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Coop^{AFRICA} Working Paper No.5 with ILO/AIDS

Social economy approaches to mainstreaming HIV/AIDS – the case of the Kasojetua Youth Group

Social Impact Assessment and Policy
Analysis Corporation (SIAPAC) (Pty) LTD





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List of Acronyms

AGM	Annual General Meeting
AIDS	Acquired Immunodeficiency Syndrome
ANC	Anti-natal Clinic
ART	Antiretroviral Therapy
CACOC	Constituency AIDS Coordinating Committee
FGD	Focus Group Discussion
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activity
ILO	International Labour Organization
KII	Key Informant Interview
MOHSS	Ministry of Health and Social Services
MRGHRD	Ministry of Regional Local Government and Housing and Rural Development
MTP III	National HIV/AIDS Medium Term Plan III
NAD	Namibian Dollar
NAMFISA	Namibia Financial Institutions Supervisory Authority
NANASO	Namibia National Aids Network Organisation
NPC	National Planning Commission
NYC	National Youth Council
ODAC	Okondjatu District AIDS Committee
OVC	Orphans and Vulnerable Children
PLHIV	People Living With HIV
RACOC	Regional HIV/AIDS Coordinating Committee
SIAPAC	Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd.
Sida	Swedish International Development Cooperation Agency
SPM	System for Programme Monitoring
TOR	Terms of Reference
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States of America International Development
VCT	Voluntary Counselling and Testing

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About the author

Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd (SIAPAC) was first incorporated in Botswana in 1986 and in Namibia in 1992 with headquarters in Namibia. SIAPAC is a research firm based in Namibia, mainly providing consultancy services through the SADC (Southern African Development Community) region, but also in eastern and western Africa and the Middle East. SIAPAC offers the following: applied socio-economic research (quantitative, qualitative, participatory); facilitating community involvement in development and infrastructural projects; conducting social impact assessments (SIAs); and prevention and response to HIV and AIDS. SIAPAC is a member of a number of worldwide indefinite quantity contracts, including the Caribbean, South America, the Middle East, and south and South-East Asia. It was a great pleasure for SIAPAC to work on this assignment. SIAPAC wishes the Kasojetua Youth Group all the best for the future, and hope that they will continue to make a difference to the lives of others, especially those infected and affected by HIV and AIDS.



Kaso Band, banner, sponsored by a Miss Meriam Rukoro



Members of the Kaso band

Executive summary

The Kasojetua Youth Group was established in 1986 as an initial initiative by its members to gain income through music performances. Over time several regional branches were established across Namibia, with the Okondjatu Youth Group in Otjozondjupa Region being one of the groups. The Okondjatu Kasojetua Youth Group is an interesting case, as it has established several programmes that innovatively respond to different needs within the community.

The Okondjatu Kasojetua Youth Group grew from being a musical group, to operating four separate programmes with distinct activities, which relate to enhancing the health, well-being and HIV/AIDS awareness of people residing in and around the Okondjatu settlement, especially the youth. The programmes of the Youth Group have achieved the following outcomes:

- Enhanced life skills and raised awareness of the challenges facing school children through the establishment of four school HIV/AIDS clubs.
- Raised awareness of HIV/AIDS by establishing the Okondjatu AIDS Day, which is attended by many community members, especially the youth.
- Promoted open discussion about HIV/AIDS by establishing the AIDS Elders Day.
- Increased income for vulnerable children by establishing income generating activities for the Kaso Band and the Kasojetua choir group members.
- Decreased stigma and discrimination by facilitating the public disclosure of HIV status by five individuals who are currently on Anti-retroviral Treatment (ART).
- Increased awareness of HIV/AIDS by facilitating the sensitization of community members, especially traditional leaders and midwives.
- Enhanced access to OVC services by assisting with registration of vulnerable children, which has seen some gain access to the government's OVC grant scheme.
- Increased voluntary testing amongst community members.
- Increased access to care and treatment by initiating discussions with regional institutions to bring ART and VCT services to the Okondjatu Clinic.
- Increased school enrolment and attendance by providing school fees, school uniform, hostel fees, and shelter to OVC.

