

**AN IMPACT ASSESSMENT SURVEY OF THE
SCHOOL BASED HIV/AIDS PROGRAMMES
IN NAMIBIA**

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EXECUTIVE SUMMARY

Implementers and students alike, commend and emphasize the importance of concerted efforts within the education sector to combat the problem of HIV/AIDS. The need for continuing intensification of school based HIV/AIDS programmes is repeatedly echoed by students and implementers across the surveyed educational regions.

They see the integration of the AMy Future is My Choice® programme into the regular school timetable as of paramount importance. Many students, contact students and implementers felt the physical education period could be replaced with HIV/AIDS education, or at least the two could alternate. Some Facilitators= language is a concern. Students expressed the fact that they expect facilitators= command of the English Language to be up to standard and comprehensible.

An empowering synergy should be allowed to develop to ensure that teachers of the selected school subjects amenable to the infusion of HIV/AIDS topics and issues, have access to materials used by the AMy Future is My Choice® programme. These teachers should be prepared to learn effective methods of delivery of HIV/AIDS message and information from youth trainers and vice versa.

According to implementers, HIV/AIDS is a reality, and thus a problem that deserves a full time officer at the regional sub committee level. There is no proper incentive system in place to ensure the retention of good quality facilitators. This breeds a high turn over, leaving the programme vulnerable to sub-standard facilitators. Cross regional workshops, to allow those who are responsible for the school based HIV/AIDS programmes to come together, share and learn from each other, are considered crucial. Training and learning materials for the programmes arrive late and due to this, sessions are missed. This disrupts the programme=s momentum, coherence and expansion. Transport to and from training sites is a major concern for many implementers. A condition which is further exacerbated by the meagre allowance, which is always late. However, some expressed the view that taking into consideration the devastating effect of the HIV/AIDS pandemic, the money issue (in terms of allowance and honoraria) should not arise. Relevant in-service training for trainers, facilitators and teachers

should be on-going. Among other things, their training should focus on counselling knowledge, language and presentation skills. The use of video materials depicting conditions of local, regional and international AIDS sufferers should be integrated as a matter of priority. Learners must be assisted to see debates and discussions on HIV/AIDS beyond the formal teacher or facilitator led sessions. Rather, they should be encouraged and helped to form health clubs where they could continue to address these issues among themselves.

The menace of HIV/AIDS to human kind seems to have dawned on and become a real concern for adults and youth. HIV/AIDS programmes cannot afford the luxury of being rigidly compartmentalized. More and more people express the desire to see close cooperation and integration of school based HIV/AIDS programmes. Facilitators, trainers and teachers, with their varying levels of knowledge about HIV/AIDS and on how students learn, should make a conscious decision to consult and collaborate on HIV/AIDS education agenda, and how best to deliver these programmes to youth in schools. Both groups of HIV/AIDS educators in schools, trainers/facilitators from My Future is My Choice programme and teachers responsible for the cross-curricular approach through selected subjects (life skills, biology, natural science and health education) are applauded for their commitment. They are urged to be exemplary in breaking the age/knowledge gap by accommodating each others' approach in dealing with AIDS education and prevention.

CHAPTER I

A survey of the Impact of HIV/AIDS Programmes in Namibia

General Introduction

HIV/AIDS pandemic is a reality in many Sub-Saharan African countries. The UN AIDS June, 2000, Report depicts this bleak picture succinctly.

Altogether, there are now 16 countries in which more than one-tenth of the adult population aged 15-49 is infected with HIV. In 7 countries, all in the southern cone of the continent, at least one adult in five is living with the virus. p.9

The persistent lack of a cure for AIDS continues to cripple and paralyse the affected countries= human resources. Efforts to reduce mortality rates among woman and children, and to improve life expectancy, are grossly affected by HIV/AIDS. The Republic of Namibia=s National Strategic Plan on HIV/AIDS captures the essence of why Namibia and other hard hit Southern African countries have to double their HIV/AIDS education and prevention campaigns.

AIDS has become the leading cause of death among the young population. On average the HIV prevalence rate in Sub-Saharan Africa is 7.4%, while five Southern African countries show a prevalence rate of more than 18%. This proves that Southern Africa alone experiences the most severe epidemic affecting the most productive population. The five most affected countries are Botswana, Malawi, Namibia, Swaziland and Zambia. p.3

Background

The Government of the Republic of Namibia, through the Ministry of Health and Social Services (MHSS), has recognised and acknowledged the high rate of HIV/AIDS related deaths in the country, which has risen from 7% (1995) to 22% (1998). The scourge of HIV/AIDS continues to have adverse repercussions on human life, health and productivity. It has serious negative effects on the education sector, the country=s present and future workforce, the nation=s social fibre, the family and many spheres of human life and existence.

The magnitude and intensity of HIV/AIDS, present and future implications cannot be overemphasized. The high rate of HIV/AIDS related deaths in Namibia, has led the country to take a proactive strategy towards HIV/AIDS. A Multi-sectorial committee is set to work hand in hand with the MHSS in combatting the spread of HIV/AIDS. Rigorous school based HIV/AIDS programmes have been instituted to help curb and prevent the spread of AIDS among school youth. HIV/AIDS topics are integrated in selected school subjects, such as Biology, Health Education, Life Skills and Natural Science to promote awareness. Also, the AMy Future is My Choice@ UNICEF programme, is offered in schools through the Youth Health Development Programme, as an extra-curricular programme to buttress HIV/AIDS prevention messages and information.

