.1 A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries.



4.2 Pre- and in-service SRH and CSE training for teachers, health and social workers is in place and being implemented in all 20 countries.



4.3 By the end of 2015, decrease by 50% the number of adolescents and young people who do not have access to youth-friendly SRH services, including HIV, that are equitable, accessible, acceptable, appropriate and effective.

IN THE LONGER TERM, WE WILL WORK TOWARDS REACHING THE FOLLOWING TARGETS BY THE END OF 2020:



4.4 Consolidate recent and hard-won gains in the reduction of HIV prevalence in ESA, and push towards eliminating all new HIV infections among adolescents and young people aged 10–24.



4.5 Increase to 95% the number of adolescents and young people, aged 10–24 who demonstrate comprehensive HIV prevention knowledge levels.



4.6 Reduce early and unintended pregnancies among young people by 75%.



4.7 Eliminate gender-based violence.



4.8 Eliminate child marriage.



4.9 Increase to 75% the number of all schools and teacher training institutions that provide CSE.

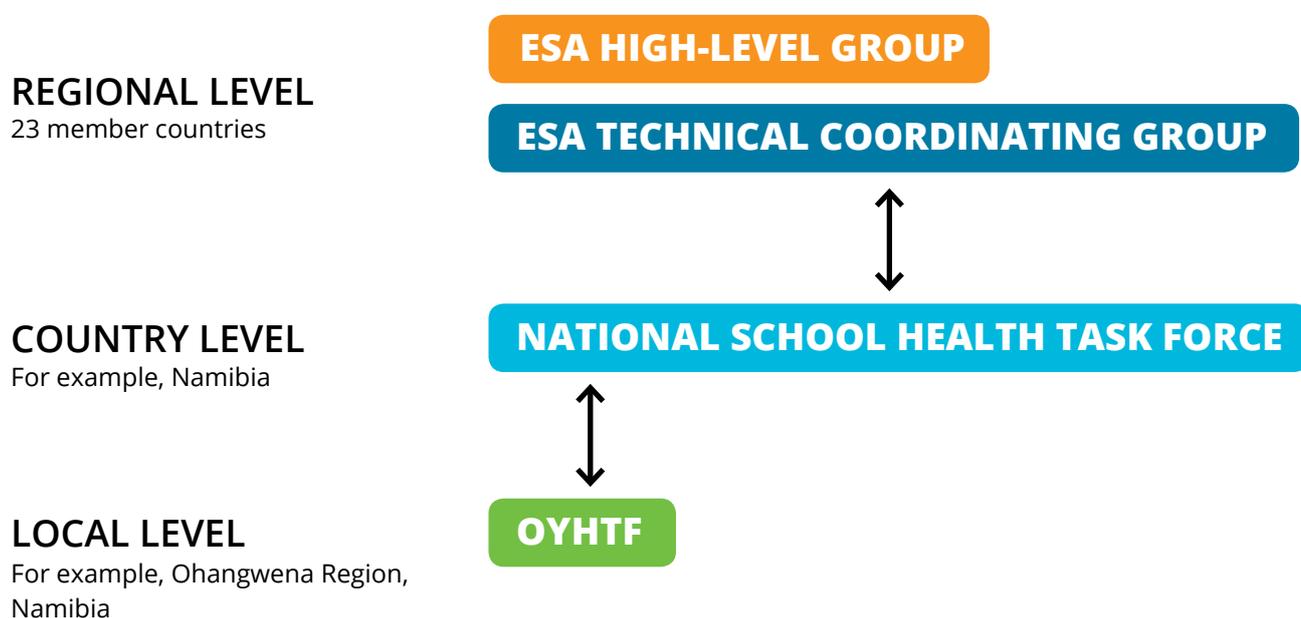


LINK TO ESA COMMITMENT

<http://youngpeopletoday.net/>

STRUCTURES AND COORDINATION FOR IMPLEMENTATION

COORDINATION MECHANISM AND BODIES OF THE ESA COMMITMENT AT REGIONAL, COUNTRY AND LOCAL LEVELS



Coordination mechanisms and coordinating bodies for the ESA Commitment

REGIONAL LEVEL

The [ESA High Level Group](#) (HLG) and the [ESA Technical Coordinating Group](#) (TCG) coordinate the implementation of the ESA Commitment across its 23 member countries.

The HLG is made up of high-level persons, such as first ladies, politicians, international scientists, and representatives of the youth. Professor Sheila Tlou of UNAIDS currently chairs the HLG. Its main purpose is to enlist political support for the ESA Commitment in the member countries through high-level political advocacy.

The TCG consists of representatives of UN agencies (UNAIDS, UNESCO, UNFPA, UNICEF and WHO), the EAC and SADC, the Common Market for Eastern and Southern Africa (COMESA), CSOs (for example, IPPF and youth organisations), foundations (for example, the Ford Foundation) and bilateral development partners (for example, GIZ). The TCG is the main coordinating body for the successful implementation of the ESA Commitment. The TCG's responsibilities include the successful implementation of an accountability framework, monitoring and evaluation, the coordination of activities, anchoring the ESA Commitment in its member countries, technical support for implementation, and the mobilisation of resources. The UNESCO Regional Office in Johannesburg performs the role of the secretariat for the TCG.



*African Child Day Celebration,
Eenhana Secondary Highschool, 16 June 2016*



*African Child Day Celebration,
Eenhana Secondary Highschool, 16 June 2016*



*Ohangwena Youth Health Task Force workshop and two year anniversary,
Eenhana, 15 June 2016*

NATIONAL LEVEL

In Namibia, the [National School Health Task Force](#) is the national body guiding Namibia's School Health Programme (SHP), which is one of the country's primary healthcare (PHC) strategies to provide health services to learners. It targets children in preschools, and primary and secondary schools. With the support of external donors to develop human capacity in the ministries of health and education, the SHP was reinforced further to address sexuality-related topics in an appropriate manner. School hygiene, water and sanitation are other important topics that are dealt with by the National School Health Task Force.

Lead by the line ministries responsible for health (MoHSS) and education (MEAC), the National School Health Task Force also has members representing the Ministry of Sport, Youth and National Service (MSYNS), the Namibia National Teachers' Union, the Ministry of Works and Transport, the City of Windhoek, the Ministry of Gender Equality and Child Welfare, the Ministry of Information Communication Technology, the Ministry of Agriculture, Water and Forestry, the Ministry of Urban and Rural Development, the University of Namibia, the Polytechnic of Namibia, the National Health Training Centre and other development partners, including UNAIDS, WHO, UNFPA, UNICEF, UNESCO, GIZ and local NGOs (such as the Namibia Planned Parenthood Association (NAPPA)).

With its focus on the health of adolescents and young people, the National School Health Task Force follows and supports the targets of the ESA Commitment. The SHP embraces the motto, 'Healthy Learners – Best Educational Outcomes!' With this in mind, the expected outcomes comprise of the following:

- Strengthened collaboration between the two main partner ministries (MoHSS and MEAC) and other line ministries, development partners, NGOs and local authorities in sharing resources and responsibilities for the SHP.
- Improved networking skills of the SHP staff with other health actors.
- High-quality integrated school health services provided to all learners.
- Implementation of the 'Health Promoting School Initiative' in all schools in Namibia.
- Ownership of the SHP taken by the Regional Directors of MoHSS and MEAC.
- Involvement of high-level officials in the implementation of the SHP.

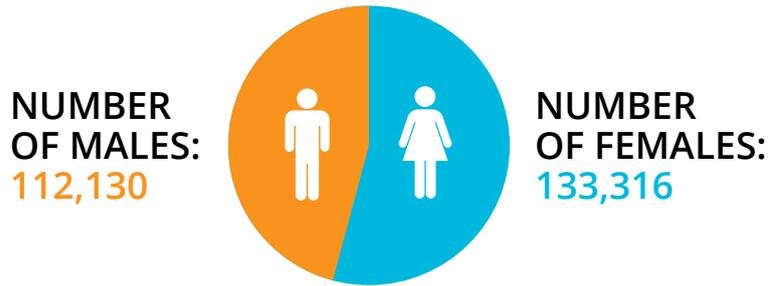
LOCAL LEVEL

In the Ohangwena Region, the [Ohangwena Youth Health Task Force](#) (OYHTF) is the coordinating body for the implementation of the ESA Commitment at the local level. The task force coordinates the activities of the main line ministries and other stakeholders, which are intended to improve the sexual and reproductive health of young people. It provides a forum to share knowledge and to plan activities together, and thereby creates synergies. The main aim of the task force is to provide better access to youth-friendly SRH services for young people. Key stakeholders of the task force in Ohangwena are MoHSS, MEAC, MSYNS, the Ohangwena Regional Council, NAPPA and other CSOs. The youth are also represented on the task force.

This handbook describes this local-level coordinating body in more detail, its setting, and how it implements the ESA Commitment in Ohangwena.

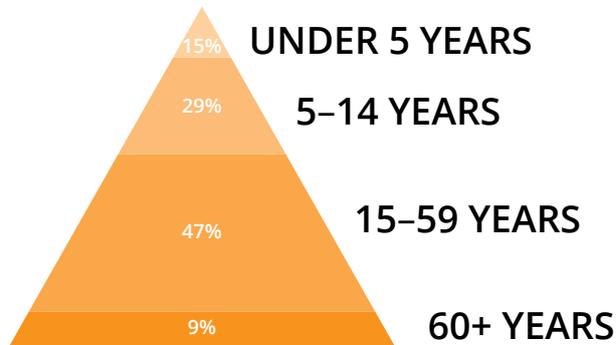
POPULATION RATIO

TOTAL POPULATION: 245,446



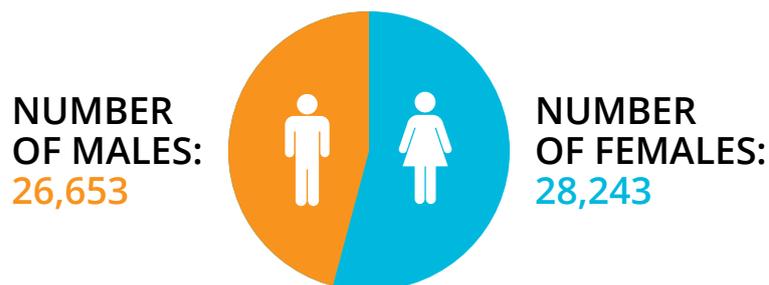
SEX RATIO: 84 MALES PER 100 FEMALES

AGE COMPOSITION



POPULATION RATIO: YOUTH (15-24 YEARS)

TOTAL YOUTH POPULATION: 54,896



HOUSEHOLDS



NUMBER OF HOUSEHOLDS



AVERAGE SIZE OF HOUSEHOLDS



HOUSEHOLDS HEADED BY FEMALES



HOUSEHOLDS HEADED BY CHILDREN



HOUSEHOLDS HEADED BY ORPHANS

STRUCTURE OF HEALTH SERVICES

Improving access to healthcare services has been a high priority for Namibia's health sector over the past 25 years. However, problems remain. A number of constraints that have limited the health sector's ability to implement PHC and SRH services fully:

- A sparsely distributed population with such low densities in many areas that they do not warrant their own health facilities
- Vast distances for some citizens to reach health facilities
- Lack of public transport
- Poverty, which makes it difficult to cover public transportation costs
- Inaccessibility of some areas
- Insufficient understanding of the importance of accessing PHC and SRH services

Namibia is made up of 14 administrative regions. Across the country, 14 regional-level MoHSS health management teams oversee service delivery in 34 health districts, which ensure the efficient and effective implementation of regionally directed programmes and projects. There are three health districts in the Ohangwena Region: Eenhana, Okongo and Engela. The OYHTF operates throughout these three health districts.

Namibia has 30 public district hospitals, 44 health centres, and 269 clinics. Hospitals are located in large towns, and health centres in smaller towns. Clinics, intended to cover the basic health needs of local communities, can be found in towns and villages, and at some border posts. Due to the vastness of the country and sparse distribution of people, some communities lack permanent health facilities; hence, outreach services are provided by mobile clinics at about 1,150 outreach points, mostly located in rural areas, including border posts (MoHSS & NSA, 2014:3).

HEALTH FACILITIES IN NAMIBIA ARE STRUCTURED ON THREE LEVELS



NATIONAL LEVEL

One referral hospital:

- Windhoek Central Hospital



INTERMEDIATE LEVEL

Four intermediate hospitals:

- Katutura Hospital in the Khomas Region,
- Oshakati Hospital in the Oshana Region,
- Onandjokwe Hospital in the Oshana Region,
- Rundu Hospital in the Kavango East Region



REGIONAL LEVEL



DISTRICT LEVEL

TOWNS, VILLAGES AND SOME BORDER POSTS

Thirty-four district hospitals



COMMUNITY LEVEL

RURAL/REMOTE AREAS AND SOME BORDER POSTS

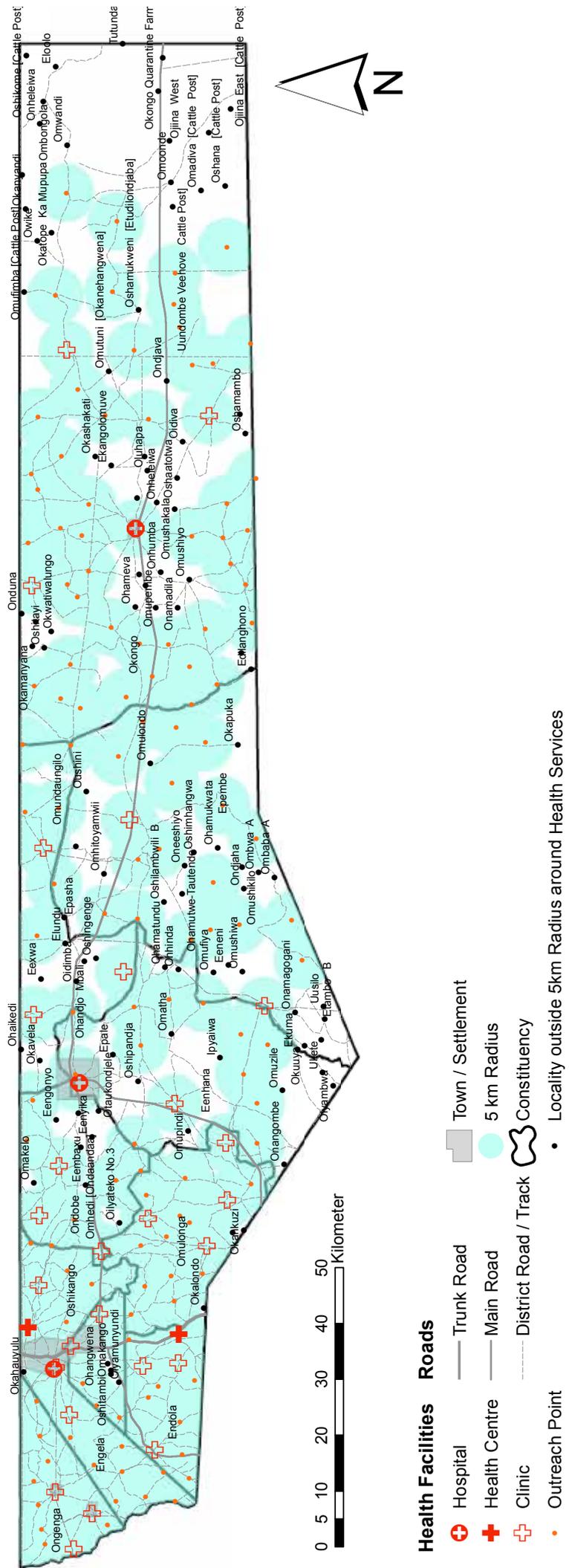
Clinics, health centres, clinics, outreach points for mobile clinics

Source: MoHSS & NSA, 2014

HEALTH FACILITIES IN OHANGWENA REGION

- Three district hospitals – Eenhana, Engela and Okongo
- Two health centres – Odibo and Ongha
- Thirty-one clinics

Source: Dr Odon Nkongolo, Chief Medical Officer (Ohangwena Region), MoHSS, pers. comm., 2015.