Communities have always worked together to improve their local situation, notably through finding ways to fill gaps in service provision themselves or through lobby

for improved service provision. The case of the Kasojetua Youth Group in Okondtaju provides a good example of what can be achieved through locally focused community initiatives, especially those that draw youth into participatory processes. Key lessons that can be taken from the Okondtaju Kasojetua Youth Group initiative include:

- 1) Communities that are largely dominated by the informal economy can be very vulnerable and difficult to access. In such a context, a few very driven persons that have strong ties in the community can organize and become successful in establishing partnerships that provide support and pathways for improving the community situation. The successes of the Okondtaju Kasojetua Youth Group highlight the ability of individuals to organize in order to orchestrate social change. To illustrate, the advocacy activities of the Youth Group brought to life an initiative that resulted in HIV/AIDS services, such as provision of ART medicine and VCT, coming closer to the people of Okondjatu.
- 2) Developing partnerships with local government, relevant ministries, and other organizations within society not only helps to increase the visibility of initiatives, but also increases both strategic and community support. Partnerships can enhance the sustainability and stability of community initiatives, while also providing avenues for advancing the group's shared sense of purpose. The Okondjatu Kasojetua Youth Group has built strong links with regional structures, institutions and other partners that offer financial and in-kind support, such as coordination of activities.
- 3) Diversification of group activities is desirable, though it should be gradual. The Kasojetua Youth Group is now a well established organization, with a national network of youth groups that facilitate the implementation of several social programmes, all of which are linked by the common theme of HIV, within local contexts. However, the initiative began with a youth choir in 1990 and it was only with time and commitment that other social and cultural programmes were adopted. This approach allowed the Group time to establish internal trust, develop a clear organizational purpose (whether formal or informal) and increased visibility within the community – all of which has contributed to sustainability and risk management of the initiative.
- 4) Spreading the HIV/AIDS message through diverse approaches can increase impact of community initiatives. For instance, the activities of the Kasojetua Youth Group in Okondtaju combine peer education with the availability of confidential, “adolescent-friendly” health and outreach services. This is important, as awareness raising activities increase demand for services, support and products that facilitate safer sex - and it is crucial that this demand be met while ensuring that people, the youth in particular, do not feel judged for accessing such facilities.
- 5) Local initiatives respond to local needs, as those facilitating the initiatives are typically driven by an intrinsic understanding of the challenges facing the community and are in touch with solutions that would be embraced by the

members of the community. The Okondtaju Kasojetua Youth Group provides an understanding of how local initiatives are forged and how they can successfully develop unique responses to social challenges.

Organizing can be used to develop a shared sense of purpose and address challenges effectively. The integrated approach is a major advantage of the Kasojetua Youth Group in Okondjatu, as it creates opportunities for knowledge building, awareness-raising and behaviour modification to prevent HIV/AIDS over a number of contexts.

1. Introduction

The International Labour Organization (ILO) is supporting implementation of the Swedish International Development Cooperation Agency (Sida)-funded programme ‘HIV/AIDS Prevention and Impact Mitigation in the World of Work in Sub-Saharan Africa’, which devotes particular attention to the social economy. The programme seeks to increase knowledge about initiatives that respond to HIV/AIDS in the social economy.

To progress this objective, this working paper presents a case study of the Kasojetua Youth Group based in the Otjozondjupa region of Namibia. It is intended that policy-makers, civil society organizations and development partners, especially those associated with HIV/AIDS, would be able to draw upon lessons provided by this case study to enhance responses to HIV/AIDS in the social economy. This study is one of the three case studies that are reporting on responses to HIV/AIDS in the social economy within Sub-Saharan Africa. Each case study follows a structured methodology to enable comparison across the studies.

1.1 Overview of the Kasojetua Youth Group

The Kasojetua Youth Group was originally established in 1986 by its members as an initiative to gain income through musical performances. The Kasojetua Youth Group was established by four high school friends who attended the Okakarara Secondary School in Otjozondjupa Region. In 1986, after they matriculated, they went to the capital city of Namibia, Windhoek, in search of employment. When they failed to find employment, they decided to form a cultural and gospel singing group. They named the group Kasojetua Youth Group, which is the first few letters from each member’s name. ‘Ka’ is for Kapolisi, ‘So’ is for Soul, ‘Je’ is for Jesaya and ‘Tua’ is for Tuaepepa. They travelled around the country entertaining people in order to generate income. The Kaso Band (which is an offspring of the Kasojetua Youth Group) has become well known in Namibia; especially after the release of their latest album.