Purpose of the Study

Having instituted the HIV/AIDS education and prevention programmes in schools, the Ministry of Basic Education must now know and ascertain their utility and, justify their continuity and expansion to other regions. Or, verify their futility, and find ways to address and improve their delivery. Also, the unabating spread of HIV/AIDS in Namibia compelled the Ministry of Basic Education and Culture to assess the effectiveness of its programmes.

The survey was conducted to primarily determine the impact of school-based HIV/AIDS programmes. The goals of the survey were to:

- X Review to what extent the programmes were contributing towards the reduction of the spread of HIV/AIDS among the youth.
- X Determine which of the school-based programmes are effective in imparting HIV/AIDS education and preventative measures.
- X Establish how the effectiveness of these programmes could be ascertained among learners.
- X Highlight factors which make these programmes successful or unsuccessful in achieving their goals.

Delimitation of the Study

The survey targeted five of the seven educational regions. Khorixas, Keetmanshoop, Windhoek, Ondangwa West and Ondangwa East educational regions are covered by the survey. The omission of the North Eastern regions was necessitated by repeated UNITA banditry skirmishes. The survey focused on schools that offered HIV/AIDS programmes, formally through school subjects or informally after school. One thousand student questionnaires were administered to the students across the surveyed educational regions. While five hundred were physically administered by the researchers, another five hundred were mailed or hand delivered to some schools in the surveyed regions to be completed and sent back by post. One hundred implementers= questionnaires were printed, fifty were physically administered across the regions and fifty were mailed and hand delivered, again to be completed and sent back the same way. 67% of the students= questionnaires were returned, while the implementers= return rate stood at 70%. At least 30 schools, and 500 students were reached by the survey, while 61 implementers also took part.

Methods of Data Analysis

The SPSS software was used to analyse respondents completed questionnaires. SPSS is an advanced database software programme in which you can manage all your information from a single database file and represent the entered data graphically as charts and tables. All of the questions and answers given had to be coded and entered into the computer.

Constraints

The survey was scheduled to commence in October 2000. And that did not happen. Instead the survey took place during the time of the end of year examinations. Some prospective student respondents were missed. Some school based HIV/AIDS programme(s), like those teachers responsible for the few school subjects where HIV/AIDS topics and issues had been integrated, were also missed.

CHAPTER 2

Presentation of Findings: Students

Introduction

The student questionnaire was designed to elicit, among other things, views, feelings, thoughts and perceptions about the effectiveness of the HIV/AIDS programmes in Namibian schools, and the extent to which these programmes contribute towards the reduction of, and the spread of HIV/AIDS among the youth. The programmes under review were all school based HIV/AIDS programmes, formal and informal. Formal refers to HIV/AIDS topics and issues integrated in selected school subjects (Life Skills, Natural Science, Biology and Health Education), delivered by regular teachers during normal school time. Informal HIV/AIDS programmes on the other hand, refer to others such as: AMy Future is My Choice®, which is an extra-curricula activity facilitated by Youth Health Development Project (YHDP) country-wide.

Findings

One thousand (1000) questionnaires were distributed and directly administered, and in selected circumstances, posted to schools with the help of YHDP. Generally, students in all the five surveyed educational regions (Windhoek, Khorixas, Keetmanshoop, Ondangwa West and Ondangwa East) seem well-informed about HIV/AIDS. The school based HIV/AIDS programmes have had considerable impact on the students. When asked what aspects of these programmes had the most impact on them, 90% of the students surveyed cited availability of information which aids them with promotion of abstinence, condom distribution and use, and critical decision making on sex issues. Asked to be specific on a personal level with regard to these programmes impact, learners from the different regions said that the impact had been on their behaviour and attitudes. Students have a sound knowledge of the HIV/AIDS programmes which have afforded them the exposure. Below are some questions drawn from the questionnaire to briefly indicate some of the key responses from students/pupils as respondents. See Appendix 1(a) for the specific questions highlighted and their responses.

On the whole many **students feel they have changed as a result of the exposure** to the

programmes at the school, while some of them seem to be unhappy with some of the presentation methods used. Asked a question as to whether they have changed as a result of exposure to the programmes, the majority of the respondents (76%) expressed a feeling that they are more knowledgeable and now know how to help those with AIDS. Some of the respondents said that they spread the message to others, while a few also said that they now abstain from sex. Besides that, 81% respondents mentioned >games= and >drama= as the most effective methods, while another 12% said that some presentation methods such as the use of wooden penises are embarrassing.

A good majority of the students feel that the **programmes are very effective**. When asked what they felt about them in terms of effectiveness, 78% of respondents said that they find the programmes effective. An insignificant number expressed uncertainty about the school based HIV/AIDS programmes= effectiveness.