Areas covered by health facilities and outreach points in Ohangwena Region, (assumed radius of five kilometres around each health point)

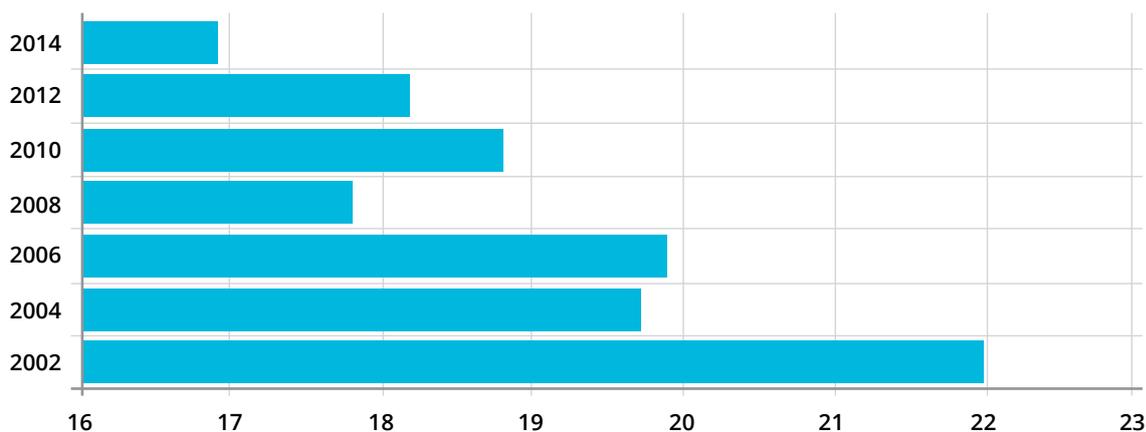
Source of Data: NSA and GIZ

STATUS OF HIV AND AIDS

Namibia still has one of the highest HIV prevalence rates in the world, although the MoHSS drew the following conclusion in 2014:

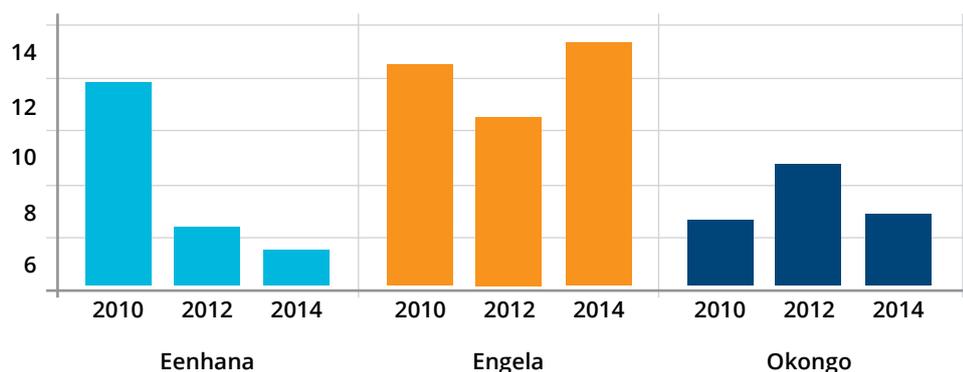
'Results from the 2014 NHSS [National HIV Sentinel Survey] suggest that Namibia's epidemic remains in a period of stabilisation with slow yet sustained decreases in HIV prevalence among pregnant women since 2002.' (MoHSS, 2014)

The overall HIV prevalence of 22% in 2002 decreased to 19.7% in 2004 – the first decrease in HIV prevalence since sentinel surveys began in 1992. Thereafter, the national rates held steady with slight fluctuations – 19.9% in 2006, 17.8% in 2008, 18.8% in 2010 and 18.2% in 2012 – and declined more significantly to 16.9% in 2014 (MoHSS, 2014).



Overall HIV prevalence from 2002 until 2014

Trends in HIV prevalence for young females (ages 15–24) from 2010 to 2014, who attended antenatal clinics at the three surveyed sites in the Ohangwena Region are shown in the graph below.



HIV prevalence among females aged 15–24

SEXUAL REPRODUCTIVE HEALTH OF THE YOUTH IN THE OHANGWENA REGION



HIV INFECTION

- Of new HIV infections in the Ohangwena Region in 2012, 40% were among young people aged 15–24.
- Some 57 young people aged 15–24 tested positive for HIV between January and August 2015.



TEENAGE PREGNANCY

- The Ohangwena Region has the highest teenage pregnancy rate of Namibia's 14 regions. In 2013, it was 22.7%.
- There were 690 teenage pregnancies between January and August 2015.

Source: DHIS (District Health Information System) 2015, MoHSS Ohangwena.

BEHAVIOURS AFFECTING THE HEALTH OF YOUNG PEOPLE IN OHANGWENA

HEALTHCARE KNOWLEDGE AND SEEKING ASSISTANCE

- Many young people only make use of health services when they are very sick.
- Many young people are averse to accessing state health services due to a variety of reasons, including fear of stigma or discrimination, or the fact that the services are unfriendly and do not meet their needs.
- Many young people live in remote or rural areas, far from youth-friendly SRH services.
- Information on SRH is insufficient.
- In contrast, there is also too much information from different institutions, which causes confusion.
- School-leavers miss out on SRH education if it is only conducted in schools.
- Parents or guardians lack the knowledge or confidence to talk about sex with their children.
- The MoHSS provides family planning information for free, but many young people ignore it, and continue to be sexually active.

“At some clinics, the nurses are like mothers. They don't want to think that their children are having sex, so they are unwilling to give out family planning methods.”

Task force member

“The youth have the knowledge, but not the practice.”

Member of the Eenhana Youth Club

SEXUAL BEHAVIOUR

- Young men, in particular, do not take responsibility for their sexual health or that of their partners.
- Reportedly, some young people do not use any family planning methods for fear of side effects.
- Unprotected sex occurs to a large extent: condoms are still not used consistently.
- People become sexually active at a young age.

OTHER RELATED BEHAVIOURAL AND SOCIAL ISSUES

Poverty and unemployment, together with insufficient or inaccessible opportunities for personal development, and safe venues or facilities for positive entertainment experiences, socialising, creativity, recreation and sports, can and does lead to deviant or undesirable behaviour patterns, such as the following:

- 'Chilling' at bars or cuca shops
- Alcohol and drug abuse
- Binge drinking
- Drunkenness
- Commercial sex
- Transactional sex for food, cellphones, clothes, etc.
- Searching for a 'sugar daddy' or 'sugar mama' – especially one in a professional position or with 'status', such as a teacher or police officer – because 'they are "somebody" (who is important),' according to one female youth club member.



Scenes from the documentary Together We Shine: youth health development in Namibia's Ohangwena region

OHANGWENA YOUTH HEALTH TASK FORCE

– OYHTF

BACKGROUND

The OYHTF is a coordination platform between all the Ohangwena Region stakeholders that are working with SRH and young people. Under the leadership of the three key government ministries for health (MoHSS), education (MEAC) and youth (MSYNS), this task force strives to provide more accessible and youth-friendly SRH health services in the region.



“The task force is all about creating synergy, coordination, and enthusiasm, and then “institutionalising” this attitude! This is clearly a new form of cooperation and coordination rarely seen in our region.”

OYHTF member

WHY WAS IT ESTABLISHED?

According to its terms of reference (OYHTF, 2014), the task force was formed to address various challenges that existed in 2013 related to the health of young people in Ohangwena:

- The high burden of HIV, with most new infections among the youth (see graphs on HIV prevalence in Ohangwena on page 30).
- A dire sanitation situation, with resulting high rates of diarrhoea among the youth.
- The highest teenage pregnancy rate in the country (22.7% in 2013).
- A high rate of baby dumping.
- Low rates of males accessing SRH services, which comprise family planning and HIV testing (in 2013, the rate of males accessing these services was 5%, compared to females at 20%).
- A low uptake rate of male circumcision at 0.8% in 2013.
- Recurrent cases of gender-based violence.
- Prevalent youth unemployment.
- Widespread alcohol abuse.

Source: DHIS (District Health Information System)2015, MoHSS Ohangwena.

In the Ohangwena Region – and the rest of Namibia – three key line ministries face specific challenges related to the youth:

- Health (MoHSS): High numbers of new HIV infections, as well as poor male involvement in HIV testing, and sexual and reproductive healthcare
- Education (MEAC): High school dropout rates as a result of teenage pregnancies
- Youth (MSYNS): High rates of youth unemployment and a lack of recreational facilities, which often lead to alcohol abuse

HOW DID THE TASK FORCE START?

The task force was established in May 2014, with 20 members. Since then, members have held a mini-workshop every six to eight weeks. During the first few workshops, the terms of reference were developed (OHYTF, 2014) and two technical working groups for coordinated activities were established.

GOAL OF THE TASK FORCE

The overall goal of the OYTHF is 'the creation of a smart partnership through coordinated and collaborative efforts aimed at designing tailor-made youth health interventions within the region that consider and address the needs of young people using a consultative participatory approach'. (OYHTF, 2014)

“We, as a task force refuse to accept the status quo of the Ohangwena Region. If something is not working, then why keep doing the same old thing?”

OYHTF member

OBJECTIVES

- Improve HIV prevention among the youth
- Strengthen the HIV and STI prevention programme for young people
- Improve access to integrated SRH for the youth
- Create more awareness on SRH services and on gender-based violence among young people
- Develop mechanisms to monitor progress, and to document lessons learned
- Increase overall youth involvement and offer a platform for them to become involved
- Design participatory, tailor-made health interventions that address the needs of young people
- Create synergies through coordinated and collaborative efforts (OHYTF, 2014)

OPERATION AND ACTIVITIES

MEMBERS AND MEMBERSHIP

The following member organisations are represented on the OYHTF (see diagram of stakeholders below):

- The three key government ministries – MoHSS, MEAC and MSYNS – and the Ministry of Information, Communication and Technology
- Administrative bodies, including the Ohangwena Regional Council and Eenhana Town Council
- Various NGOs and programmes in the fields of SRH, family planning, alcohol abuse, gender-based violence, human rights, childcare and protection, and youth recreational and sports activities, such as NAPPA, Total Control of the Epidemic (TCE), Lifeline/Childline Namibia, Star for Life and Galz & Goals
- Youth organisations
- GIZ

MEMBERSHIP OF THE OYHTF

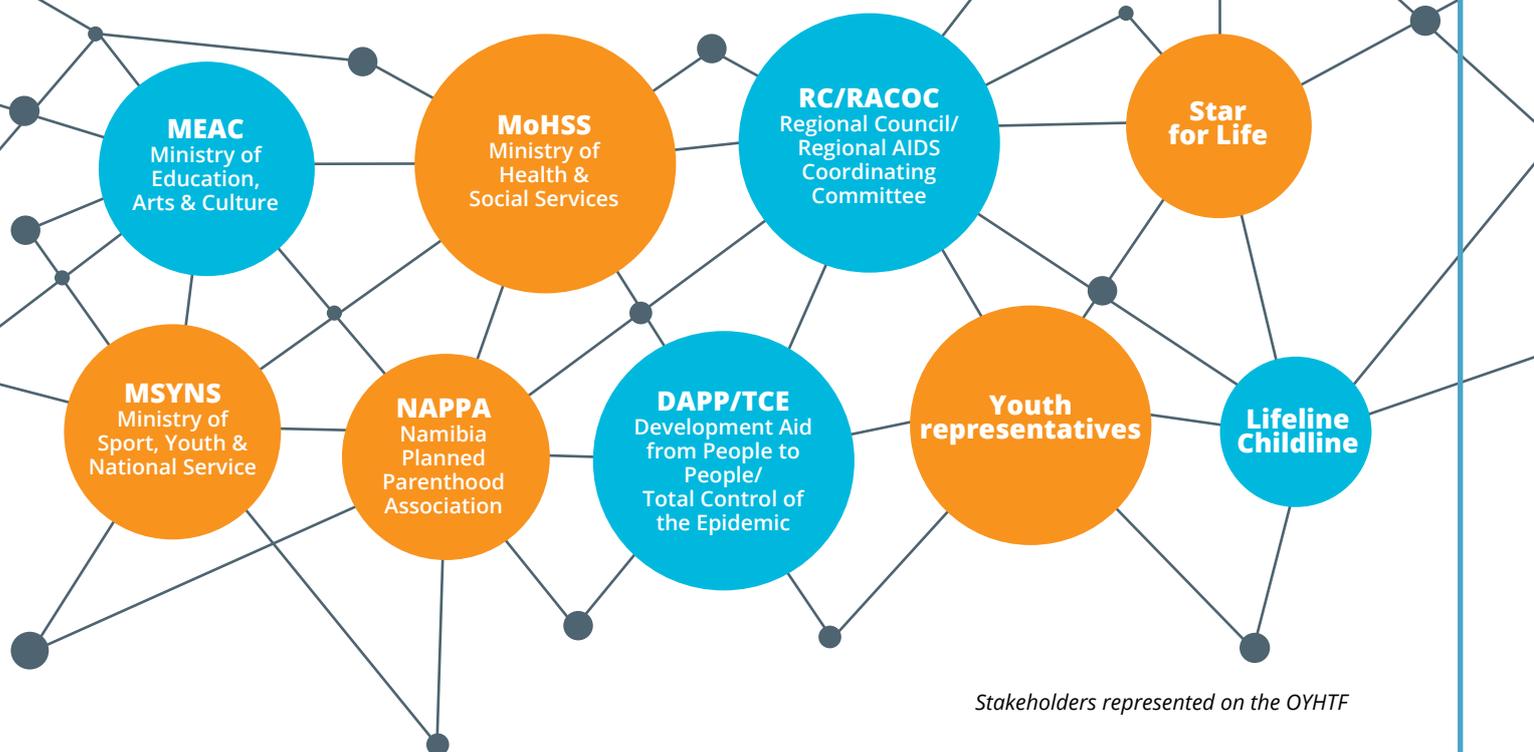
'The task force is to comprise of members representative of the various key stakeholders of the initiative and is open for new committed members whose goals are aligned with the key objectives.

However, the number of members should not exceed 20, and a maximum of three representatives from one organisation or ministry. Once the number of regular attendants falls below 15, new members will be invited upon suggestions.

In case a member fails to attend the task force meeting for three times in a row without apology, he will be excluded from the task force.'

Source: OYHTF, 2014

STAKEHOLDERS REPRESENTED ON THE OYHTF



GOVERNING STRUCTURE

The OYHTF has the following executive positions with their respective roles and responsibilities (OYHTF, 2014):

- **Chairperson**, who convenes and presides over task force meetings, and represents the task force and acts as its spokesperson in external communications and activities
- **Deputy Chairperson**, who supports the Chair by fulfilling all duties required by the Chair, and stands in for Chair when he/she is absent
- **Secretariat**, which is the administrative arm of the task force responsible for taking minutes, sending out notices, and keeping and holding records of all activities of the task force

The positions of Chairperson and Deputy Chairperson are rotated every six months between the two ministries of health and education.

In addition, **advisory partners** – such as representatives from UNFPA or GIZ – serve in a supportive and advisory capacity, and at times guide the development of activities.



Ohangwena Youth Health Task Force Team Retreat, Oshikoto Region, 18–20 November 2015

PRINCIPLES OF OPERATION

- Organisations working with SRH and young people are identified to be represented on the task force. Then individual staff members of these selected organisations are chosen according to their perceived **commitment and known expertise**. A good balance of members is sought between those in **high level management and administrative positions and practitioners or service providers**, such as nurses or social workers.
- **No delegation** from a member organisation is accepted. Representatives of member organisations must be committed and be present at the meetings and are only excused for other urgent commitments.
- The task force functions by **combining resources** from the various organisations represented on the task force. All partners are expected to commit, wherever possible, all available (and budgeted) resources to the cause of the partnership. These include human, logistical, material and financial resources. Key ministries are expected to consider the task force's budget requests in their annual budgeting.
- Activities should be planned and implemented coherently to make the most of the available resources. To facilitate this, the task force holds regular **planning sessions** during their meetings, which are convened at six-to-eight-week intervals.
- Regular networking, and **sharing information** on new developments take place.
- Issues and **challenges are discussed** as a team to develop logical, acceptable and integrated solutions.
- Gaps in capacity should be explored as a group so that the required **capacity building** interventions can be designed.
- **Ideas and solutions** should be **shared** with stakeholders outside the task force.

“Our work on the task force has become an extension of our ‘normal’ work. The task force work complements the work of our government or NGO jobs.”

Dr Odon Nkongolo, Chief Medical Officer, MoHSS (Ohangwena) and Chairperson of the OYHTF



Ohangwena Youth Health Task Force (OYHTF) mini-workshop, Eenhana, 15 August 2015

WORKING GROUPS AND THEIR ACTIVITIES

In order to respond to specific challenges in the Ohangwena Region, the OYHTF formed two working groups: one to respond to the high rate of teenage pregnancies and the other to the low rate of men accessing and making use of SRH.



TEENAGE PREGNANCY WORKING GROUP

GOAL:

To reduce unintended teenage pregnancies among young women.

SPECIFIC OBJECTIVES:

- Increase access of SRH services to young people by 10% by August 2016.
- Disseminate SRH information to 20,000 young people (15–24 years) by October 2016.
- Increase the use of contraceptives among young people.



MALE INVOLVEMENT WORKING GROUP

GOAL:

To increase the involvement of men in accessing and making use of SRH information and services.

SPECIFIC OBJECTIVES:

- Encourage the joint use of SRH services (i.e. family planning, antenatal care, prevention of mother-to-child transmission of HIV, and HIV counselling and testing).
- Increase the joint use of SRH services by couples.
- Support the deconstruction of gender stereotypes and raise awareness on gender-based violence.
- Strengthen awareness around the contributing factors of alcohol abuse to HIV and AIDS.



Participants at the GIZ ESA Commitment strategy workshop, Johannesburg, 27–28 January 2016

ACTIVITIES

The task force and its working groups plan, coordinate and implement various activities and interventions with other stakeholders in the region. Some examples are depicted below.