When asked to reaffirm the overall impact of the HIV/AIDS programmes at the schools, almost all the respondents replied that, the programme is not a failure. 84% of the respondents answered >no= to the question meaning &no it is not a failure@.

To many students, these programmes= success is proven among other things, by the awarding of certificates. When asked to explain whether there was some degree of success in the programmes and to give success indicators, all the respondents agreed that the programmes have been a success and they named certificates and general HIV/AIDS awareness among the youth, change of behaviour and attitudes as indicators.

When asked to name the most popular HIV/AIDS programme offered in schools, virtually all of the respondents (100%) from the surveyed educational regions mentioned &My Future is My Choice@ as the programme that helps to curb the spread of the disease among Namibian youth. The semi-formal platforms offered through &My Future is My Choice@ for sharing, discussions and training for youth by youth, make it not only interesting but very informative and popular.

Presented with the question: through which school subjects they get information and learn better about HIV/AIDS, many students cited subjects like Science, Natural Science, Health Education

and Life Skills. This is indicative and evidence of students= knowledge of HIV/AIDS topics and issues integrated in selected school subjects in the different educational regions. It is worth noting that this cross-curricular approach towards HIV/AIDS education is found to be less participatory by learners compared to AMy Future is My Choice@ programme. To students every class period connotes formality guided by specifics, time limit, seriousness, respect, authority and control. As if summarizing students views and feelings about their lesser involvement in the teacher centred cross-curricular approach to HIV/AIDS education and prevention campaigns, one Grade 11 respondent from the Keetmanshoop educational region said:

Our science teacher is very careful but very generous with facts on HIV/AIDS prevention. We use most of what he tells us for sharing, discussions and debates with other kids and youth trainers at AMy Future is My Choice@ sessions.

Most of the students get HIV/AIDS information from Life Skills, Biology, Natural Science, Science and Social Studies. When asked about the subject through which they get information about HIV/AIDS, 94% of the respondents from the five educational regions surveyed claim to learn the most about AIDS in Science and/or Social Studies.

There is no unanimity as to when the school based HIV/AIDS programmes were started in the different educational regions, particularly the AMy Future is My Choice@ programme. What is inferred is that it started at different times in the different educational regions. At some schools in the Ondangwa West and East educational regions, it is said to have started as early as 1996. In the Khorixas educational region some schools indicated that the programme started in 1998. Part of the schools in the Keetmanshoop educational region said it started there in the year 2000.

Generally the students are aware of the need to be informed of AIDS and its dangers. When asked what they thought were the objectives of the HIV/AIDS programmes at their schools, most of the respondents felt that the key objective of the programme was to educate young people on the disease and its dangers although the actual answers varied regionally. Many students see the key objectives of the HIV/AIDS programmes at schools as being to:

- X teach pupils how to use condoms
- X teach pupils what they should and shouldn=t do

- X prevent pupils from getting HIV/AIDS
- X prevent the spread of HIV/AIDS

On the whole, the students are satisfied with the way the programmes are achieving their objectives, as well as with the methods used. When asked whether the objectives of the programmes were adequately addressed and met through the methods used, virtually all of the respondents, approximately 90%, answered >yes= in all the regions surveyed.

Many students need more involvement and discussion as a way of achieving programme objectives. When asked what they thought was the most effective way to accomplish the specific objectives of the programme, most of the youth from the various regions expressed a need to be actively involved. Besides their participation, students mentioned teaching in indigenous languages, condom demonstrations, forming drama groups and teaching participants to make critical decisions as other ways HIV/AIDS programmes= objectives could be attained. Over 35% of respondents from Khorixas, Ondangwa West and Ondangwa East stressed that, AIDS patients should speak to them on the dangers of AIDS.

Generally the students think the quality of the teacher presenting the HIV/AIDS issues affect their rate of learning and retention. Asked if the quality and attitude of the teacher presenting the programme affected their learning rate, 70% of the respondents answered >yes=, while when asked if the attitude of the teacher mattered, the majority of the respondents, 15% said they take the attitude for granted. Only a negligible 10% thought the attitude of the teacher was not very important for their learning and retention.

Generally, the HIV/AIDS programmes are only offered to older students. When asked about the age of pupils participating in the programme, 86% of respondents said that the HIV/AIDS programmes are only offered to students of 14 years up to 18 years. A few hastened to reveal the

crucial reality that Namibian primary and secondary schools are homes to youngsters outside the 14-18 age bracket, who like all Namibians are desperately in need of pertinent HIV/AIDS education and prevention data.

On the **strengths of the programmes**, the majority of the students (96%) felt that besides reducing AIDS and preventing infection amongst the youth, the programmes have as their strength the ability to make students work together for their common good. Many of the respondents believe that >reducing AIDS and preventing the youth from getting infected= is a strength. Some indicated that the mere persistence of the programmes in schools, in spite of many difficulties, is indicative of the leadership commitment towards fighting the spread of AIDS. That, in itself is a strength they assert. A few respondents in the Windhoek and Keetmanshoop education regions identified resisting peer pressure as a strength injected in them by the HIV/AIDS programmes at their schools. While some appreciated the fact that they work together as young people in trying to resolve their life challenges.

Regarding the question as to which part of the programme should be discontinued, 90% of the respondents felt the whole programme should proceed as is. Expansion of the school based HIV/AIDS programmes to include ages 10,11, 12 and above was stressed in the Keetmanshoop and Ondangwa West and East regions.

Regarding any **Programme weaknesses**, many respondents in the various regions questioned the logic of selective exposure to the menace of HIV/ AIDS. The age bracket arbitration (14-18) is seen to be a major weakness. Lack of many competent trainers and facilitators is another. One youngster lamented the departure of trainers by saying:

Apparently the system doesn't know how to keep the good trainers longer. @

The majority of the students believe **HIV/AIDS programmes are necessary in schools**. Asked whether such programmes are necessary, the majority of the respondents revealed that they are a definite necessity. They are said to be the source of invaluable information, particularly for those youngsters whose parents are tight lipped about sexuality and general facts of life.

Conclusions and Recommendations made by the Respondents: Students

Respondents across the surveyed regions reiterated the utility of HIV/AIDS programmes at schools. To them, the Government's commitment, which is evident through the relentless efforts of its many Ministries, in particular Ministries of Health and Basic Education, is not only encouraging but a motivating factor for students to take heed and respect the HIV/AIDS programmes for what they are set to do. Students feel that exposure to HIV/AIDS dangers, ways of preventing it and the development of necessary personal skills to be able to make informed decisions and reduce the chance of contracting AIDS, is every student's right. Therefore exclusivity created by the fixed age limits 14-18 for AMy Future is My Choice@ programme, is detrimental to the lives of many learners who do not fall within the stated age bracket. Furthermore, making it an extra-curriculum activity limits the involvement of most learners who often will not bother to come back after school. Participation in the ten (10) sessions of the AMy Future is My Choice@ programme, incites students to want to help. Such enthusiasm is short lived as the programme does not use competent graduates from within itself for facilitation to ensure continuity, loyalty and commitment.

Recommendations expressed by students are:-

1. School based HIV/AIDS programmes should be integrated in the normal school curriculum and offered during the normal school timetable.
2. AMy Future is My Choice@ training should be used to identify potential trainers and facilitators. Allow in-school youth to assist others in school too.
3. Broaden the target group for the AMy Future is My Choice@ programme to include all students who can meaningfully benefit from the programme from 10, 11, 12 and 13 years upward and beyond 18 years.
4. These programmes must and should be seen to ensure active participation of learners because it is then that they learn, internalize and practice acquired skills. Continuity will be possible through ex-participants.
5. Facilitators should be well trained and competent. Their language (English) must be up to standard and they should also have good presentation skills.

6. The Youth Health Development Programme trainers and facilitators responsible for the AMy Future is My Choice@ programme, and teachers of the selected subjects that carry HIV/AIDS messages, should work together to identify areas of synergy and direct cooperation, in order to further the struggle against the spread of HIV/AIDS.
7. Students, trainers/facilitators and teachers should work together to put in place an annual schools based HIV/AIDS programmes agenda that will involve organising workshops, symposia, etc..

CHAPTER 3

Presentation of Findings: Implementers

Introduction

The school based HIV/AIDS programmes are run and conducted by different officials (referred to as implementers) drawn from schools, the Youth Health Development Programmes (YHDP),

regional sub-committees responsible for education and prevention of HIV/AIDS. The role and functions of these people differ but their concerted efforts are aimed at facilitating the propagation and dissemination of information on the dangers of HIV/AIDS and ways to prevent its spread. In schools, ordinary teachers of Life Skills, Biology, Natural Science and Health Education had been given the additional responsibility to integrate HIV/AIDS topics and issues in their regular lessons, as a way to further sensitize and educate the youth about HIV/AIDS. Contact teachers had been appointed in schools to supervise and organize students into manageable numbers (20-22) for the *My Future is My Choice* programme's sessions after school. Trainers and facilitators for this programme come from the YHDP which work closely with the regional sub committees on HIV/AIDS. The implementers' questionnaire was designed to elicit information on their views, perceptions, ideas and thoughts regarding the effectiveness of all school based HIV/AIDS programmes they are involved in.

Findings

Seventy (70) implementers from the five (5) educational regions surveyed participated. Asked for their opinions on the school based HIV/AIDS programmes 96% of the implementers felt that the programmes are effective as they influence young people positively.

There is a sound understanding of the underlying message of the programme by the youth. When asked the question as to the percentage of the youth participating in the programme who actually understand the underlying message, 90% of the respondents think that 71-80% of the youth understood the underlying message of the programmes.

There is confidence among respondents that the youth have changed a lot, and for the better, in spite of a few problems. Asked what has changed in the youth, 80% of the respondents said that the youth are more responsible and said that they now use condoms. 80% believe that the attitudes of the youth against AIDS have changed and that they do not succumb to peer pressure and are better at making critical decisions on sex issues.

Besides the positive views they hold on the programmes, implementers take pride in the fact that they are clear about their role and goals within the framework of the programme. The seriousness of the issue at hand, namely, HIV/AIDS pandemic, and clarity of their goals and

mandate make them committed towards making the school based HIV/AIDS *My Future is My Choice* programme especially effective as it can be. When asked what their goals were, 87% of the implementers said *To inform/educate young people* while 93% said, *To reduce risky sexual behaviour, drug and alcohol abuse*.