Learners from Eenhana Secondary School participate in the 'March to Raise Awareness about Teenage Pregnancy' on the road leading to the Eenhana Multi-purpose Youth Resource Centre, Eenhana, 2015



HIV male and couple testing, Ombili Location, Eenhana, March 2015

'MALE INVOLVEMENT' CONFERENCE

The Male Involvement Conference covered various topics relevant to young men in the Ohangwena Region. These include: culture, traditions, politics, religion, social and economic issues, and the life of a contemporary young male living in rural or urban Namibia. The Regional Council funded the two-day conference and more than one hundred people attended. Participants were mostly young males in the age bracket of 16–35 years, there were also some women, so the men could ask, 'How are you doing it better than us?'

Source: Male Involvement Conference report, Eenhana, 2015



Second Male Involvement Conference, Monte Carlo Guesthouse, Eenhana, July 2015

GALZ & GOALS PROGRAMME

Recently a new member of the task force has joined the Teenage Pregnancy Working Group. He is the Regional Coordinator for the Galz & Goals Programme in Ohangwena. This programme, of the Namibia Football Association, implemented a sport-for-development approach, which uses the power of sports to attract young people to whom they can then provide guidance on SRH. The programme empowers young women and girls by imparting important lessons on life skills, HIV prevention and SRH, while also offering them an opportunity to learn to play football. This innovative approach provides target-oriented and youth-friendly services, which contribute to the objectives of the task force. With this new member of the task force, joint events take task force activities to the soccer pitch.

Source: Fredrick Sitali, Coordinator, Galz & Goals (Ohangwena Region), pers. comm., 2015



Soccer tournaments of the Galz & Goals programme

TASK FORCE MEETINGS

The OYHTF meets every six to eight weeks on dates that are set twice a year and which are therefore known to all members well ahead of time. Wednesdays or Thursdays are usually the most convenient days for members to attend meetings. The meetings start mid-morning, which allows time in the early morning and late afternoon for members to take care of other assignments.

Each meeting is run according to an agenda, which has been prepared by the Chair and Secretariat and distributed a week in advance. The meetings are usually about five or six hours long and take the form of a mini-workshop with a planning session for working groups.

The Chair and Secretariat usually facilitate the meetings. During the planning session, the leaders of the two working groups lead their sessions. However, as the task force is not organised along hierarchical lines, chairing and facilitation is flexible and can be assigned to any member.



Ohangwena Youth Health Task Force workshop, Eenhana, 15 June 2016

EACH MINI-WORKSHOP HAS THE FOLLOWING IMPORTANT COMPONENTS:

- An interesting topic is presented in the morning session. This might be a report on a new activity or on a recently attended conference (such as the International Conference on AIDS and STIs in Africa) by a member of the task force. The session could consider an innovative tool that might be useful for members, such as the Join-in-Circuit (see pages 70–72) and the facilitation training given on the Philip Wetu movie (see pages 70–72), or a capacity-building activity, such as gender and male involvement training, can be presented.
- The Secretariat or Chair will have prepared a list of agreements from the previous meeting, which is presented instead of going through the minutes. This saves time without omitting important matters that need to be followed up.
- A session is always scheduled for a general update and an exchange of information. This addresses questions such as, 'Are there enough testing kits in Ohangwena after the peak festive season period?' and 'Are all members aware of the new referral cards that have been released by the MoHSS?' This type of session also provides information on upcoming events, for example, 'The MEAC is planning an extensive HIV outreach programme in the first school term'. An exchange of information such as this is needed before members sit together in their working groups, as it might be useful when they create their plans.
- After this exchange, both working groups will give a short presentation on the activities they carried out since the last meeting, which might include photos, data and a narrative on successes and challenges.
- Finally, the working groups sit together to plan their next activities. This takes at least an hour; often an additional 30 minutes are required. The planning session is finalised with the two working groups sharing and harmonising their plans.

The following page provides an example of an agenda for this type of task force meeting.

OHANGWENA YOUTH HEALTH TASK FORCE

MINI-WORKSHOP

Date: _____ Time: _____ Location: _____

AGENDA

Facilitator: Chairperson

- | | | |
|--------------|--|------------------------------|
| 9:00 | Welcome | |
| | Introduction of new members (if required) | <i>Chair</i> |
| 9:15 | Introduction to today's mini-workshop | <i>Chair</i> |
| 9:30 | Presentation on interesting activity (e.g. ICASA),
or innovative tool | <i>Member</i> |
| 10:00 | Follow-up on agreements from last meeting | <i>Chair or other Member</i> |
| 10:30 | Coffee break | |

Facilitator: Secretariat

- | | | |
|--------------|---|--------------------------------------|
| 10:45 | Update on activities – Information exchange | <i>All</i> |
| 11:15 | Presentation of implemented working group activities | <i>Working group representatives</i> |
| 11:30 | Introduction of interesting topic
(e.g. new CSE manual for out-of-school young people) | <i>Member</i> |
| 12:00 | Lunch | |

Facilitator: Working Group Leader

- | | | |
|--------------|--|--------------------------------------|
| 13:00 | Energiser game | <i>Member</i> |
| 13:30 | Planning | <i>Two working groups</i> |
| 14:30 | Presentation and harmonising of planning | <i>Working group representatives</i> |
| 15:00 | Coffee Break | |

Facilitator: Chair

- | | | |
|-------|--------------------|--------------|
| 15:15 | Any other business | <i>All</i> |
| 16:00 | Closing | <i>Chair</i> |

Template and example of agenda for a task force workshop

RESULTS ACHIEVED

Within 18 months from the establishment of the OYHTF in June 2014, the task force had achieved a number of results:



Many testing days and HIV-awareness days for young people, and males in particular, were organised by the task force. **In 2015 almost 2000 young people and community members were tested** during activities organised by the OYHTF. Some of these events included the following:

- The **Male and Couple Testing Day** in Ombili Location, Eenhana (28.03.2015), where **41 males and 27 females** were tested
- **The Valentine's Testing Day** at the NAPPA clinic, Eenhana (14.02.2015), in which **200 young people participated**
- The **HIV Awareness Day for Young Couples** at NAPPA, Eenhana (1.12.2014), where **12 males and 39 females** were tested
- **The Male Conference** at Monte Carlo Guesthouse, Eenhana (4.07.2015), where **44 males and 41 females were tested for HIV**

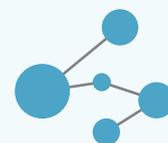
The World Aids Day Road Show, 2015 was conducted during 9–13 November 2015, which provided **HIV testing and an HIV and AIDS awareness-raising programme at 11 sites across Ohangwena's three health districts**. The sites were selected for this extensive outreach because of their high HIV prevalence rates or their lack of facilities for HIV counselling and testing. A total of 623 people were tested, with the youth being the primary target group.



The film, *Together We Shine: Youth Health Development in the Ohangwena Region*, was launched in Ohangwena Region and Windhoek in November 2015. It documents the OYHTF as an example of best practice for the implementation of the ESA Commitment at a local level. This film can be considered a companion piece to this handbook.

The film can be accessed here: http://health.bmz.de/what_we_do/HIV-and-AIDS/studies_and_articles/Together_we_shine_youth_health_development_in_Namibia__s_Ohangwena_region/index.html

In cooperation with different stakeholders, many different activities were organised for young people in Ohangwena. These included training sessions for HIV peer educators, awareness-raising on gender-based violence, a teenage pregnancy march, and various testing outreach efforts.



Many more young people are participating in activities at the government-run Eenhana Multi-purpose Youth Resource Centre, leading to an active and vibrant atmosphere at the facility.

RESULTS ACHIEVED (CONTINUED)

There is an increase in the use of services at the youth-friendly clinic at the Eenhana Multi-purpose Youth Resource Centre, which is run by NAPPA, due to better cooperation between stakeholders. **Since June 2014, the number of youths coming for HIV counselling and testing has increased by 240%.**



With the support of the Ombetja Yehinga Organisation, youth groups have been trained to give innovative performances using dance, singing and drama to raise awareness on HIV and AIDS, alcohol and drug abuse, teenage pregnancy and other topics. In collaboration with the MSYNS and MEAC, these youth groups perform on a regular basis at schools throughout the Ohangwena Region. In age-appropriate and innovative ways, these performances raise awareness on risky lifestyles and unhealthy attitudes and behaviours, such as multiple concurrent partnerships or child abuse. **The groups reached over 40,000 learners between 2013 and 2015.**

“We think there are fewer cases of teen pregnancy since these awareness-raising events started.”

Members of a youth group in Eenhana

Some of the youth group members have also been trained as facilitators. This training has prepared some of their dancers as dance trainers for new youth groups.



About 4000 students and more than 400 out-of-school young people have participated in life-skills classes run by a local NGO, Star for Life, between 2014 and 2015. Lessons and activities in these classes help build self-esteem, while enhancing knowledge of HIV and other STIs.

Since the establishment of the OYHTF as a local-level coordinating body, it has made a significant contribution towards Namibia meeting its ESA Commitment targets, as outlined on page 22. The results achieved by December 2015 are shown in Table 1 on page 44.



TABLE 1: NAMIBIA'S CONTRIBUTION TO FOUR OF THE NINE TARGETS OF THE ESA COMMITMENT THROUGH THE WORK OF THE OYHTF

ESA target	Indicator	OYHTF contribution	Impact in Numbers
4.4	 <p>Consolidate recent gains in the reduction of HIV prevalence in ESA</p>	<ul style="list-style-type: none"> • Successful networking and coordination of HIV-related activities and interventions by government, CSOs and youth-led organisations (the OYHTF itself) • Increased access to SRH and HIV counselling and testing for all young people in the Ohangwena Region 	<ul style="list-style-type: none"> • Between 2014 and 2015 approximately 2300 received HCT during events organised by the OYHTF • 240% increase in youth attendance and testing at NAPPA clinic
4.5	 <p>Increase level of knowledge on HIV-prevention</p>	<ul style="list-style-type: none"> • Distribution of CSE and other behaviour change communication tools • Innovative performances by and for the youth: dance performances on HIV and AIDS, alcohol and drug abuse, and teenage pregnancy • Lifeskills training for the youth 	<ul style="list-style-type: none"> • Between 2014 and 2015, over 4000 young people and community members were informed on HIV awareness during events organised by the OYHTF • Between 2013 and 2015, 40,000 learners were reached with performances • Between 2014 and 2015, 4000 students and more than 400 out-of-school young people received consecutive life skills workshops at schools
4.6	 <p>Reduce early and unintended pregnancies among young people</p>	<ul style="list-style-type: none"> • Teenage Pregnancy Working Group established • Teenage Pregnancy Working Group activities: <ul style="list-style-type: none"> • Teenage pregnancy march to create awareness • Awareness-raising campaigns and information dissemination 	<ul style="list-style-type: none"> • 1700 learners reached during teenage pregnancy campaign in 2014
4.7	 <p>Eliminate gender-based violence</p>	<ul style="list-style-type: none"> • Male Involvement Working Group established • Male Involvement Working Group activities: <ul style="list-style-type: none"> • Male and couple testing days • Male Involvement Conference 	<ul style="list-style-type: none"> • Over 150 participants at male conference in 2015

PERFORMANCE

For the preparation of this Handbook, task force members were interviewed individually or in small groups. Using SWOT (Strength-Weaknesses-Opportunities-Threats) analysis methodology, members were asked to think about the previous 18 months and list the following: 1) strengths and successes of the task force, 2) weaknesses and challenges it had faced, 3) opportunities already created for themselves as a coordinating body for the region and opportunities foreseen for the near future, and 4) threats that it might face in the future. Their opinions were compiled and analysed, and the findings of this analysis are summarised below.

STRENGTHS AND SUCCESSES

- There is a vibrant and enthusiastic spirit and attitude; working as a true team engaged in one goal.
- A member cannot delegate his/her position on the task force; only tasks can be delegated.
- Most meetings are well attended.
- Members really work together to find solutions to any problems or challenges.
- There is openness to share information and resources with others.
- Sharing and combining resources leads to more efficient planning and implementation of activities.
- The level of commitment when planning and conducting activities is high.
- Time is set aside for effective planning and implementation; a planning session is not just 'a talk shop'.
- Coordinated planning leads to less duplication of efforts and more successful activities.
- GIZ provided strong guidance during the creation of the task force and first 18 months.

“ NETWORKING, INTEGRATED PLANNING AND COORDINATED INTERVENTIONS

We no longer think of just our own ministry, our own work. We think of the youth. ”

OYHTF member

“ SHARING RESOURCES TO FIND SOLUTIONS

One time when we were about to go on a trip with the youth, the bus from the Ministry of Health broke down. Task force members from a different ministry quickly managed to find another bus for us to use. ”

OYHTF member

“ We have uplifted the youth in our work as a task force, but beyond this, we are also uplifting ourselves. Despite all the hard work we do and the challenges we face in our work, we have gained so much ourselves – on a professional basis and on a personal basis. ”

OYHTF member

WHAT CREATES THIS GOOD SPIRIT?

According to OYHTF members, there are a variety of factors that have kept them motivated to work as a team, such as these:

- There is a deep sense of responsibility to achieve their goal of supporting the youth in the Ohangwena Region to become the best they can be: 'We all have a passion for working with young people.'
- A sense of strong commitment and ownership: 'We own it! No one is forcing this membership on us.'
- 'When selecting the date for the next meeting, we commit then and there to be available and to attend.'
- 'There is a good cross-section of people on the task force. Each member adds something, making our own jobs relevant to task force activities.'
- The right type of people have been invited to join the task force, and each member chooses for themselves which working group they would like to join.
- 'Somehow we all "clicked" right from the start. We have bonded easily as a team, as colleagues. But we have also become friends. We have this good "human connection". This makes it rewarding (and fun!) to work with these people.'
- 'We have come to know our fellow team members on a professional – and personal – basis. We know their strengths and their weaknesses and when to step in and help or coach when necessary. We know who and when to ask for support, if we are struggling.'
- 'We know we must attend meetings to plan and achieve our goals.'
- 'We have learned how to communicate with each other by trial and error, so tension, misunderstandings, hurt feelings, etc., are reduced or eliminated.'
- 'Good feedback from other members and other stakeholders, not only on a "job well done", but also constructive criticism so each member can improve on their actions.'
- 'I learn something new at every meeting and workshop.'
- GIZ and other partners provide regular capacity building, or training on new skills or content.

WEAKNESSES AND CHALLENGES

In spite of existing good commitment and participation, regular planning and sound coordination, OYHTF members identified a number of challenges and areas of weakness that could be improved:

- At times, there is a lack of thoughtful and adequate planning, with a tendency to have ad hoc planning meetings, instead of proactively planning in advance.
- No clear targets are set at the planning stage.
- There is an uneven contribution of both financial and human resources by stakeholders.
- Challenges exist in communication at the planning, implementation and monitoring stages.
- There is a lack of shared responsibilities, for example, although tasks are allocated to members, others do not always step in when a member has to leave a task for another pressing commitment, or the necessary information is not always provided for another member to take over.
- Consistent documentation of activities and monitoring of all interventions need to be improved. The OYHTF is still struggling with regular reporting and M&E methodology.
- More resources (human and financial) are required to implement the activities needed.

OPPORTUNITIES CREATED BY AND FOR THE TASK FORCE

TASK FORCE MEMBERS IDENTIFIED A NUMBER OF WAYS IN WHICH THE OYHTF PROVIDES OPPORTUNITIES:

- Opportunities exist for exchanging information on recent developments, and discussing possible solutions to any challenges.
- There is room for designing and developing innovative projects, and for planning and implementing joint activities.
- There are opportunities for identifying gaps in capacity, and for designing the necessary capacity-building interventions.
- The ESA process encourages stakeholders to network beyond the task force.
- The ESA structure provides a means to pool different types of resources from various stakeholders.
- The structure and systems of the task force can be easily replicated in other regions. See the guidelines for replication on page 52.

“The ESA Commitment provides a unique opportunity for local-level initiatives to lobby for resources through the national and international ESA bodies. The OYHTF has gained a lot of attention from national and international levels since it has been recognised as an example of best practice in ESA. This will hopefully help Ohangwena when lobbying for resources to support youth-health activities in the future.”

OYHTF member

THREATS

MEMBERS OF THE TASK FORCE RECOGNISED THAT THE OYHTF'S CURRENT POSITION OF STRENGTH COULD BE THREATENED UNDER CERTAIN CIRCUMSTANCES:

- A lack of support by line ministries, as well as a lack of a strong national coordinating framework or clear responsibilities for implementing the ESA Commitment could impede the work of the OYHTF.
- The task force's sense of 'ownership' must be safeguarded.
- Members must be kept motivated.
- The government of Namibia is cutting budgets, including funds for HIV and AIDS awareness programmes, and counselling and testing activities. If cuts continue, this might affect the task force's level of effort in planning and implementation.

“Most of us are committed to the task force, and take our responsibilities seriously. But some of us still don't feel 'we own the task force'. After GIZ's support ends this year, it could go either way. The task force could falter. Or we might be able to meet the challenge head on. Maybe we can prove we have grown up; really own this team, and like a bird we can leave our mother's nest and fly.”

OYHTF member

“Hopefully our ministries will see how well the Task Force is functioning and the positive results it has produced in such a short time. And then support the work of the Task Force through their annual budgets.”

OYHTF member

LESSONS LEARNED AND GOOD PRACTICES

With the launch of the task force in June 2014, a new way of operating came to Namibia, and in particular, the Ohangwena Region. Working in a cooperative fashion with a multi-sectoral, multi-disciplinary team has been a first for many task force members. Through this experience, members have learned various lessons. The team has developed and embraced certain practices along the way that have helped make the task force unique and successful. The key lessons and best practices, which have helped determine the success of this task force, are presented below.