The implementers displayed a good understanding of the broadness of their goals. 93% of the implementers believe that risky sexual behaviour, drug and alcohol abuse have drastically reduced and that people are able to make informed decisions. 73% believe that young people have been taught life skills while 80% of the respondents believe that most of the objectives of the programmes have been achieved. However, when asked which goals have not been achieved, 20% believe that young people do not abstain from sex or use condoms and are still involved in risky sexual behaviour, drug and alcohol abuse.

A number of reasons were advanced for non achievement of set goals. A number of factors came into play to affect the success of the School Based HIV/AIDS Programmes. When asked why the goals were not achieved, some respondents believe that the goals of the programme were not achieved due to excessive alcohol and drug abuse while 20% said, *Students do not believe what they are told and are not serious.* This lack of seriousness is attributed to lack of audio-visual aids and real life situations and experiences. Lack of support from the community/teacher/managers were cited as some of the constraints which militate against boys participation as only girls often take part. Some respondents think that the language and religious barriers are problematic. The language, because not all participants of the programmes understand English, which is the language most used especially in material's production. Religion, because some of the participants are Roman Catholics who see the use of contraceptives and pre-marital sex as going against their beliefs.

Adequacy of programme material

The programme implementers believe the materials used on the programme are adequate. When asked if the materials used in support of the programme were adequate, 85% of respondents said that they found the support materials of the programme adequate. And when asked to explain, again, a wide range of explanations were given although 17% of the respondents did not bother to provide any.

Programme implementers= training

The programme implementers feel that they are adequately trained to run the programme. When they were asked if they felt they were adequately trained to fulfil their role on the programme, 77% of the respondents said that they were adequately trained, whereas 23% said that they were not and that more training is needed.

The implementers of the programme have high confidence in the programme presenters. When they were asked if the presenters were competent, 77% of respondents said that they thought that the presenters of the programme were adequate. And when they were asked to suggest how the presenters could be made more competent, 79% of respondents said explicitly that courses to upgrade the presenters should be offered.

Methods of Delivery

The programme implementers have considerable confidence in the programme delivery methods. When asked for their opinion, the majority of respondents (86%) felt that the methods are effective while 14% said 'No problems'. And when they were asked to explain, 68% of respondents said that the methods are effective because the message is delivered in a fun way i.e. dramatization and so forth, while some came out with a variety of answers.

There is no unanimity on the most effective delivery methods for the programme, although a few more people preferred drama and audio/visual shows. When they were asked what was the effective way to deliver the programme message, 86% of the respondents said that 'Drama, role-playing and audio/visual shows' are effective methods of delivery.

And when the implementers were asked which programme delivery method attracted and interested the learners, the respondents said 'Group work in the form of discussions, role playing and drama or brainstorming' are the most popular among learners.

Conclusions and Recommendations by the Respondents: Implementers

This impact assessment survey of the school based HIV/AIDS programmes has revealed that a few years of planned, purposeful actions against HIV/AIDS spread and escalation have granted significant insights into possible effective responses. HIV/AIDS's reduction, though a world wide problem, is every nation's responsibility. The school based HIV/AIDS programmes are part of Namibia's broad national agenda on AIDS education and prevention. Many people welcome these and are eager to associate with the programmes. These programmes' utility and effectiveness are thus certain and laudable across the surveyed educational regions. The greatest need is to consolidate and regularize their delivery, and as a matter of urgency, expand as soon as possible to more schools and youth. The current situation where school based HIV/AIDS are an appended function of officials of the Ministry of Basic Education and Culture in the regions is less effective. These officers are over loaded already, and an additional responsibility to oversee and coordinate school based HIV/AIDS programmes is seen as counterproductive. The seriousness of the HIV/AIDS epidemic and its repercussions require commitment, cooperation and concerted efforts at all levels to address it. Below follows the recommendations of the implementers:

1. Each educational region should have a full time HIV/AIDS officer to see to the co-ordination and integration of HIV/AIDS topics and issues into the regular school time table.
2. Development and integration of video materials capturing local, regional and international HIV/AIDS patients' views and thoughts, into training materials should be considered a priority.
3. A proper incentive system needs to be instituted if competently trained people are to be retained as trainers and facilitators.
4. Well coordinated annual refresher courses and workshops for the different groups involved in the running of school based HIV/AIDS are necessary to allow for inter- and intra- regional HIV/AIDS experience sharing.
5. Production, updating and delivery of HIV/AIDS training and learning materials on time is crucial if the target groups are to be reached and equipped with the right tools to be

able to make informed decisions about their sexual behaviour.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Drawing inferences from the above findings as presented in chapters 2 and 3 above, it is clear that

the school based HIV/AIDS programmes are pronounced effective by both students and implementers. On the one hand, for students, effectiveness is attributable to personal growth, being informed and knowledgeable and being better decision-makers. They also talked of behavioural and attitudinal changes. Some expressed a burning desire to talk to others about HIV/AIDS issues. There are those who confessed to having started to use a condom. While

others said they have adopted and practice the principle of abstinence, not only for sex, but also for alcohol and drugs.

Implementers on the other hand attributed the effectiveness of school based HIV/AIDS programmes to their very clear goals and objectives. Clarity of goals and the congruence between goals and methods employed by implementers to achieve them. These are considered paramount for the programmes= effectiveness. The implementers said these programmes effectiveness could be readily ascertained by the following factors: students attitudes and perceptions towards sex and HIV/AIDS; students have become more responsive and responsible; they have reduced alcohol and drug intake,; they are aware and well informed about the dangers of HIV/AIDS; they know how to deal with and handle peer pressure; and they are more open about their sexual health.

The positive students= self-reports on the impact and effectiveness of the HIV/AIDS programmes at their schools and implementers= observed changes in students= behaviour, perceptions and life style. This leads one to infer that these programmes are indeed curbing the spread of HIV/AIDS among the youth. Students and implementers alike, agree that the most effective and popular methods for imparting HIV/AIDS prevention messages and general information dissemination, are those that are less formal, student-centred and participatory in approach. For instance, group work, discussions, drama, games, role playing and use of audio/visuals as well as videos were found most useful.

There is an urgent need to accord these programmes the support they deserve and need. Premature departure of qualified facilitators has to be halted. Remuneration and an incentive system needs to be looked at as a matter of urgency. There is an urgent need to revitalize and activate every member of the regions= sub-committee on HIV/AIDS. They need to rise up to their mandate and give the needed support and contribution where they are expected to in their regions. Full time HIV/AIDS education officers are a must in the different educational regions to squarely address issues of integration, expansion and effectiveness, because the HIV/AIDS portfolio is labour intensive, and cannot be an appended role.

How Effective are School-based HIV/AIDS Programmes?

The effectiveness of the school based HIV/AIDS programmes has been overwhelmingly verified by students and implementers from the five surveyed educational regions. The desire to do away with compartmentalization of the school based HIV/AIDS programmes, and their tendencies towards exclusivity or limited access, was condemned, and rather an integrated approach favoured. HIV/AIDS is considered every person=s responsibility, but a feeling was expressed by many, particularly implementers, that collective responsibilities are hard to deliver meaningfully. Therefore the urgent need is to recognize the broadness and the labour intensive nature of the HIV/AIDS portfolio, and assign a full time person in each educational region to implement HIV/AIDS programmes in schools.

The cross-curricular approach to HIV/AIDS information dissemination needs improvement. Although the four subjects (Life Skills, Biology, Natural Science and Health Education) allow for a wider coverage of students, the contents of lessons/sessions are not standardized and depend on, and may be affected by, the subject teacher=s competence and confidence in addressing HIV/AIDS issues. School based HIV/AIDS programmes are part of the broader Namibian strategy on combatting HIV/AIDS. They need to expand and reposition themselves to reach more youngsters within the education sector and maximize the attainment of their set goals. For these things to happen the following must be addressed:

1. Integrate AMy Future is My Choice@ programme in the normal school time table and make it target 10 - 18 years old and beyond to cater for those 20 - 22 years old still in school.
2. Offer rigorous HIV/AIDS training, counselling skills, communication and presentation skills to teachers responsible for offering HIV/AIDS topics and issues in schools. The YHDP could be involved in this exercise.
3. Give HIV/AIDS implementation responsibility in regions to full time officers. Thus, there has to be a government budget for this.
4. Teacher training programmes (UNAM, Colleges of Education, NIED) must be encouraged to adopt responsive and responsibility strategies for dealing with AIDS

- orphans as students, and also ways of teaching them self-protection against the disease.
5. Remunerate commensurably to ensure retention of competent people in HIV/AIDS education and prevention.

APPENDIX 1(a)

Some Key Questions Extracted from the Student Questionnaires

<u>Questions</u>	<u>Students responses from across the educational regions</u>	<u>%</u>
1. Name the HIV/AIDS programmes offered at your school?	My Future is My Choice@ (Life Skills)	100 (22)

2. When did the programmes start at this school?	1996 - 2000	96
3. What do you think are the key objectives of these programmes?	<ul style="list-style-type: none"> > Teach youth about AIDS > Make youth aware of the dangers of HIV/AIDS > Teach pupils how to use a condom > Teach pupils what they should do And shouldn=t do > Prevent them from getting HIV/AIDS > Prevent the spread of HIV 	90
4. Which objectives are crucial?	<ul style="list-style-type: none"> > Abstinence > Protecting oneself against HIV/AIDS > Improving knowledge and facts about HIV/AIDS 	76
5. What would you change or add to make the HIV/AIDS programmes at school effective?	<ul style="list-style-type: none"> > Integrate @My Future is My Choice@ into the regular school time table > Teachers and trainers must work together > Offer the course in many languages > Stress abstinence more, not condom use > Schools must be visited regularly 	83
6. Through which subjects do you get messages and learn better about AIDS	<ul style="list-style-type: none"> > Science/Social studies > Natural science > Life Skills > Health Education 	94
7. Does the quality and attitude of the teacher/facilitator influence your learning and retention? Explain.	<ul style="list-style-type: none"> > Yes > No > Don=t think so > (sometimes) (> sometimes) 	70 15 10 (5)
8. What changes in your life would you attribute to your exposure to HIV/AIDS programmes at school?	<ul style="list-style-type: none"> > Teach others > I am informed > Take informed decisions > Understand things better > Know how to use a condom correctly > Listen to others more > Behaviour and attitudes 	76