LESSONS LEARNED

Various lessons have been learned since the inception of the OYHTF. Some of these have been collective, in which all task force members have gained the same knowledge. Other lessons have reached certain individual members, helping them to grow professionally or personally. Lessons have been learned in five distinct categories.

LESSON 1

A successful, multi-stakeholder cooperation approach needs commitment, time and certain activities to keep members motivated.

The work of the task force is not easy. Most task force members are working in full-time positions for government or civil society organisations, with a full load of duties and responsibilities. Many members are already overstretched. Planning and implementing OYHTF activities should, therefore not burden members with 'extra work', but in fact form part of, and complement the members' existing duties.

A multi-stakeholder coordinating cooperative body needs to develop its own mechanism to keep its members motivated to attend meetings and actively participate in activities and interventions. One tactic the OYHTF has learned is to 'liven up' their workshops. Interesting presentations delivered by individual task force members, ice-breakers, capacity development, training sessions and teambuilding activities are used to keep members motivated (see the sample workshop agenda on page 41).

“I have a full-time teaching job at a school 50 km outside Eenhana, and I coach several Galz & Goals teams. But my school principal and the MEAC regional office understand the importance of the OYHTF.”

OYHTF member

LESSON 2

Membership in the working groups should be based on interest.

“I have acquired the skills to be able to chair a meeting in an effective and efficient manner.”

OYHTF member

Allow task force members to choose which working group they would like to join. Being in a group that is relevant to their work, career or interest leads to better performance of the working group, and personal or professional growth.

LESSON 3

Regular communication with task force members and stakeholders is vital.

Task force members said they had improved their communication skills – by email and telephone, in meetings and one-on-one – because of their work on the task force. They have learned 'on-the-job' that information sharing and regular updating is absolutely crucial, even though it might occasionally be time-consuming. By having regular communication and frequent meetings, and really listening to what others have to say, they have been able to reduce misunderstandings – and information is not missed anymore.

LESSONS LEARNED (CONTINUED)

LESSON 4

Joint planning and implementation is important.

Many members have learned the importance of planning together as a group and implementing activities as a team. This way of operating reduces a duplication of efforts and wasted financial, human or material resources.

“ I now know how to plan and implement activities that will truly benefit the youth in Ohangwena Region. ”

OYHTF member

Moreover, members of the OYHTF have learned from trial and error that it is best to plan only one or two activities – a maximum of three – at a time. By doing this, the group is able to make sure that the event is well planned and that the required resources are available.

LESSON 5

Activities and interventions should be reviewed regularly.

Task force members have learned the importance of making time for regular reflection and a review of activities and interventions. At every meeting they report back on activities and assess them. They analyse what worked and what didn't and identify where and how improvements should be made.

“ We refuse to accept the status quo of the Ohangwena Region. If something is not working, we no longer carry on doing the same thing, or using the same methods. ”

OYHTF member



GOOD PRACTICES

Certain approaches and principles that the OYHTF adopted have helped make it unique and successful. These good practices are described below.

PRACTICE 1

Commitment and expertise

Identifying and selecting the right people to be members of the task force is considered to be the first best practice. Members must adequately represent stakeholders working for youth health in the region. Having the 'right players for the job' is key, according to OYHTF members interviewed. All members must have a good understanding of the issues and challenges faced by the youth. The overall membership should consist of a good cross-section of professional background, education, skills and experience. There also needs to be a good balance of members in regional-level management and decision-making positions – such as directors of government ministries and the region's chief medical officer – along with implementing staff who work directly with the youth, such as healthcare providers, nurses and social workers.

PRACTICE 2

Sharing and combining resources

The OYHTF operates according to the principle of shared human, financial and material resources. During an HIV counselling and testing event, for example, one stakeholder takes care of providing the testing kits, another provides human resources (certified testers), and another provides transport. This has the added advantage that if one of the stakeholders experiences a shortage of one or another resource, the event can still take place.

Furthermore, because the OYHTF does not rely on external funding, it is quite independent and resilient to changes in the donor landscape.

“Working as a team leads to many benefits: we can support and learn from each other. It helps us to achieve our goals.”

OYHTF member



OUR MOTTO IS: 'TOGETHER WE CAN DO BETTER'

PRACTICE 3

Individual membership, no delegations

A practice that is rarely seen in steering or management committees is that the individual members of the OYHTF cannot delegate their positions or attendance at meetings to others in their organisations. Members must reliably and consistently participate in the meetings, activities and events. Activities and tasks can be delegated, but the individual member must be committed and remains responsible for the successful completion of any task.

“We took a risk with this 'no delegation' approach. But we now realise it works! As far as I know it's never been done in Namibia before. But we knew the problems with other coordinating committees in the region – and in the county – when senior people, who were assigned responsible positions on the committee, but never had time to attend, would ask a junior officer to attend in their absence. The inexperienced junior officer never knew what was going on, and was not allowed to make any decisions. At the next meeting a different junior officer would attend, making the problem grow.”

OYHTF member

GOOD PRACTICES (CONTINUED)

The structure of the task force allows the position of Chairperson to rotate every six months. This has been between the Chief Medical Officer of the MoHSS and the Regional Director of MEAC – the top regional staff members of these two ministries. These positions are not based on specific individuals, but on the position. 'Line ministries will always be there, even if the person leaves or is posted to another position. Line ministries will always exist, unlike a NGO that might cease to function if, for example, funding is no longer forthcoming.'

PRACTICE 4

Meetings include planning sessions

During each task force meeting, one to two hours are devoted to planning sessions for the working groups. Run as a mini-workshop, these regular sessions (every six to eight weeks) provide the time necessary for effective planning with all the members present. In addition, each meeting allows time for harmonising the plans of the two working groups, and for them each to give reports. These sessions help to keep everyone informed and reduce a duplication of efforts.

PRACTICE 5

Coordinating, networking and sharing information

“ We discuss the challenges facing the region and our youth. We try our best to find solutions to these problems by coordinating and working together with other stakeholders in the region. ”

OYHTF member

Task force members share information on their respective organisations, including new developments and pending plans. They purposefully network and coordinate, not only with other task force members, but also with other key personnel and service providers in the region as well.

PRACTICE 6

Reporting and problem-solving

At each meeting, task force members report back on the activities planned during the previous meeting. These verbal reports include: what was done; how it went and whether the expectations, objectives and target numbers were met; challenges or hurdles faced and an explanation on why these problems occurred; and solutions used to solve the problems. If the problem was not resolved, the task force members discuss what could or should be done to avoid the problem at the next similar event.

PRACTICE 7

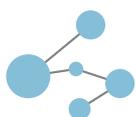
Monitoring and evaluating performance

As a group, the task force regularly reviews its own performance on specific tasks or activities carried out. In addition, they revisit their terms of reference and those of the working groups on an annual basis to see if they are adhering to them. If not, they adjust their plans, methods, activities or implementation to improve.

At the same time, they reconfirm their commitment to the goal and objectives of the task force. They have not yet needed to amend their original terms of reference, but they remain open to this possibility, should it could become necessary.

LEARNINGS AND KEY MESSAGES FOR OTHER COORDINATION BODIES

These key messages have been developed to assist others in establishing active multi-stakeholder bodies to coordinate activities related to the sexual and reproductive health of young people in their communities.



FORMING A MULTI-STAKEHOLDER COORDINATING BODY

- Ensure representation of all relevant stakeholders working in the area of SRH and with young people in the target locality (e.g. region, district, province).
- Ensure the buy-in and support of the management of the participating government ministries and other organisations in your target area, even if the manager is not personally a member of the coordinating body.
- Representatives of the member organisations should present a good cross-section of skills and experience, and include people in high-level management positions, as well as health practitioners, educators and other service providers working on the ground.
- Establish a clear structure for the coordinating body, and the responsibilities and roles of the positions within it.
- Ensure the commitment of members – their time, their resources, no delegates.
- Secure technical support during the inception period of the coordinating body.
- Establish a link with the national coordination body of the ESA Commitment. Contact focal persons on the national level to obtain annual plans, investigate the availability of financial resources reserved for activities related to the implementation of the ESA Commitment, the possibility for capacity building and other necessary information. See below for more details.



FORMING WORKING GROUPS OR SUB-COMMITTEES

- Form smaller groups (<12 members) to plan and implement activities. These will be more efficient and effective than involving the entire coordinating body (usually approximately 20 members) to plan and run each activity.



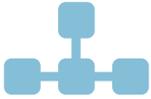
HOLDING MEETINGS

- Prepare and distribute the agenda to members before the meeting. Then everyone can be prepared to contribute. To ease the retrieval of electronic agenda files, label all the electronic files for meeting agendas in a similar manner (for example, 'OHYTF Meeting Agenda 2015-08-31') and use a consistent format when preparing the agenda. See an example of a task force workshop agenda on page 41 above and one for a formal meeting on pages 73–74 in the toolkit.
- When taking minutes, keep them simple by sticking to the following main points: attendance list and formal apologies, key discussion points and decisions made, and the status or results of previous action points and new action points. Minutes should be written up directly after the meeting, so important points are not forgotten. Minutes should be distributed within a week of the meeting so that members can follow any action points pertaining to them. The minutes should be distributed again, along with the agenda, a week in advance of the next meeting. To aid recordkeeping and information flow, label each of the electronic files for minutes in the same way (for example, 'OHYTF Meeting Minutes 2015-08-31') and use a consistent format when writing up the minutes. See the template for minutes on page 73 and page 75.



CONDUCTING ACTIVITIES AND EVENTS

- Analyse, discuss and target the most pressing issues within the full coordinating body or through the relevant working group or sub-committee.
- Plan comprehensively and in advance, so that all actors know their responsibilities, as well as the date, time and location of an event. See the various types of plans on pages 73, 76, 77 and 79–82 in the toolkit.
- Combine resources while coordinating activities.
- Review progress, success factors and challenges. If the activity or event is to be repeated, identify any problems and solve them to improve actions.



NETWORKING AND INFORMATION COLLECTION AND DISSEMINATION

- Document the process – the planning, the results, the evaluation or review, and feedback.
- Where relevant, share information, methodology and lessons learned with similar bodies in other parts of the country or in other ESA countries.



RECORD-KEEPING, SHARING RESULTS

- Records need to be kept to enable the coordinating bodies to monitor their own work, to ensure continuity and to inform other stakeholders in the region. Government and other development partners need to be confident that the activities of the coordinating body have a positive effect. They need to see documented results before committing new funds or other resources. See the various types of M&E tools on pages 78 and 85–91 in the toolkit.
- To ensure the continuous support of the management of participating organisations, report regularly on activities, results and plans to the relevant managers and administrators in the target area. Local-area management and planning meetings provide opportunities to report on the coordinating body's activities.



KEEPING MEMBERS MOTIVATED

Any multi-stakeholder coordinating body can be successful, and members can be motivated to attend meetings and be active in the work of their group if the good practices discussed above are put into place. The following procedures will also keep the members active and motivated.

ESTABLISHING A CODE OF CONDUCT – GROUND RULES – FOR MEETINGS

- Include the agenda in the invitation, so members know what to expect.
- Start every meeting on time, so that no one is kept waiting and their time is not wasted.
- The chairperson of every meeting and facilitator of every workshop should ensure that the meeting is well run and to the point; time should be managed well.
- When issues are raised in a meeting, every member should have an opportunity to provide input, and to be listened to. The chairperson should prevent individual members from dominating and/or encourage members to be succinct and to the point.
- While the chairperson should allow time for members to discuss issues, by the end of the meeting decisions and action points should be agreed on and recorded.
- Identify, develop, assign, monitor and report on action points.
- Establish sub-committees or working groups as needed, so that certain members can focus on specific tasks rather than all members working on all tasks.



KEEPING MEMBERS MOTIVATED (CONTINUED)

ENCOURAGING PERSONAL BUY-IN

- Recognise and use members' individual skills and experience to the fullest extent; this will make members feel needed and valued.
- Create activities and events that can benefit not only the youth, but also individual members of the coordinating body, by providing opportunities for gaining new knowledge or experiences, developing new skills, or strengthening members' existing skills and work performance.
- One way to do this is to have an education or training session at each meeting, or every other meeting. An invited guest could give such a session, but ideally a member should. In this way, members will not only be the recipients of new knowledge or skills, but will also develop practical skills in research methods, compiling data and making presentations.
- A second way is to develop methods and create practical experiences for operating in a multi-stakeholder, multi-sectoral and coordinated manner. This can help members to improve their own on-the-job working styles, which may subsequently have a positive impact on their own organisations – adding value to all represented organisations. Ultimately, any combined effort of the coordinating body can lead to individual members working more efficiently and more productively. The sum total of combined actions can have a greater impact on the youth target group than individual isolated actions.
- Where funding permits, provide capacity building and professional skills training to members on a quarterly, biannual or at least annual basis. This could be done for the whole team in a workshop format, or by sending individual members on courses or to conferences.
- 'Ice-breakers', 'energisers', team-building exercises and other fun activities should be utilised in meetings and workshops to keep the proceedings light and entertaining, as well as educational, useful and productive.

“The attendance and participation of members at task force meetings is amazing, because we are very interested in the topics discussed and presentations made.”

OYHTF member

LINKING TO NATIONAL AND REGIONAL LEVELS OF THE ESA COMMITMENT



- To be effective and sustainable, an ESA Commitment coordinating body needs to have 'buy-in' by the management of participating ministries and other organisations. To create this acceptance of the model and approach, right from the start, several steps should be taken:
- The local-level coordinating body should maintain regular contact with the designated focal persons for the ESA Commitment in the respective government ministries and other organisations at the national level, informing them about the activities of the coordinating body.
 - Important documents (such as terms of reference, action plans and reports) should be shared with the management of the relevant ministries at the national level.
 - The local-level coordinating body should inform the relevant ministries at the national level about any support and resources required – human, financial and material – that they might need, well in advance of that need.

These actions are particularly necessary for the government ministries responsible for education and health in the ESA countries. It is these ministries that have signed the ESA Commitment and therefore they have the responsibility to see to it that all ESA projects and initiatives are run successfully to attain the ESA targets on page 22. Nevertheless, the management of the ministry responsible for the development of youth should also be engaged.

“Your future task force will have a crucial impact in improving the health of young people. In this way, your initiatives and projects will make important contributions to fulfilling the targets of the ESA Commitment!”

GIZ Technical Advisor and OYHTF Member

WHY IS THE IMPLEMENTATION OF THE ESA COMMITMENT IN OHANGWENA A SUCCESS?

Relevance:

High HIV prevalence among youth, highest teenage pregnancy rate, poverty and unemployment among youth

Contributing factors:

- High number of different organisations already working with SRH and youth in the region, which makes a **comprehensive approach** possible (including working with in- and out-of-school young people)
- All organisations affected by the same problems—**shared problems** result in **shared solutions** (e.g. high alcohol abuse among the youth)
- Pre-existing **good relations** and friendships between members

Efficiency and sustainability through principle of **combination of resources**, not relying on external resources

Scheduled time for **joint planning** and knowledge exchange lead to creation of synergies and coordination

Think tank for creating **innovative approaches**

Bottom-up approach: Initiative from the region has strengthened the buy in on national level

Interventions **integrate youth** and respond to **culturally and regionally specific needs** of young people with regard to SRH, leading to high impact

Buy in from national level, **mutual learning**, knowledge and support between regional and national level (e.g. direct feedback and input on implementation hurdles or success)

Scaling up impact: cooperation and use of synergies lead to better results and an opportunity to reach more young people

Personal **commitment** and **non-hierarchical structures** leads to successful implementation

Opportunities for additional funding source, e.g. private sector

Teen life, a story from northern Namibia*

Chapter 2: Healthy solutions

Even though Samuel's grandmother was wrong about Immanuel, she didn't want him coming around her homestead anymore. So the boys met in front of the local gambling hall. It wasn't a proper casino, just a tin shack with a few slot machines running on stolen electricity from a clever, but possibly lethal, re-wiring of the NamPower line. Immanuel wanted to chat with Samuel about the poster advertising a dance performance at the local junior secondary school that evening.

'See this, Sammy,' said Immanuel pointing to the poster stuck on the casino wall. 'You wanna go? Better than sitting at home, isn't it?'

'Sure thing, man. I just hope Aino won't be there. I can't deal with her right now. Ok, I'll meet you there at seven, like it says.'

After the dance and short drama performance, Samuel and Immanuel sat talking with an old classmate, Peter, who was one of the dancers, on the steps of the school hall.

'Hey Peter, I didn't know you were such a cool dancer, and what a partner you have in Jeany ... she's hot!'

Peter replied, 'Yeah, we have been practicing for a month at the Eenhana Youth Centre, with all the dancers from the youth club. After practice we sit around with the centre's youth advisor and that HIV counsellor from the clinic. You know the place, don't you? It's right next to the centre's boxing clubroom, making it easy to pop in before a workout.'

'This is my first time to hear about this. What do you talk about?' asked Samuel.

Peter told his old classmates what was discussed at these sessions. 'I have learned that pulling out in time, won't stop my girlfriends from falling pregnant. Even just fooling around beforehand can sometimes make a baby.'

Samuel nodded unhappily.

Peter continued, 'And, of course, lots about that dreaded AIDS thing. Sounds weird, I know. But it's great! The clinic's sister passes out free condoms at the end of

each chat session. If you propose to as many girls as I do, how do you know where they have been before? And even if they all look so healthy and nice, you never know what they might have caught. You heard about Edwin and his itchy, smelly private parts, haven't you?'

With Samuel and Immanuel both laughing, Immanuel said, 'Yeah, ha! I saw him the other day when we were both in the men's toilet at the Ministry of Labour's employment office. Ooh, was he burning in pain!'

'Oh yes!' Peter replied. 'But Edwin went to the clinic and met with that very friendly nurse, Sister Elizabeth. You know the one ... she is old enough to be your mom, but isn't scared to talk about sex with you. She gave Edwin some tablets and tested him for HIV. Now he is sorted out and recently joined our youth group, where we are all learning to dance and do dramas. We have been performing at all the schools around here, like tonight. Showing our cool dance moves to the learners and other teens outa school and talking to them about HIV 'n AIDs and other junk you can get from your lover.'

Then Peter said, 'Why don't you two check it out? I've seen your moves, Sammy. Come next Thursday afternoon and meet the others in the youth club. But keep your eyes off Jeany! She is with me now.'

Samuel and Immanuel went along to the youth centre the following Thursday. They were amazed to see so many of their old friends and former classmates there. Even though it was hot and muggy in the hall, they were all dancing with moves that included somersaults, and head and backspins. The girls were even jumping into the arms of the guys and kicking their legs out in ballerina poses. The dances they learned that afternoon had poetic titles, like 'Whispering words of safe love into my girlfriend's ear' and 'Hold me close, but only with a condom ready in your back pocket.'

Samuel and Immanuel had such a good time that they signed up to become youth club members and agreed to come again next Thursday. When the two teens left the hall, Immanuel turned to Samuel and said, 'I'm going to go have a look at the computer room. Maybe I can find out from the IT trainer if there is a free online course to teach me how to fix up photos and write better articles for the newspaper.'

Samuel replied, 'Cool man ... you always take great pics on your smartphone, and I still remember those good stories you wrote for the school paper.'

In the midst of a complicated goodbye handshake, Samuel said to his friend, 'I'll see ya next Thursday. I'm going to pop into the clinic and see if that Sister Elizabeth is still in.'

With an arched eyebrow, Immanuel said, 'Ciao man. Best of luck sorting your problem.'

Knocking on the clinic door, Samuel was happy to see that Sister Elizabeth was still in, even though it was after five. There was only one other teen in the waiting room. The clinic nurse looked up and said, 'Have a seat young man, I will be with you after I've seen this fellow.'

Once the other guy left, Sister Elizabeth called Samuel into the counselling room and said, 'I'm Sister Elizabeth. How can I help, young man? Please know that everything we discuss today stays here and only here.'

Samuel was surprised at her friendly yet professional manner and smiling open face. Feeling comfortable,

he started to tell the nurse-counsellor about Aino and her pregnancy. After an hour-long chat, and an HIV test, Samuel left armed with new information and the budding confidence to help himself and Aino with their pregnancy problem. He had a referral for Aino to see the nurses at the antenatal clinic, and an appointment for next week for both of them with the social worker that handles teen pregnancy cases. He also learned from Sister Elizabeth that there were various legal and healthy solutions for Aino and her coming baby. Illegal abortions or baby dumping were not the way out. According to Sister Elizabeth, the social worker could give them advice about foster care or adoption, if they did not feel they could keep the child. But if they decided to raise this baby, then they could join a support group for pregnant adolescent girls, and also get a referral to the employment and social welfare office for possible job interviews and grants for young families.

The End

* Written by Elizabeth Terry based on discussions with young people in the Ohangwena Region and her knowledge and experience from working with young people in southern Africa for more than 25 years. All names are fictional.



SECTION TWO

TOOLKIT FOR IMPLEMENTING THE ESA COMMITMENT

INTRODUCTION

The toolkit consists of 17 tools. They are in the handbook in various formats, including templates, examples, summaries, and instructions. See Table 2 below for details.

These tools may be freely reprinted or photocopied and distributed for educational or other non-commercial purposes without prior written permission from the copyright holder, provided that both references are fully acknowledged; for this handbook and for the original source of the specific tool. Reproduction of the tools for resale or other commercial purposes is prohibited without prior written permission of the copyright holder.

TABLE 2: LIST OF ALL TOOLS AND AN EXPLANATION ON HOW THEY COULD BE USED

No.	Tool no.	Name of tool	Format of tool	Purpose of tool and how to use	Page no.
1. Youth and youth service provider tools (YS)					
1	YS No. 1.1	Frequently asked questions (FAQs) by the youth and youth service providers	Template, with a few examples	You can use this FAQs template to create your own FAQ sheet for your country, area of operation or town. A FAQs sheet like this can be used to provide the essential information to those who might need it – the youth and health service providers.	63
2	YS No. 1.2	Key youth health service providers with contact details in area of operation	Template	A list like this can provide the most relevant contact details for those working with the youth. Create your own list for your country, area of operation or town. Provide all relevant details (e.g. name, phone number, email address). Update as frequently as necessary.	66
3	YS No. 1.3	Training tools for HIV and AIDS awareness: Join-in-Circuit and Philip Wetu film	Summary and further information	This section of the toolkit introduces two innovative tools that can be used with young people to support HIV and AIDS awareness. The summaries describe the Join-in-Circuit concept and the Philip Wetu interactive film.	70
2. Tools for meetings (M)					
4	M No. 2.1	Agenda for a working group planning meeting	Template	Use this template as a format when creating an agenda for a coordinating body or sub-committee / working group planning meeting.	73
5	M No. 2.2	Minutes for a working group planning meeting	Template	Use this template as a format when writing up minutes from a coordinating body or sub-committee / working group planning meeting.	73

No.	Tool no.	Name of tool	Format of tool	Purpose of tool and how to use	Page no.
3. Planning and reporting tools (P&R)					
6	P&R No. 3.1	Annual plan of operations	Template	A simple format for planning activities on an annual basis. An annual plan is typically done at the end of one year for the next year, or at the start of a new year. This may be a calendar year or a financial year. An annual plan is broader than a quarterly or monthly plan.	73
7	P&R No. 3.2	Quarterly activity plan	Example	Use this example of a quarterly activity plan when preparing your own plans. A quarterly plan should be based on the annual plan, but lists specific activities/interventions/tasks that will be carried out during the quarter. Specific details can be included in a quarterly plan, such as who, what, when, where and costs. Alternatively, you can create monthly plans to include such details.	78
8	P&R No. 3.3	Intervention strategy matrix	Instructions and example	Follow the instructions and use the example when preparing a strategy for one intervention or for policy development.	78
4. Monitoring and evaluation tools (M&E)					
9	M&E No. 4.1	Monitoring activities and interventions with the youth	Example	Task force members can use this tool when facilitating activities. Service providers can use this tool to monitor their activities and interventions (even if they are not sitting on a coordinating body).	78
10	M&E No. 4.2	Monitoring youth access to services	Example	Coordinating body members and other service providers can use this tool after every intervention.	86
11	M&E No. 4.3	Monitoring of and reflection on specific and regular activities with the youth	Example	M&E tool for monitoring concrete activities with young people, such as the Philip Wetu film or the Join-in-Circuit. The tools also provide a reflection of successes and challenges when implementing activities with youth.	86
12	M&E No. 4.4	Self-monitoring tool (quarterly) for multi-stakeholder coordination body	Template	Using this M&E tool on a regular basis will help to keep tabs on how a group is functioning.	86

No.	Tool no.	Name of tool	Format of tool	Purpose of tool and how to use	Page no.
5. Workshop tools (WS)					
Introduction and ice-breaker exercises for new groups					
13	WS No. 5.1	Paired interviews	Description and instructions	As an introduction technique for people who do not know each other, but will be together for a short period of time (e.g. a training course or workshop), or who are forming a group to work together for many months or years.	92
Energisers and forming smaller groups					
14	WS No. 5.2	'Move if ...' game	Description and instructions	Fun, fast energiser when the level of energy in the room is low, for example after a big lunch, or a long serious training session or lecture.	93
Team building and group dynamics					
15	WS No. 5.3	Magic cane game	Description and instructions	A game for participants to experience and practice team roles in a 'conflict situation' along with skills for problem-solving, communication and leadership.	94
16	WS No. 5.4	Belbin's team roles	Description and instructions	An exercise for group members to discover the roles they tend to play when working in teams and to learn how group dynamics can affect team performance. The purpose is to equip them to mitigate any challenges that might arise if too many members play the same role.	96
17	WS No. 5.5	The chairs game	Description and instructions	A fun, very active game with some good lessons to learn about how groups create or manage conflict.	98
<p>Sources for more examples of workshop games and exercises, such as introductions, ice-breakers, energisers, enhancing group dynamics and team-building exercises, improving listening and observation skills, ranking and prioritising, and conducting evaluations:</p> <ul style="list-style-type: none"> Pretty, Jules and I. Guut, J. Thompson, I. Scoones. 1995. A Trainer's Guide for Participatory Learning and Action, International Institute for Environment and Development (IIED), London. 					

TYPE OF TOOL: 1. YOUTH AND YOUTH SERVICE PROVIDERS

YS NO. 1.1: FREQUENTLY ASKED QUESTIONS (FAQS) BY THE YOUTH AND YOUTH SERVICE PROVIDERS

FORMAT: Template, with a few examples related to Namibia. Please adapt to your own country-specific information.

SOURCE: Adapted from MGECW (Ministry of Gender Equality and Child Welfare). 2013. Guidelines and Tools for Child Care and Protection Forums at National, Regional and Constituency Levels, MGECW and UNICEF, Windhoek.

INTRODUCTORY NOTE: This FAQs template introduces one method for providing information to the youth and/or youth service providers. ESA coordinating bodies and other youth health stakeholders could compile a list of relevant questions – and answers – that might be asked frequently by the youth and/or youth service providers, including youth SRH practitioners. In this way, FAQs can be compiled into one hand-out that can be printed and passed out to the youth, or left in an appropriate place, such as the reception area of a youth-friendly SRH clinic or HIV counselling and testing centre, or at schools, a youth recreational/cultural centre or other places where young people might gather.

PROCESS: This template only provides a few sample questions and a few examples of possible answers for each of the questions. Some of these examples are only relevant to Namibia, while others may be useful for any country worldwide that would like to adopt a coordination approach for youth health activities planning and implementation. If a coordinating body would like to try this method for disseminating information, stakeholders should come together to discuss which key questions should be included, and then a smaller working group could research and compile the answers. If many questions are listed, it may be useful to create more than one FAQs sheet, for example, one for the youth, a second one for youth service providers, in general, and a third one for youth SRH practitioners, specifically. The latter two can be handed to new service providers or practitioners entering the area of operation (e.g. in the case of Namibia, the region), during their induction or training. Alternatively, all stakeholders could have a copy to ensure everyone has consistent and correct information.

FREQUENTLY ASKED QUESTIONS (FAQs) BY THE YOUTH AND YOUTH SERVICE PROVIDERS

INTRODUCTION: These Frequently asked questions or FAQs serve two purposes:

- 1) To extend the knowledge of, and provide source materials to, coordinating body members and other stakeholders who are working with young people, including the youth themselves.
- 2) To support stakeholders by providing the correct response to FAQs on youth issues and concerns in order to provide correct and consistent information to service providers, community members and young people.



FAQ NO. 1:**Where can I find more information on young people's rights in sexual and reproductive health?**Centre for Reproductive Rights: <http://www.reproductiverights.org/our-regions/africa>**FAQ NO. 2:****What are the available services for young people in my area?**

Please see page 67.

FAQ NO. 3:**What organisations are spearheading health services for young people at the national level?**

Please see page 68.

FAQ NO. 4:**I want to read up on the policies and documents pertaining to young people and youth sexual and reproductive health in Namibia? Where can I find a list and where can I obtain these?**

There are many key documents available on the youth in Namibia. It should be possible to access the documents listed below and others through the LMs of MSYNC, MEAC, and MSYNS. MGECW and UNICEF have many documents on policies and issues concerning adolescents and children, and also women and girls. The Legal Assistance Centre (LAC) has an excellent reference library of books and reports (visit for further information: <http://www.lac.org.na/>). LAC has created and published numerous fun and informative comic books on many topics relevant to young people. There is also a website for the ESA initiative. A few examples are listed below.

FOR NAMIBIA:**Young people and adolescents**

MGECW (Ministry of Gender Equality and Child Welfare). 2007. Namibia National Plan of Action for Orphans and Vulnerable Children, MGECW, Windhoek.

MGECW (Ministry of Gender Equality and Child Welfare). 2013. Guidelines and Tools for Child Care and Protection Forums at National, Regional and Constituency Levels, MGECW and UNICEF, Windhoek.

MHETC (Ministry of Higher Education, Training and Employment Creation). 1993 and 2004 (revision). National Youth Policy, MHETC, Windhoek.

National Planning Commission and UNICEF (United Nations Children's Emergency Fund). 2010. Children and Adolescents in Namibia 2010: A Situation Analysis, National Planning Commission, Windhoek.

Link: http://www.unicef.org/sitan/files/SitAn_Namibia_2010.pdf

Education

MBESC (Ministry of Basic Education, Sport and Culture). 2000. National Policy Options for Educationally Marginalised Children, MBESC, Windhoek.

MBESC (Ministry of Basic Education, Sport and Culture) and MHETC (Ministry of Higher Education, Training and Employment Creation). 2003. National policy on HIV/AIDS for the education sector, MBESC and MHETC, Windhoek.

Link: www.lac.org.na/projects/alu/Pdf/edupol.pdf

MOE (Ministry of Education). 2007. Workplace HIV and AIDS Policy for the Education Sector, MOE, Windhoek. Link: http://www.moe.gov.na/files/downloads/801_Workplace%20HIV%20and%20AIDS%20Policy%20for%20the%20Education%20Sector.pdf

Education (continued)

MOE (Ministry of Education). 2010. Education Sector Policy for the Prevention and Management of Learner Pregnancy, MOE, Government of the Republic of Namibia, Windhoek.

Link: http://www.moe.gov.na/files/downloads/99b_Learner%20Pregnancy%20policy%20final%202010-10-18.pdf

Sexual and reproductive health and HIV and AIDS prevention

GRN (Government Republic of Namibia). 2007 (under review). National Policy on HIV/AIDS, MoHSS – Directorate of Special Programmes, Windhoek.

Link: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_140589.pdf

MoHSS (Ministry of Health and Social Services). 2001. National Policy for Reproductive Health, MoHSS, Directorate Primary Health Care, Windhoek.

Link: <http://www.youth-policy.com/Policies/Namibia%20National%20Policy%20for%20Reproductive%20Health.pdf>

MoHSS (Ministry of Health and Social Services). 2010. National Strategic Framework for HIV and AIDS Response in Namibia, MoHSS, Windhoek.

MoHSS (Ministry of Health and Social Service). 2011. National Standard for adolescent-friendly Health Services, MoHSS, Windhoek.

MoHSS (Ministry of Health and Social Services). 2014 (first edition). Guidelines for the Implementation of the National Referral Policy, MoHSS, Windhoek.

MoHSS (Ministry of Health and Social Services). 2014 (fourth edition). National Guidelines for Antiretroviral Therapy, MoHSS - Directorate of Special Programmes, Windhoek.

School Health

MOE (Ministry of Education). 2008. National School Health Policy, Ministry of Education, Windhoek.

MoHSS (Ministry of Health and Social Services). Undated. First Annual School Health Forum Debriefing Notes, MoHSS, Windhoek.

Gender, Women and Girls

DWA (Department of Women Affairs). 1997. National Gender Policy, DWA, Windhoek.

DWA (Department of Women Affairs). 1998. National Gender Policy and National Plan of Action on Gender: Summary, DWA, Windhoek.

Additional sources for Namibia and the other ESA countries

Website of the ESA commitment with comprehensive resource material:

<http://youngpeopletoday.net/the-commitment/>

Steinitz, Lucy Y. 2009. The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth, Family Health International,

Link: http://www.fhi360.org/sites/default/files/media/documents/The%20Way%20We%20Care_0.pdf

SYP (Safeguard Young People Programme). Safeguard Young People Programme, SYP.

Link: <http://www.safeguardyoungpeople.org/>

UNESCO (United Nations Educational, Scientific and Cultural Organization). 2013. Young People Today. Time To Act Now. Why adolescents and young people need comprehensive sexuality education and sexual and reproductive health services in Eastern and Southern Africa, United Nations Educational, Scientific and Cultural Organization, Paris.

Link: <http://unesdoc.unesco.org/images/0022/002234/223447E.pdf>



Additional sources for Namibia and the other ESA countries (continued)

UNICEF (United Nations Children's Fund). 2011. Opportunity in Crisis: Preventing HIV from Early Adolescence to Young Adulthood, UNICEF, New York.

Link: http://www.unicef.org/publications/index_58708.html

WHO (World Health Organisation). 2015. HIV and Adolescents: Guidance for HIV Testing and Counselling and Care for Adolescents Living with HIV Guidance Document, WHO.