9. Which delivery methods seem to be most effective?	<ul style="list-style-type: none"> > Group work > Discussions > Games <ul style="list-style-type: none"> > role play > drama 	81
10. What are your feelings about these programmes= effectiveness?	<ul style="list-style-type: none"> > It is effective > It must be expanded > Satisfied and pray that the message is spread to all <ul style="list-style-type: none"> > It teaches and carries self- protection well > It changes ways of thinking and doing things 	78
11. State strengths and weaknesses of these programmes.	<ul style="list-style-type: none"> > Reduces AIDS > Prevents infection > Teaches self-confidence > Promotes abstinence > Stigmatized > Not inclusive/optional <ul style="list-style-type: none"> > Does not teach strong values in order of or a,b,c = abstinence; faithfulness; condom 	96
12. How can HIV/AIDS messages be best imparted to youth in schools.	<ul style="list-style-type: none"> >Integration into curriculum > Use committed people > Refreshments 	60

APPENDIX 1(b)

Some Key Questions Extracted from the Implementers= Questionnaire

<u>Questions</u>	<u>Implementers= responses from across the educational regions</u>	<u>%</u>
1. Which programmes are you involved with?	YHDP	70
2. Which role do you play in the programme?	<ul style="list-style-type: none"> > Train facilitators > Supervision within the Ministry 	70

	<ul style="list-style-type: none"> > Increase participation > Include other age groups > Encourage community support > Information must also be in local languages 	
9. Are the materials used adequate?	<ul style="list-style-type: none"> > Yes, but do not arrive on time > easily understood > very useful 	85
10. Are the presenters/facilitators competent?	<ul style="list-style-type: none"> > Yes, but some need additional training > Language problem 	77
11. Suggest how they can be made more competent?	<ul style="list-style-type: none"> > Refresher courses > Overcome language barrier > Use videos and audio visuals more > Use better teaching methods > Counselling Skills 	79
12. Which methods of delivery are most effective?	<ul style="list-style-type: none"> > Participatory in nature > Dramatization of events > Games > Student centred 	86
13. Do you feel adequately trained to fulfill your role in this programme?	<ul style="list-style-type: none"> > Yes, but can do with more training > Interaction across regions with others who do what we do 	68
14. Implementers problems and concerns.	<ul style="list-style-type: none"> > Transport > Others not committed > Little money, too late > Late arrival of materials > Missing sessions > Not advancing in ranks 	70
15. Students problems and concerns	<ul style="list-style-type: none"> > Not serious - miss sessions > Too quiet and passive (girls) > Do not take the message seriously > Stigmatization and peer pressure 	68

APPENDIX 2(a)

School Based HIV/AIDS Programmes Impact Assessment Itinerary

First Field Trip

Tuesday 14th November 2000

Otjozondjupa Sub-Regional Committee

09.00 Ms **Kambanda Veii** - 067 317 449

067 317 405

To meet at the Waterburg Junior Secondary School in **Okakarara** (school 5 kms out of town)
There are 16 schools participating in this sub-region.

Otjozondjupa Sub-Regional Committee

14.00 **Mr Stanley Narib** - 067 243079
067 242141

To meet at the Grootfontein State Hospital in **Grootfontein**
(will arrange school meetings for Tuesday am)
There are 10 schools participating in this sub-region.

Wednesday 15th November

4 O=s Region, Oshakati

08.00 **Mr Gabriel Tshombandja** - 065 220354
065 221312

To meet at the Oshakati Youth Centre
There are 43 participating schools in these regions

Thursday 16th November

Kunene North (Opuwo)

08.00 **Mr Albert Tjiuma**

To meet at the Regional Council Offices, **Opuwo**
+/- 20 participating schools in this area

Kunene South Sub-region

PM **Mr Yisa** (067) 33100

Meet in **Khorixas** (To phone and arrange a place to meet)
There are 39 participating schools

Friday 17th November 2000

Erongo Region

08.00 **Mrs van Wyk** (064) 402692

To meet at the Ministry of Education, Erongo Regional Council, Mittel Street, Swakopmund
There are approximately 29 participating schools
Mrs van Wyk pointed out that many of the schools are more towards Omaruru, Usakos.

APPENDIX 2(b)

School Based HIV/AIDS Programmes Impact Assessment Itinerary

Second Field Trip

Sunday 19th November 2000

Luderitz Region

Drive to **Luderitz**

In the evening on arrival phone Ms Carol Andrews at home 063 202091 and she will advise you

how to get to the Diaz Primary School.

Monday 20th November 2000

08.00 **Ms Carol Andrews** - 063 202569

Ms Andrews can only arrange for you to see schools from 10 am due to exams.
There are 4 participating schools.

Karas Region

15.00 **Ms Marie Smit** 063 22811
063 222884

Meet at the Regional Office, Education (next to the Canyon Hotel), **Keetmanshoop**.
Ms Smit said that she has arranged for you to go to rural schools with the trainers who have organized a sensitization programme. The schools in town she can only arrange for you to see in the morning as the children cannot come back to school in the afternoon due to exams.

10 participating schools.

Tuesday 21st November 2000

07.00 - meet **Ms Marie Smit** and visit schools in the Mariental region.

Hardap Region

11.30 - **Ms Mathys and M J D Apollus** - 063 240881

Meet at the Teachers Resource Regional Office, **Mariental**

5 Participating schools

APPENDIX 3

Schools Visited (by Educational Region)

Educational Region	Number of Participating Schools	Names of Participating Schools
1. Windhoek	9	Shifidi Secondary Goreangab Secondary Mandume Primary Theo Katjimune Primary Okakarara Secondary Waterberg Juniou Secondary

			Goreangab Secondary Okakarara Primary Waterberg Primary
2.	Ondangwa East	6	Engela Combined School Haimbili Haufiku Secondary Eembaxu Combined School Oshihenge Combined School Omuhamu Combined School Oluno Secondary
3.	Ondangwa West	6	Iipumbu Senior Secondary Oshakati Secondary Gabriel Taapopi Secondary Etalaliko Secondary Tsandi Senior Primary Nangolo Junior Secondary
4.	Khorixas	11	Orumana Combined School Mureti Secondary Putuavanga Primary Alfa Primary Fransfontein Petrus !Ganeb Secondary Braunfels Agriculture High Brandberg Primary School West Side High School Herman Gmeiner Secondary Atlantic Primary School
5.	Keetmanshoop	8	J. Nel Roman Catholic School Suiderlig High School Diaz Primary School Helen van Rhijn Nautilus Luderitz High Jakob Saul Primary
	Total Number of Participating Schools	40	

APPENDIX 4
HIV/AIDS School Based Programmes Assessment
A Survey Instrument for Students

1. Name the HIV/AIDS programmes offered at your school.
2. When did these programmes start at this school?
3. Who is responsible for these programmes?
4. How often do you meet and discuss HIV/AIDS issues?
5. What do you think are the key objectives of the HIV/AIDS programmes at your school?
6. Are these objectives being adequately addressed and met through the methods used by

- the facilitators and teachers?
7. Which of these objectives do you think are really crucial?
 8. What, if any, would you like to change or add to the way the HIV/AIDS programmes are being conducted and imparted at your school?
 9. Through which subjects at school do you get messages and tips about HIV/AIDS?
 10. Does the quality of the teacher or facilitator presenting HIV/AIDS issues influence the rate at which you acquire knowledge about HIV/AIDS? Explain.
 11. Does the attitude of the presenter affect your learning and retention levels? Explain.
 12. What changes in yourself/life, if any, would you attribute to your exposure to HIV/AIDS programmes at your school?
 13. Which methods of delivery seem to be most effective?
 14. Are the materials used relevant and comprehensible?
 15. What are your feelings and views about the effectiveness of these programmes?
 16. Which elements should be discontinued?
 17. What are the strengths of these programmes?
 18. State the weaknesses.
 19. How best can HIV/AIDS messages and education be imparted to youth in schools?
 20. What aspect of the current HIV/AIDS programmes has made an impact on you? Explain.
 21. What are some of the problems surrounding the delivery of these programmes at your school?
 22. Comment on the HIV/AIDS programmes at your school.

APPENDIX 5

Instrument for Implementors/Supervisors

1. What educational region are you responsible for?
2. When did you start to be involved with HIV/AIDS School based Programme?
3. Which of these programmes are you involved with?
4. Which role do you play in the programme?
5. Who do you work with in this programme?
6. How often do you meet to address issues related to this programme?

7. What are your views about this programme so far?
8. What are the programme=s major objectives?
9. Which of these goals have been achieved in your opinion?
10. Which have not been accomplished?
11. What, in your view, is causing the failure to achieve those goals in number 10?
12. Of the youth who participated, what percentage would you say has understood the underlying message of this programme?
13. What exactly has changed in the youth as a result of this programme?
14. What, if any, changes would you make in this programme to improve its effectiveness?
15. Are the materials used in support of this programme adequate? Explain.
16. Are the presenters of this programme competent? Explain.
17. Suggest how they can be made more competent to perform this function?
18. Are the methods used to deliver the major message of this programme effective?
19. Do you feel adequately trained to fulfill your role in this programme? Explain.
20. How can you be assisted to function better in this programme?
21. Which methods of delivery seem to be most effective?
22. Which school subjects tend to effectively and adequately carry HIV/AIDS messages?
23. How does this programme help out-of-school youth?
24. What is the main problem/concern of the implementers?
25. What is the main problem/concern of the students?
26. What is your major problem/concern as an implementer?
27. What component or element of this programme would you like to see discontinued?
28. What would you like us to know about this programme?
29. Which elements would you like to see expanded to all youth (in and out of school).