Link: <http://www.who.int/hiv/pub/guidelines/adolescents/en/>

WHO (World Health Organization). School and Youth Health, WHO.

Link: http://www.who.int/school_youth_health/en/

FAQ NO. 5:

Which youth led-organisations exist in Namibia and in the ESA region?

FOR NAMIBIA

- Various youth clubs and youth groups registered under the National Youth Council
- Various initiatives and clubs at secondary schools, the Polytechnic and the University of Namibia (UNAM)
- Children's Parliament
- Youth Town Councils
- South West Africa People's Organization (SWAPO) Youth and youth arms of other political bodies

FOR THE ESA REGION

AFRIYAN (<https://www.facebook.com/pages/Africa-Youth-and-Adolescent-on-Population-and-Development-AfriYAN/85308586172>)



TYPE OF TOOL:

1. YOUTH AND YOUTH SERVICE PROVIDERS

YS NO. 1.2:

KEY YOUTH HEALTH SERVICE PROVIDERS WITH CONTACT DETAILS IN AREA OF OPERATION

FORMAT: Template

SOURCE: Adapted from MGECW (Ministry of Gender Equality and Child Welfare). 2013. Guidelines and Tools for Child Care and Protection Forums at National, Regional and Constituency Levels, MGECW and UNICEF, Windhoek.



Please see page 69.

TOOL 1, FAQ NO. 3: CONTACT DETAILS FOR KEY YOUTH HEALTH SERVICE PROVIDERS AT NATIONAL LEVEL (EXAMPLE NAMIBIA)

Organisation	Physical Address	Phone Email Address	Website, Home Page, Facebook Page
NAPPA Youth Health Clinic <i>HIV VCT, SRH info & counselling</i>	7 Best Street, Windhoek West P.O. Box 10936, Khomasdal Windhoek, Namibia	+264 (0)81 210 8783 info@nappa.com.na	www.nappa.com.na
ChildLine/Lifeline <i>Personal growth, basic counselling, HIV competency, child counselling, facilitation skills, gender workshops, suicide prevention, parenting</i>	45 Bismarck Street, Windhoek West P.O. Box 5477, Ausspannplatz Windhoek, Namibia	+264 (0)61 226 889 ChangeAgent@lifeline.org.na	www.changeagent.org.na http://mobi.116childline.org
AfriYan <i>SRH advocacy among youth and adolescents</i>	AfriYAN Namibia 36 Paspauer Street Windhoek West Windhoek, Namibia	+264 (0)61 223 9075 afriyannamibia@gmail.com	www.afriyannamibia.com www.facebook.com/AfriYANetwork/
Star for Life <i>Motivational workshops with both learners and teachers on dreams and education, social issues, SRH and counselling</i>	10 Newton Street, Ausspannplatz P.O. Box 50516, Bachbrecht Windhoek, Namibia	+264 (0)61 264 800 susan@starforlife.org	http://www.starforlife.co.za/ www.facebook.com/StarForLifeSouthernAfrica/
Galz and Goals <i>Football and lifeskills programme for girls</i>	NFA House, Katutura Richard Kamuhuka Street P.O. Box 1345 Windhoek, Namibia	+264 (0)61 265 691 galzandgoals@gmail.com	www.facebook.com/galzandgoals/
Namibia Red Cross Society <i>Youth Programme</i>	Namibia Red Cross Society Khomas Youth Programme 2128 Independence Avenue Katutura, P.O. Box 346 Windhoek, Namibia	+264 (0)61 400 392 enquiries@redcross.org.na	http://www.redcross.org.na/aboutus.php?id=39&title=Youth%20Programme
Joint United Nations Programme on HIV/AIDS (UNAIDS) <i>Coordinate United Nations (UN) action on HIV Strengthen the HIV/AIDS response</i>	UN HOUSE, 38 - 44 Stein Street P.O. Box 3444, Klein Windhoek Windhoek, Namibia	+ 264 (0)61 204 6219 BarihutaT@unaids.org	www.unaids.org/en/regionscountries/countries/namibia
Regional/Constituency Child Care and Protection Forums (CCPFs) <i>Coordinating bodies to help prevent children and adolescents from becoming vulnerable or more vulnerable. Support/guide actors at regional/constituency levels.</i>	Contact your Constituency CC PF for a list of service providers catering for children, youth, families.	+264 (0)64 209437 (Khomas) N/A	N/A

TOOL 2: KEY YOUTH HEALTH SERVICE PROVIDERS WITH CONTACT DETAILS IN AREA OF OPERATION

Date of last update _____

Name of member updating _____

Full Name of Organisation	Name of Contact Person	Position of Contact Person	Office Phone and Cellphone	Fax	Postal Address	Email Address



TYPE OF TOOL: 1. YOUTH AND YOUTH SERVICE PROVIDERS

YS NO. 1.3: TRAINING TOOLS FOR HIV AND AIDS AWARENESS: 1) JOIN-IN-CIRCUIT ON AIDS, LOVE AND SEXUALITY AND 2) INTERACTIVE PHILIP WETU FILM

FORMAT: Summaries and Links

SOURCE:

Federal Ministry for Economic Cooperation and Development (BMZ). 2016. The Tangled Lives of Philip Wetu: A Namibian Story about Life Choices and HIV, BMZ Healthy Developments.

Link: http://health.bmz.de/what_we_do/HIV-and-AIDS/good_practices_and_tools/three-and-a-half-lives-of-philip-wetu/index.html.

GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). 2011. Boosting prevention: The Join-in-Circuit on AIDS, Love, and Sexuality, German HIV Practice Collection, Eschborn.

Link: <http://health.bmz.de/good-practices/GHPC/Join-In-Circuit/Join-In-Circuit-Long-EN-old.pdf>

GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). 2012. Join-in-Circuit Facilitator Manual Zimbabwe, HIV Prevention in Zimbabwe Project, Zimbabwe.

Link: http://health.bmz.de/good-practices/GHPC/Join-In-Circuit/Toolbox_JIC/JIC-Facilitator-Manual-ZIM-2013.pdf

INTRODUCTORY NOTE: This section of the toolkit introduces two innovative tools that can be used with the youth to support HIV and AIDS awareness. The summaries describe the Join-in-Circuit concept and the Philip Wetu film. Interested stakeholders can access further information by contacting the sources listed below. An example and template on how to monitor and reflect on these activities can be found under the tool ME No. 4.3 on pages 86 and 89–90.

1.3.1. INTERACTIVE FILM: THE TANGLED LIVES OF PHILIP WETU: A NAMIBIAN STORY ABOUT LIFE CHOICES AND HIV

WHAT THE TOOL IS ALL ABOUT

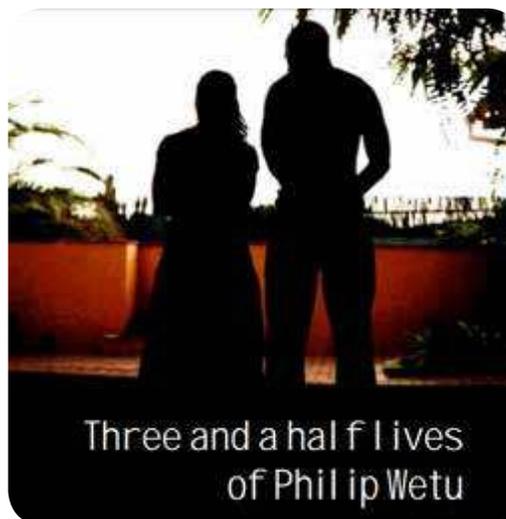
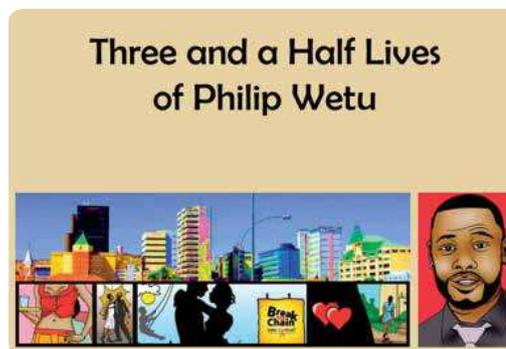
Three and a Half Lives of Philip Wetu, a multi-platform behaviour change communication (BCC) product developed in Namibia by the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH on behalf of the Federal Ministry for Economic Cooperation and Development. In 2009 the Multi-sectoral HIV and AIDS Response Programme composed a 30-minute interactive film about a Namibian man who has sexual relationships with several women simultaneously. Philip Wetu made important decisions with implications for his own health and well-being, including decisions such as whether to get tested for HIV, whether to have unprotected sex, and whether to disclose his HIV status to his partners. The product is aimed at increasing knowledge on the risks of HIV transmission, changing attitudes towards risky practices, such as multiple concurrent partnerships (MCP), and reducing behaviours that fuel the spread of the virus. Despite widespread awareness of HIV, levels of HIV testing are low in Namibia. After two decades of prevention campaigns and rising 'AIDS fatigue,' the challenge is to find creative ways to help people identify their actual risk and to adopt their behaviours accordingly. In addition, the Philip Wetu film is intended as a stand-alone tool for workplace programmes, and it has grown into a multi-platform BCC intervention.

WHO CAN USE IT AND HOW CAN IT BE USED?

Screened to groups of 20-30 participants by a trained facilitator, the film follows a decision-tree format in which the audience helps the main character, Philip Wetu, make important decisions with implications for his own health and well-being, as well as those of people close to him. These include decisions such as whether to get tested for HIV, whether to have unprotected sex, and whether to disclose his HIV status to his partners. At the three decision points the film is stopped, the audience discusses what Philip should do, and the film then continues according to the audience's decision. In discussing the situations Philip faces, participants are encouraged to reflect upon the choices they make in their own relationships. The film is particularly effective with urban audiences; results are generally stronger among males than females and among adults than young people. Since its launch, the film has been screened in workplaces, schools, universities, military facilities and community centres across Namibia. More than 20,000 people in Namibia and neighbouring countries have seen the film through facilitated sessions, and a related comic strip has reached several thousands of young people.

MORE INFORMATION ABOUT THE TOOL AND ACCESS TO THE TOOL CAN BE FOUND HERE:

- Tool, facilitator's guide, publication and comic textbook: http://health.bmz.de/what_we_do/HIV-and-AIDS/good_practices_and_tools/three-and-a-half-lives-of-philip-wetu/index.html
- Watch the film and decide how the story continues: http://health.bmz.de/what_we_do/HIV-and-AIDS/good_practices_and_tools/Film_Philip_Wetu_Scene_A/index.jsp
- The film and more resource material can be obtained from Steps, South Africa: <http://www.steps.co.za/>
- Certified trainers for training of trainers and trainers for Philip Wetu Screening are placed with Positive Vibes, Namibia: <http://www.positivevibes.org/>



1.3.2. THE JOIN-IN-CIRCUIT ON AIDS, LOVE, AND SEXUALITY –BOOSTING PREVENTION

WHAT THE TOOL IS ALL ABOUT

The Join-in-Circuit (JIC) programme uses interactive exercises, pictorial aids and edutainment strategies to promote behaviour change among young people aged 15 years and older. Central to the JIC concept is the belief that love, sexuality and growing up are pleasurable experiences in a young person's life and youth programmes need to emphasise these exciting aspects, as they appeal to young people, instead of only talking about the dangers and negative aspects of growing up. Innovative strategies enable young people to talk more openly about HIV and AIDS, help them to confront the challenges they face as they grow up and motivate them to take protective action against HIV. The theme for JIC is "Don't give AIDS a chance". The Join-in-Circuit offers the opportunity to discuss issues such as AIDS, love and sexuality, thereby raising awareness through interactive games. It allows participants to deal with topics in an intensive and personal manner and enables an open dialogue about attitudes and desires, also in culturally specific contexts in which talking about these issues may be a taboo. In cooperation with the German Federal Centre for Health Education (BZgA) and GIZ, the Join-in-Circuit was tailored to the cultural context in different countries. The tool supports the prevention and control of HIV and STI transmission and promotes positive behavioural change through adequate interactive health promotion learning methods that stimulate conversation about different life experiences related to HIV and AIDS, and sexual and reproductive health (SRH).



WHO CAN USE IT AND HOW CAN IT BE USED?

While the main target groups are young people and young adults, the JIC can be, and has been used to meet the information needs of a wide variety of participants, ranging from students and youth groups to health personnel, the management of public and private organisations, employees, prisoners, police and members of the armed forces. In public assignments, the JIC has been used to reach adults and families. Participants in the JIC, therefore, work in small groups of 10 to 15 and move through five or more stations that can be visited in any order. Here they learn about modes of HIV transmission and methods of protection and contraception, communication and living with HIV infection. Trained facilitators ask questions to encourage participants to challenge accepted ways of thinking, and use role-playing exercises to spark a lively exchange of views. Each session takes about 75 minutes (15 minutes per station), so many young people can participate and learn much in a short period of time. Each round of the JIC can also be organised as a competition, with groups accumulating points at each station. The group with the most points at the end of the circuit is the winner.



MORE INFORMATION ABOUT THE TOOL AND ACCESS TO THE TOOL CAN BE FOUND HERE:

- Toolbox, documentation, examples from Zimbabwe and Nepal: <http://health.bmz.de/good-practices/GHPC/Join-In-Circuit/index.jsp>
- Publication on the Join-In-Circuit: <http://health.bmz.de/good-practices/GHPC/Join-In-Circuit/Join-In-Circuit-Long-EN-old.pdf>

TYPE OF TOOL: 2. MEETING TOOL

M TOOL NO. 2.1: AGENDA FOR PLANNING MEETING OF WORKING GROUP*

FORMAT: Template

SOURCE: Adapted from Namibia's facilitators' training manual, Futter, Leoni and Elizabeth Terry, Loes Bellardt. 1998. Water Point Committee Skills Training, Directorate of Rural Water Supply, Ministry of Agriculture, Water and Rural Development, Windhoek.



Please see page 74.

* Note: See Handbook Section One, page 41, 'Recommendations for best practices' for an example of a mini-workshop agenda used by the OYHTF.

The general format for the agenda of coordinating body meetings or workshops should be developed and agreed at the first meeting. After that, agendas should be written using one consistent format. This is especially important if different people are writing the agendas during the lifetime of the coordinating body.

TYPE OF TOOL: 2. MEETING TOOL

M TOOL NO. 2.2: MINUTES OF PLANNING MEETING OF WORKING GROUP*

FORMAT: Template

SOURCE: Adapted from Namibia's facilitators' training manual, Futter, Leoni and Elizabeth Terry, Loes Bellardt. 1998. Water Point Committee Skills Training, Directorate of Rural Water Supply, Ministry of Agriculture, Water and Rural Development, Windhoek.



Please see page 75.

* Note: The overall format for minutes of the coordinating body meetings should be developed after the first meeting, and then written using one consistent format throughout the lifetime of the coordinating body.

TYPE OF TOOL: 3. PLANNING AND REPORTING (P&R)

P&R NO. 3.1: ANNUAL PLAN OF OPERATIONS

FORMAT: Example and Template

SOURCE: Adapted from 'Tool 24 – Plan of Operations' in GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH). 2015. Cooperation Management for Practitioners: Managing Social Change with Capacity WORKS, Springer Gabler, Wiesbaden.



Please see pages 76 and 77.

TOOL 5, NO. 2.2: MINUTES OF PLANNING MEETING OF WORKING GROUP

Minutes: _____ for _____ Meeting

Date: _____

Time: _____

Venue: _____

Main Purpose of Meeting: _____

1.2 In attendance were:				
2. Status of agreements from last meeting				
Agreements/activities from previous meeting	Who responsible for action	Date due	Status Done Pending Postponed Cancelled	
3&4. New activities planned				
New activities	Action steps to be taken	Who responsible for action	Resources required	Date due
5. Notes on any other business (AOB) discussed in meeting				
6. Date of the next meeting will be:				



TYPE OF TOOL: 3. PLANNING AND REPORTING (P&R)

P&R NO. 3.2: 1) WORK PLAN FOR ONE QUARTER AND 2) DETAILED ACTIVITY PLAN FOR ONE ACTIVITY

FORMAT: Example and template

SOURCE: Adapted from Namibia's facilitators' training manual, Futter, Leoni and Elizabeth Terry, Loes Bellardt. 1998. Water Point Committee Skills Training, Directorate of Rural Water Supply, Ministry of Agriculture, Water and Rural Development, Windhoek.



Please see page 79–82.



TYPE OF TOOL: 3. PLANNING AND REPORTING (P&R)

P&R NO. 3.3: INTERVENTION STRATEGY MATRIX

FORMAT: Instructions and example

SOURCE: Adapted from '7.2 Tool F-2 Intervention Strategy Matrix' in NPC (Namibia Planning Commission). 2005. Participatory Poverty Assessment (PPA) Fieldwork Manual, NPC, Windhoek.



Please see page 83–84.



TYPE OF TOOL: 4. MONITORING AND EVALUATION (M&E)

M&E TOOL NO. 4.1: MONITORING YOUTH HEALTH ACTIVITIES AND SERVICES

FORMAT: Example and template

SOURCE: Developed by the OYHTF with amendments by Dr Elizabeth Terry.



Please see page 85.

TOOL 7, NO. 3.2.1: EXAMPLE - QUARTERLY WORK PLAN

OHYTF Work Plan for Quarter: 1st Year: 2016		Working Group: Male Involvement						
Activity	Planned Activities	Date	Place	Key Organisations	Other Organisations	Resources		
						What	Cost	Who's Responsible?
1.	Males and Couples Testing Day	08-02-2016	NAPPA Clinic, Eenhana	NAPPA, MoHSS	Regional Council, MEAC, GIZ	Posters & flyers to advertise day 1 x Mobile clinic van 6 x Certified HIV testers 12 x Testing kits 10 x Refreshments	N\$800 No extra cost No extra cost No extra cost Approx. N\$1,000	Star for Life MoHS NAPPA MoHSS RC

TOOL 7, NO. 3.2.2: EXAMPLE - DETAILED ACTIVITY PLAN FOR ACTIVITY 1

OHYTF Work Plan for Quarter: 1st Year: 2016		Working Group: Male Involvement					
Activity from Quarterly Work Plan: Males and Couples Testing Day		No. of Activity: 1					
Steps	Specific Tasks	Resources		Financial	Who's Responsible? Name and Organisation	Timing	
		Human	Material			Target Date	Date Completed
	<i>What specific tasks or steps must be taken to complete activity?</i>	<i>Who must be involved?</i>	<i>What is needed to do task?</i>	<i>Approximate cost?</i>	<i>Who is responsible to ensure task is done?</i>	<i>When should it be done?</i>	<i>Date completed</i>
1.1	Deliver logos (as per email to members)	All Working Group (WG) members		No extra cost	Elia, RC	15-01-16	17-01-16
1.2	Design posters and flyers	Star for Life	Computer/printer	No extra cost	Emilia, Star for Life	17-01-16	27-01-16
1.3	All members proof poster and flyer design and layout	All WG members		No extra cost	Elia, RC	27-01-16	29-01-16
1.4	Print posters and flyers to announce event	DSP of MHSS	Colour printer Paper x 5 reams	N\$600	Libby, DSP of MHSS	30-01-16	31-01-16
1.5	Put up posters and flyers to announce event	All WG members	Tape and pins	N\$200	Martha, Town Council	01-02-16	03-02-16
1.6	Order 12 HIV testing kits	NAPPA, DSP of MHSS		No extra cost	Libby, DSP of MHSS Sesilia, NAPPA	01-02-16	01-02-16
1.7	Reserve mobile clinic van	DSP of MHSS		No extra cost	Libby, DSP of MHSS	01-02-16	01-02-16
1.8	Organise 6 certified HIV testers	NAPPA		No extra cost	Sesilia, NAPPA	01-02-16	01-02-16
1.9	Buy refreshments for 10 people	NAPPA	Cool drinks, fruit, sandwiches	N\$1,000	Hakwaake, RC	07-02-16	08-02-16
1.10	Conduct Male and Couple Testing Day	NAPPA and DSP of MHSS 6 certified testers	Mobile clinic van, testing kits, refreshments	As above	all	08-02-16	08-02-16
1.11	Review activity to assess successes and challenges, and the way forward for next testing day during next meeting	All people who were involved in testing day	all	Included in venue cost for OYHTF meeting	all	10-03-16	10-03-16

TOOL 8, NO. 3.3: INSTRUCTIONS - INTERVENTION STRATEGY MATRIX

WHAT

Intervention Strategy Matrix Action Planning Tool

WHY

- To identify strategy(ies) for interventions and, if required, policy recommendations.
- With reflection on past coping strategies during the process, this exercise can also encourage evaluation, analysis, and problem-solving capacities, not only planning skills and the preparation of an action plan.



WHO AND HOW

Members of the youth health coordinating body can facilitate this planning exercise with a selected youth club or youth group to determine what the young people can do for themselves. The tool can also be used with a group of youth health service providers in one organisation (e.g. youth health clinic, youth community centre) or a group from one sub-sector (e.g. reproductive health, drug and alcohol awareness educators, HIV counsellors). Alternatively, the youth health coordinating body itself can use this planning exercise for selecting and planning any intervention or activity.

PROCEDURE: INTRODUCTION

1. The exercise should focus on problems/issues that can be dealt with by the group within a relatively short period of time, e.g. one month, one quarter, one year.
2. The group should work through the two to three most serious problems, or the key problems the group wants to start working on, in detail, to 'get the ball rolling.'
3. Having finalised those, ask the group to do the rest of their problems in a similar manner and format, and bring the plans to the next meeting with the youth health coordinating body.



PROCEDURE: STEPS

1. Brainstorm, making a list of all problems or issues the group is facing.
2. Rank all the problems or issues according to chosen criteria (e.g. most serious/urgent; most easy to tackle; core/key issue which, if solved, may have a positive impact on other smaller issues) by using one of the many ranking exercises available.*
3. Choose the top six problems.
4. Having chosen the top six problems, make a matrix for the number one problem, following the example below, on a flipchart, chalkboard or whiteboard.
5. With regard to coping strategies, ask if there are any strategies that were used in the past, but are no longer used. Spend a few minutes on exploring, why that coping strategy is no longer being used, and discuss whether it could be revitalised or revamped.
6. Take detailed notes of points/issues/ideas raised in the discussion not only the information listed in the matrix on the flipchart so that you will have a full record of the proceedings.
7. When finished with one problem, go on to the next.

* For an example of a ranking tool, see P&R No. 3.4, The Delphi Technique for Ranking and Prioritising

TOOL 8, NO. 3.3: TEMPLATE - INTERVENTION STRATEGY MATRIX

Problem:	
Analysis Question	Answer: Summary of Discussion
Where are we now? (Current state of affairs)	
How do the youth cope with the problem? (Coping strategies)	
What is the effect of the coping strategies?	
Where do we want to go? What state of affairs do we want to have?	What?
	Who?
What can the youth group do? Who within the youth group will do this?	
What external support is needed?	
What other organisations/persons can be involved?	
Who from the group will take the lead to ensure the actions are completed?	
How long will it take?	
How will we know progress is being made?	

TOOL 9, NO. 4.1: TRACKING ACTIVITIES AND INTERVENTIONS WITH THE YOUTH (FOR BEHAVIOURAL CHANGE AND PREVENTIVE EDUCATION)

Name of Working Group:				Date of Activity:	
Activity:				Stakeholders Involved.:	
Location of Activity:	Town/ Community:	Venue:			
Type of Youth: <small>(e.g. Learners from XX School; Members of XX Youth Club)</small>					

Behavioural Change and Preventive Education Initiatives (Number of Participants by Age and Sex)																	
Category	Age	General Prevention Programmes		Family Planning Education Programmes		Comprehensive Sexuality Education		Alcohol Abuse Awareness Sessions		Peer Education Programmes		Correct Condom Use Education/ Awareness		Philip Wetu Film Sessions		All	
		Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females		
In-School Youth	10-14																
	15-24																
Out-of-School Youth	10-14																
	15-24																
	25-35																
General Population	35+																
No. of Participants Involved (by Sex)																	
Total No. of Participants Involved																	
No. of Task Force Members Involved (by Sex)																	
Total No. of Task Force Members involved																	

Category	Observations
Successes	
Challenges	
Changes Needed	
Other Comments	

TYPE OF TOOL:
4. MONITORING AND EVALUATION (M&E)

M&E TOOL NO. 4.2:
MONITORING YOUTH HEALTH ACTIVITIES AND SERVICES

FORMAT: Example and template

SOURCE: Developed by the OYHTF with amendments by Dr. Elizabeth Terry.



Please see page 87–88.

TYPE OF TOOL:
4. MONITORING AND EVALUATION (M&E)

M&E TOOL NO. 4.3:
**MONITORING OF AND REFLECTION ON SPECIFIC AND REGULAR
 ACTIVITIES WITH THE YOUTH**

FORMAT: Example and template

SOURCE: Developed by the OYHTF with amendments by Dr. Elizabeth Terry



Please see page 89–90.

TYPE OF TOOL:
4. MONITORING AND EVALUATION (M&E)

M&E TOOL NO. 4.4:
SELF-MONITORING TOOL FOR YOUTH HEALTH COORDINATING BODY

FORMAT: Template

SOURCE: Adapted from MGECW (Ministry of Gender Equality and Child Welfare). 2013. Guidelines and Tools for Child Care and Protection Forums at National, Regional and Constituency Levels, MGECW and UNICEF, Windhoek.



Please see page 91.

TOOL 10, NO. 4.2: MONITORING YOUTH HEALTH ACTIVITIES AND SERVICES

Name of Working Group:				Date of Activity:	
Location of Activity:	Town/Community:	Venue:	Time/Duration of Activity:		
Type of Youth: (e.g. Learners from XX School; Members of XX Youth Club)					

Youth Health Activities and Campaigns (Number of Participants by Age and Sex)							
Category	Age	HIV Counselling & Testing (HCT) Campaigns		Sexual and Reproductive Health (SRH) Activities		Voluntary Male Medical Circumcision (VMMC) Campaigns	
		Males	Females	Males	Females	Males	Females
In-School Youth	10-14						
	15-24						
Out-of-School Youth	10-14						
	15-24						
General Population	25-35						
	35+						
No. of Participants Involved (by Sex)							
Total No. of Participants Involved							
No. of Task Force Members Involved (by Sex)							
Total No. of Task Force Members Involved							

Category	Observations
Successes	
Challenges	
Changes Needed	
Other Comments	

TOOL 10, NO. 4.2: MONITORING YOUTH HEALTH ACTIVITIES AND SERVICES (CONTINUED)

Health Services (Number of Youth Accessing Services by Age and Sex)															
		HIV Counselling & Testing (HCT) Services						Sexual and Reproductive Health (SRH) Services							
Category	Age	No. of Persons Referred for HCT Services		No. of Individuals Tested for HIV		1st-time Testers		No. Positive Results		No. of Couples Tested for HIV		No. of Persons Referred to SRH Services		No. of Persons Accessing SRH Services	
		Males	Females	Males	Females	Males	Females	Males	Females	Couples	Males	Females	Males	Females	
In-school Youth	10-14														
	15-24														
Out-of-school Youth	10-14														
	15-24														
	25-35														
General Population	35+														
No. of Participants Involved (by Sex)															
Total No. of Participants Involved															
No. of Task Force Members Involved (by Sex)															
Total No. of Task Force Members Involved															

TOOL 11, NO. 4.3: EXAMPLE - MONITORING OF, AND REFLECTION ON, SPECIFIC ACTIVITIES WITH THE YOUTH

Activity: Monitoring Sheet for Philip Wetu Screening Name of Facilitator/Organisation Facilitating: David, Ondobe Youth Club							
No.	Number of Participants / Target Group	Date	Place	Time	Observations: Successes and Challenges	Self-reflection (SWOT)	Evaluation
1.	18 out-of-school youth	10.02.2016	Eenhana Youth Centre	2 hours	<p>Successes: Most of the youth were very engaged and talked openly. Girls and boys both engaged in a very lively discussion on gender issues. Many of them seem to have a very open and modern view on gender and showed great disapproval of Philip's behaviour.</p> <p>The knowledge on the transmission of HIV was very poor, but during the discussion we succeeded in clarifying most open questions.</p> <p>Challenges: Two of the girls were very shy and didn't say anything. One difficulty came up with one boy talking in a discriminatory way of people living with HIV.</p>	<p>I managed the discussion on HIV-related issues very well. However, I feel I need to improve in a participatory approach, as I gave the replies too quickly instead of letting the participants elaborate on them.</p> <p>My reaction towards the boy who responded in a discriminatory way was too harsh. I need to be prepared for statements in this manner and respond with more respect.</p>	<p>Most of the participants found the activity very useful.</p> <p>Participants suggested to have a longer session.</p>

TOOL 11, NO. 4.3: TEMPLATE - MONITORING OF, AND REFLECTION ON, SPECIFIC ACTIVITIES WITH THE YOUTH

Activity: Name of facilitator/organization facilitating:							
No.	Number of Participants / Target Group	Date	Place	Time	Observations: Successes and Challenges	Self-reflection (SWOT)	Evaluation

TOOL 12, NO. 4.4: SELF-MONITORING TOOL FOR YOUTH HEALTH COORDINATING BODY

Name of Youth Health Coordinating Body: _____

INSTRUCTIONS:

This evaluation should be conducted on a quarterly basis (Q1-Q4), or at least yearly.

The evaluation should be based on the criteria in the table below and according to a rating scale of 1 to 5 (1 = poor and 5 = excellent).

Comments or actions on where improvement is needed should be added at the end of the evaluation. This M&E can be done in three possible ways:

1. In the full group: In the form of a discussion, with verbal comments, a show of hands for agreement after an M&E point is read out with a suggested rating number, etc.
2. Each member fills out the M&E sheet, then all the sheets are tallied to get an average score and the range of scores per criterion. The tallied scores are read out and a discussion with comments can follow. If enough people disagree with a certain result, that point can be discussed and the score could be adjusted if there is consensus.
3. Write out the criteria on flipchart paper or cards. Put these on the wall, and allow members to place their ratings at each criterion. Once done, continue according to option 2. For all three options, the results should be transcribed on an A4 paper, and the form should be dated and signed by the chairperson. Finally the M&E sheet should be filed, so it can be kept as a record.

Criteria	Q1	Q2	Q3	Q4
1. Meets regularly				
2. Same members come regularly to meetings				
3. Members come prepared and actively participate in meetings				
4. Members who do not come prepared and do not actively participate in meetings are coached and encouraged <i>(If there is no improvement after six months, they should be replaced)</i>				
5. Members have the necessary skills/training to do their work in this group				
6. Membership List with contact information is updated as necessary				
7. Invitations for meetings/events sent out on time with agenda/programme				
8. Secretary keeps and distributes minutes and other records				
9. Action points are established, implemented and monitored				
10. Records of monitoring activities with the youth are regularly updated				
11. Other service providers know about the coordinating body and can identify and engage specific members for action/support				
12. Other criteria:				
13. Other criteria:				
TOTAL SCORE FOR PERIOD				
AVERAGE SCORE FOR PERIOD <i>(Total score / 13 points)</i>				
Quarter and Date	Comment or action plan if some action is needed for improvement			
Q1				
Q2				
Q3				
Q4				

Date: _____ Chairperson Name: _____ Chairperson Signature: _____

TYPE OF TOOL: 5. WORKSHOP TOOL - INTRODUCTIONS AND ICE-BREAKERS

WS NO. 5.1: PAIRED INTERVIEWS

FORMAT: Description and instructions

SOURCE: Adapted from '1: Paired Interviewing, Part Two – 101 Games and Exercises for Trainers' in Pretty, Jules and I. Guut, J. Thompson, I. Scoones. 1995. A Trainer's Guide for Participatory Learning and Action, International Institute for Environment and Development (IIED), London.

INTRODUCTION

This exercise can be used for various purposes, depending on the needs of the group. It can be used to introduce members to each other when forming a new group or on the first day of a training workshop. It is especially useful for people who have never met before, or for those who do not know each other well. With a different set of questions, the exercises can also be used at the end of a workshop as an evaluation tool.

There are several advantages to this method: participants need not talk about themselves in front of a large group, shy people need not become nervous while waiting for their turn to talk and people can learn more about each other when talking one-on-one rather than in a large group. If expectations for the new group or workshop are discussed, the group leader or facilitator can write these down. Members can later use the list to assess whether their expectations have been met or have changed.

OBJECTIVES (depending on needs)

- Provide time for participants to introduce themselves and learn something about the other group members or workshop participants.
- Provide time for participants to share why they have joined the group or what they want to gain from a training workshop.
- Help evaluate a training workshop at the end.

TIME

- 20–45 minutes, depending on number of participants

PROCEDURE

- Split participants into pairs.
- Ask each participant to interview their partner by focusing on questions such as the following: [Note: These are only examples. Choose your own questions depending on your needs.]
 - 'What is your name? Where do you work?'
 - 'Tell me about your background, education, and experience.'
 - 'Why have you joined this group? What skills, knowledge, and attributes will you contribute? What are your expectations? What do you hope to gain from it?'
 - 'Why are you attending this training workshop? What do you hope to gain from it?'
 - 'Name two good things that happened to you in the past year.'
 - 'What do you enjoy doing when you come home from work?'
- Each person in the pair should take five to ten minutes to ask questions. Once both are done asking and answering questions, participants report to plenary about their partner, by summarising the key information in less than five minutes.

ALTERNATIVE USE

This exercise is also suitable for evaluations. When using it after an activity or intervention or at the end of a training workshop, have the pairs ask evaluation-type questions, such as these:

FOR AN ACTIVITY/INTERVENTION EVALUATION

- 'To what extent did the activity/intervention meet the expectations of the task force?'
- 'How well did the activity/intervention meet the expectations of the youth target group?'
- 'What were the successes?'
- 'What were the challenges?'
- 'What changes should be made for the next activity/intervention?'

FOR A TRAINING WORKSHOP EVALUATION

- 'To what extent did the workshop meet your expectations?'
- 'What did you find most valuable?'
- 'What did you find least valuable?'
- 'What changes should be made when a workshop like this is conducted again?'

TYPE OF TOOL: 5. WORKSHOP TOOL - ENERGISER AND FORMING GROUPS

WS 5.2 : MOVE IF

FORMAT: Description and instructions

SOURCE: Adapted from '17: Move If, Part Two – 101 Games and Exercises for Trainers' in Pretty, Jules and I. Guut, J. Thompson, I. Scoones. 1995. A Trainer's Guide for Participatory Learning and Action, International Institute for Environment and Development (IIED), London.

OBJECTIVES

- Energise the participants.
- Form new smaller groups.

TIME

- 10 minutes

PROCEDURE

- Ask all the participants to sit or stand in a circle.
- Explain the exercise and start it off yourself.
- Call out the name of a group of people: e.g. those wearing red today, spectacle wearers, people from XX town, football fans, government staff, NGO staff, FBO staff, etc. by saying, 'Move if you are...'
- People, who belong to the category called out, enter into the circle.
- Call out another category and tell people to move if they belong to it.
- The people in the middle either stay there or sit down if they do not belong to that category.
- Continue at a fast pace to keep people moving.
- At the end, new small groups can be formed by having participants with one characteristic form one group, another characteristic a second group, and so on. Try to make the groups similar in size.

VARIATIONS

1. One person in the middle calls out: 'Move if you have black shoes/glasses/earrings/beard.' People with that characteristic change seats; rather than moving to the inside of a circle.
2. The facilitator remains in the middle throughout, and selects criteria that can separate individuals who have sat next to each other in the workshop all the time.

OTHER PURPOSES

1) Use to monitor members' feelings about how the group is functioning. Examples:

- 'Move if you would like to hold meetings in the morning rather than the afternoon.'
- 'Move if you want more time to plan activities.'
- 'Move if you feel more members need to become actively involved in the groups' activities with the youth.'

2) Use to monitor feelings about a workshop process. Examples:

- 'Move if you would like to begin earlier in the morning.'
- 'Move if you want more time working in small groups.'
- 'Move if you want shorten the lunch break so we can all leave 30 minutes earlier at the end of the day.'

TYPE OF TOOL: 5. WORKSHOP TOOL - TEAM BUILDING AND GROUP DYNAMICS

WS NO. 5.3: MAGIC CANE

FORMAT: Description and instructions

SOURCE: Adapted from David Priestley's team building exercise, Priestley, David. 2014. Magic Cane, Helium Stick Team Building Challenge | Exercise, [Ventureteambuilding.co.uk](http://www.ventureteambuilding.co.uk).
Link: <http://www.ventureteambuilding.co.uk/magic-cane-helium-stick-team-building/>

INTRODUCTION

Teams are given a 'Magic Cane' (also known as a 'Helium Stick'), which they must lower to the ground, using just their index fingers. All participants must remain in contact with it at all times – what seems like a simple task, can become incredibly frustrating and funny for all involved.

→ EXPECTED OUTCOMES

Participants are provided with an opportunity to experience and practise the roles of team members in a 'conflict situation', and develop skills for problem-solving, communication and leadership. They must work together to succeed.

OBJECTIVES

- Lower a lightweight pole to the ground with all the participants retaining contact with the pole.
- Observe the teamwork necessary to accomplish the exercise.
- Reflect on, and analyse, the challenges encountered and accomplishments made during the activity, the reasons for them and how they could be streamlined in future.
- Discuss how these lessons learned from the exercise could be applied to their actual team or group activities.

TIME

- Total time required is 30 minutes, broken down as follows:
 - 5 minutes to brief participants and to set up
 - 10–15 minutes to achieve outcome
 - 10 minutes to discuss and analyse lessons learned and how they can be applied to their real team situation.

MATERIALS

One thin, lightweight pole or thin long stick, such as a bamboo or millet cane, or a long light tent pole.

SPACE REQUIRED

Minimal – the exercise can be conducted either indoors or outdoors.

GROUP SIZE

Works best with between 8 and 12 participants, but possible with 6 to 14 people.

TEAM INSTRUCTIONS

- Split the group into two and line the teams up in two rows facing each other.
- Introduce the Magic Cane to the group.
- Ask participants to hold their arms out in front of them, pointing their index fingers.
- Place the cane on their fingers.
- The participants should then adjust the height of their fingers so that the cane is horizontal and everyone's index fingers are in contact with the stick.
- Explain that the challenge is to lower the cane to the ground, following the rules on page 95.

RULES

- All participants must help balance the stick on the sides of their two index fingers.
- No one is allowed to lose contact with the stick as they lower it to the ground.
- If a participant loses contact, the game should be restarted.



TIPS FOR THE FACILITATOR

- Typically, everyone tries to keep in contact with the stick, and the stick gets pushed upwards.
- As the stick moves upwards, everyone will move their hands in the same direction, causing the stick to shoot up in the air and to look like it is floating away.
- After the first failed attempt, have the team form a circle to work out how they can do the next attempt better.
- If they fail again on the second attempt, have them stop and discuss again.
- This type of discussion can lead to good communication, planning and teamwork.



NOTE

- This is a great game for groups that have members who blame each other for failures or have a negative attitude towards each other.
- This blaming behaviour can be stopped by showing the group that the stick 'floats' because many people in the group are pushing the stick slowly up; not just one person.
- By observing and reflecting on this aspect, participants may realise that it is never only one person who is at fault, and such a person should not be blamed..
- Awareness of this type of negative behaviour can help a group to rethink their actions and attitudes towards each other.
- This new understanding can lead to better communication and improved teamwork – not only in this game, but also in future interactions with each other.

TYPE OF TOOL: 5. WORKSHOP TOOL - TEAM BUILDING AND GROUP DYNAMICS

WS NO. 5.4: BELBIN'S TEAM ROLES EXERCISE

FORMAT: Description and instructions

SOURCE: Adapted from Belbin, R. Meredith. 2003. Management Teams: Why They Succeed or Fail, 2nd ed., Butterworth Heinemann, Oxford; and Belbin's website: www.belbin.com and <http://changingminds.org/explanations/preferences/belbin.htm>

INTRODUCTION

Meredith Belbin developed this exercise in 1981, after studying management teams for nine years. It has become one of the most accessible and widely used tools to support team building. The exercise defines nine different roles in a team and was designed to help a team understand these roles (which may vary according to the circumstances).

This tool was designed to help predict the potential success of management teams, by indicating how individual team members operate in their team environment. According to Belbin, 'strength in one team role is often at the expense of what might be seen as a weakness in another context'. Belbin believes that a strong team has a diversity of character and personality types.

Although 'the tool has been criticised due to its potential oversimplification and "type-casting" of individuals, it can be extremely useful when used wisely to gain insight about the working of the team and to identify the team's strengths and weaknesses'.

BELBIN'S NINE TEAM ROLES

Belbin describes a team role as 'a tendency to behave, contribute and interrelate with others in a particular way'. He suggests that a team typically comprises the following nine roles:

Type of Role	Description
ACTION-ORIENTED ROLES	
 Implementer	Well-organized and predictable. Takes basic ideas and makes them work in practice. Can be slow.
 Completer/Finisher	Reliably sees things through to the end, ironing out the wrinkles and ensuring everything works well. Can worry too much and may not trust others.
 Shaper	Provide the necessary drive to ensure that the team keep moving and do not lose focus or momentum. Lots of energy and action. Can be insensitive.
PEOPLE-ORIENTED ROLES	
 Coordinator	Needed to focus on the team's objectives, involve team members and delegate work appropriately. Respected leader who helps everyone focus on their tasks. Can be seen as excessively controlling.
 Team Worker	Cares for individuals and the team. Good listener and works to resolve social problems. Can have problems making difficult decisions.
 Resource Investigator	Explores new ideas and possibilities with energy and with others. Good networker. Can be too optimistic and lose energy after the initial flush.
THINKING, PROBLEM-SOLVING ROLES	
 Plant	Tend to be highly creative and good at solving problems in unconventional ways. Can be a poor communicator and may ignore the details.
 Monitor/Evaluator	Provides a logical eye, sees the big picture. Thinks carefully and accurately about things. May lack energy or ability to inspire others.
 Specialist	Has expert knowledge/skills in key areas and will solve many problems here. Can be disinterested in all other areas.

Source: www.belbin.com/about/belbin-team-roles; <http://changingminds.org/explanations/preferences/belbin.htm>

According to Belbin, the best teams have a healthy balance of all nine team roles. Strong teams normally have a strong Coordinator, a Plant, a Monitor/Evaluator and one or more Implementers, Team Workers, Resource Investigators or Completers/Finishers. A Shaper should be an alternative to a Coordinator rather than having both. However, a perfectly balanced team is rarely the case.

All teams need to work on creating the best possible balance of team roles. A team can do this by recognising which team roles are over-represented or are missing, and then by identifying the secondary roles played by individual team members. They should then consciously build on these to make them more dominant. According to Belbin, team roles tend to develop and mature over time. They might change with increasing experience, greater awareness of their impact, and with changes in the team as new members join the team and others leave.

OBJECTIVES

- Assess the relative strengths and weaknesses of the members of a team.
- Identify 'preferred' roles and gain a deeper understanding of group dynamics.
- Help team members understand ways in which the team could improve performance.

●●● METHODS TO ASSESS TEAM ROLES

The descriptions of the different team roles depict behavioural patterns that might characterise one team member's behaviour in relation to others. By identifying and discussing the roles found (or perceived to exist) within a team, a team can better understand why it operates as it does, especially when dealing with conflict, challenges and any gaps in leadership or teamwork. With this knowledge, team members (or the team as a whole) can adjust their behaviour as needed. A few methods are available to assess and analyse team roles:

- Use Belbin's 'Self-Perception Inventory' to establish individual team roles and members' preferred way of working in a team.
- This inventory can be supported by Belbin's 'Observer Assessment', designed to provide 'independent evidence' about a team member's role(s). Both assessments are available either online or in Belbin's book.
- A less formal method was used during a OHYTF workshop conducted in 2015 (see box below).

TEAM BUILDING USING BELBIN'S TEAM ROLES IN A TASK FORCE WORKSHOP

In the OYHTF workshop, the facilitator first verbally introduced the exercise, explaining Belbin's concept of the nine typical roles that people tend to play when working in teams. The facilitator listed the nine roles on a flipchart, described each one, and noted the typical strengths and weaknesses of each.

Each participant was asked to think about which role(s) they play when working in a team and write the role(s) on a piece of paper, without showing other members. Then, as a group, the task force members suggested and discussed which role they felt each specific team member was inclined to play. Once everyone shared their opinions, each member was asked to reveal the role(s) that he/she had written down.

A further discussion was held on the self-identified roles versus the perceptions of other team members. They discussed which role description best fit each team member.

The exercise led to insights on self-assessment compared to external perceptions, while assessing the strengths and weaknesses of the team.

TYPE OF TOOL: 5. WORKSHOP TOOL - TEAM BUILDING AND GROUP DYNAMICS

WS NO. 5.5: THE CHAIRS GAME - TURNING CONFLICT INTO COOPERATION

FORMAT: Description and instructions

SOURCE: Adapted from '32: Chairs, Part Two – 101 Games and Exercises for Trainers' in Pretty, Jules and I. Guut, J. Thompson, I. Scoones. 1995. A Trainer's Guide for Participatory Learning and Action, International Institute for Environment and Development (IIED), London.



OBJECTIVES

- Become aware of possible differences in the interpretation of any set of instructions.
- Raise awareness of potential cultural, psychological or personal differences in handling conflict.
- Learn how to manage conflict by turning it into cooperation.



TIME

- 30–45 minutes



MATERIALS

- Three different sets of instructions (see below for A, B, C) written onto cards. One type of instructions is given to one third of the participants, so that each third of participants has one type of instructions. Each participant gets his/her card with an instruction. The instructions are:
 - Instruction A: Put all the chairs in a circle. You have 15 minutes to do this.
 - Instruction B: Put all the chairs near the door. You have 15 minutes to do this.
 - Instruction C: Put all the chairs near the window. You have 15 minutes to do this.
- A room with space, i.e. without tables or desks, but with a chair for each participant. [Note: Plastic chairs works best. If the workshop room has only good-quality or heavy chairs, do not use them, but rather some other type of object that is not sharp, breakable or dangerous, e.g. cardboard boxes, plastic containers, large balls.]
- A loud whistle or bell.



PROCEDURE

- Tell participants that you will be handing out one card with one set of instructions written on it to each person.
- Before handing out the cards, read out the rules of the game, as follows:
 - When you get your card, read the instructions, but do not show your card to any other participant, as this will defeat the purpose of the exercise.
 - Do not start the task until you are told to start (or when you blow the whistle or ring the bell as a signal to start).
 - You must listen carefully during the exercise, because I may blow the whistle or ring the bell if the game becomes too chaotic or unsafe, and again at the end of the exercise.
 - When hearing the whistle or bell, you MUST immediately stop what you are doing and stand still or sit down on the floor.
- Ask them if they have any questions about any of these rules.
- Then give each participant one set of instructions (either A, B or C), distributing equal numbers of the three different instructions.
- Once everyone has a card and has read the instructions on the card, tell everyone to start the exercise by following the instructions they were given.
- After the 15 minutes is over, blow the whistle and have everyone immediately stop and stand still or sit on the floor.
- Tell them to look around and observe what has happened, for example, where people are standing, where the chairs are located.
- Then ask everyone to leave their chair where it is and group together in the middle of the room.
- Start a discussion to reflect on, and analyse, the game.

NOTES FOR FACILITATOR:

The analysis is based on the objectives of the exercise. Ultimately it focuses on aspects of non-aggressive conflict resolution. The instructions cannot be carried out unless people with identical instructions have cooperated. Each sub-group (based on learning they had same set of instructions) could not have carried out their instructions unless they had cooperated with the two other groups.

Several solutions are possible, for example:

- Putting all the chairs in a circle, between the door and window.
- Consecutively putting all chairs in a circle, then near the door, then near the window.
- Disobeying part of the instructions by putting one-third of the chairs in a circle, one-third near the door, and one-third near the window.
- Renaming the situation, by hanging two flipchart sheets in the middle of the room, on one of which is written 'window', and on the other 'door'.
- Disobeying the instructions entirely, and coming up with a different plan or approach.
- Refusing to do anything, and just sitting in their chairs.

This exercise has great scope for creative conflict resolution. Groups often burst into frantic action, use force, and sometimes carry chairs with others desperately sitting on them to their corner. When some participants are trying to find a cooperative solution, others can be seen continuing to collect and defend their chairs. This, in turn, frustrates the 'cooperators', who forget their positive intentions and join the argument.

RELEVANT QUESTIONS FOR THE ANALYSIS:

- What did you experience when playing this game?
- Did you feel that the chair you were sitting on was yours, to do with as you pleased?
- How did you relate to people who wanted to do something else?
- Did you cooperate, persuade, argue, fight, or give in?
- If you confronted others, how did you do this?
- Did you follow instructions? Why did you interpret them as you did? Did you see them as an instruction to be carried out whatever the cost and to the exclusion of the others? Why?
- In what way are your feelings about instructions influenced by your cultural (or family or educational) background? Has culture influenced the way you behaved in this situation?
- Can you relate what happened here to real-life situations? Explain.
- Have you ever had conflict in your working group/task force/committee/team? Explain what happened and how it was resolved (or not).
- Can you apply what you have learned through this exercise to your membership and work in this group? How?

FURTHER DISCUSSION ON CONFLICT RESOLUTION

This analysis of the game can lead into a presentation and discussion on the various ways to resolve conflict, such as negotiation, mediation and conciliation.

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Health workers are trained on the provision of youth-friendly services.**

Over 5000 adolescents and young people received HCT in 2014 during school-based HCT initiatives (83% first-time testers).**

Over 3000 adolescent girls were reached with healthy lifestyle messages, including HIV prevention and preventing of teenage pregnancies, over the past year through football by way of the Galz&Goals Programme.**

Reproductive health and comprehensive sexuality education has been integrated into the lifeskills curriculum, as well as in subjects like Biology and Life Science. Primary and secondary school teachers receive training on the curriculum.*

Family planning services are free and available to all Namibians, with all facilities providing family planning, counselling and contraceptives.*

NAMIBIA

Namibia has an established coordinating body for the ESA Commitment at national level: The National School Health Task Force.

The ESA Commitment has been disseminated to Namibia's regions through dialogues in the regions.

The coordination of the commitment and young people's programmes are being strengthened at regional levels, with **Ohangwena Region being a good practice model** in the country and beyond.

The **Policy Framework suggests that young people are meant to have access to comprehensive sexuality education** and sexual and reproductive health services.*

482 in-service primary school teachers and 78 secondary school teachers were trained in CSE in 2015.**

100% of schools provide life skills-based HIV and sexuality education and 80% of all schools are equipped with teachers who received training in sexuality education and HIV life skills.**



LINK TO ESA COMMITMENT

<http://youngpeopletoday.net/>



“ Besides dancing, our youth club also sings and performs a drama about HIV and AIDS, and teen pregnancy. We travel to many different communities in the Ohangwena Region and talk to the youth before and after our performance. I really think fewer girls are getting pregnant now. ”
23-year-old male dancer

“ We performed our dances at the New Start day for promoting HIV awareness, counselling and testing. We really drew a crowd, who watched us dance and then went inside for a HIV test. ”
17-year-old female dancer