Through their travels they realized that music could make a valuable contribution to community cohesion and respond to other social development issues such as HIV/AIDS, teenage pregnancies, alcohol and drug abuse, poverty, among others. Over time regional branches of the Kasojetua Youth Group were established in six areas in order to increase national coverage. One of these regional branches was the Okondjatu Kasojetua Youth Group. This branch is the focus of this study.

The Okondjatu Kasojetua Youth Group came to the realization that there were several unmet needs within Okondjatu and the surrounding communities, especially regarding HIV, which they could respond to if they organized themselves and worked in a collaborative manner within existing regional constituents and community structures. A formal needs assessment to guide the activities of the Okondjatu Kasojetua Youth Group was not undertaken. However, members of the Okondjatu Kasojetua Youth Group, who have lived within the Okakarara Constituency all their

lives, seemed well aware of the challenges within their communities. This indigenous knowledge was used to identify the following problems within the community:¹

- High levels of poverty.
- High levels of unemployment.
- Lack of formal employment options.
- Perceived lack of behaviour change among young people and adults in terms of sexual practices.
- Perceived high levels of stigma and discrimination towards PLHIV.
- Perceived increase in number of HIV infections, AIDS-related illnesses and AIDS-related deaths.
- Lack of involvement of men in development issues, especially in terms of HIV/AIDS.
- Perceived lack of support to PLHIV.
- Perceived lack of support to OVC.
- Perceived lack of support to poor and destitute households.
- Perceived increase in drug and alcohol abuse, especially among youth.
- Perceived increase in teenage pregnancies.
- Lack of recreational facilities or activities.

Overtime, the Okondjatu Kasojetua Youth Group established several programmes, with specific roles and responsibilities that were intended to respond to different needs within the community. These programmes comprised of:

- 1) The Home-based Care (HBC) Initiative, established in 2003.
- 2) The Orphans and Vulnerable Children (OVC) initiative, established in 2005.
- 3) The Kaso Band (cultural band), established in 2005.
- 4) The Kasojetua Youth Choir, established in 1990.

¹ The qualitative observations by the Youth Group are confirmed by empirical data from studies such the 2006/07 Demographic and Health Survey (Ministry of Health and Social Services, 2006a), 2003/2004 Namibia Households Income and Expenditure Survey (Central Bureau of Statistics, 2006), Impact assessment of the My Future My Choice (MFMC) Project (Chandan et al., 2008), Otjozondjupa Regional Participatory Poverty Assessment (National Planning Commission, 2007), among others.

The overall **goal** of the Okondjatu Kasojetua Youth Group is to enhance the health and well-being of people residing in and around the Okondjatu settlement, especially the youth. The key **objectives**² of the Youth Group include the following:

- To raise awareness necessary to support behaviour changes among all age groups, especially the youth.
- To promote attitudinal and behaviour change among all members of society, in order to decrease stigma and discrimination towards PLHIV.
- To promote HIV prevention methods to protect the target population from teenage pregnancies, sexual transmitted infections, including HIV.
- To raise awareness of HIV transmission from mother to child among traditional leaders and traditional birth attendants.
- To provide an income to OVCs and ensure school attendance.
- To discourage young people from involvement in alcohol and drug abuse.
- To serve as an advocacy platform for PLHIV.
- To increase awareness of health and social services support that is available for OVC.
- To enhance the care and support available to PLHIV.

The national multi-sectoral HIV/AIDS response strategy³ calls on society to become involved in the response to HIV/AIDS. The approach of the Youth Group, which mainstreams HIV across all its activities, fits well within the national strategy. The Okondjatu Kasojetua Youth Group endeavours to bring community members together in order to contribute to increased awareness of HIV prevention methods, provide care and support to those in need, and mitigate the negative impacts of HIV/AIDS.

1.2 Methodology

The approach to data collection involved two qualitative techniques: Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Data was collected from the Kasojetua Youth Group members, organizations with which they have partnerships and programme beneficiaries. Two FGDs and six KIIs were conducted over a period of three days. FGD participants were selected from the Okondjatu Kasojetua Youth Group (one group with members of the Choir and the second group with OVC beneficiaries), while KIIs were selected based on people in the region

² The Okondjatu Youth Group did not have clear objectives as they responded to needs as needs arose. The listed objectives were developed based on the evaluation fieldwork, which is a summary of what the Youth Group intend to achieve.

³ National Strategic Plan on HIV/AIDS: Third Medium Term Plan (MTP III) 2004 - 2009

that were most knowledgeable about the project. Semi-structured qualitative data collection tools were utilized to gain an enhanced understanding of the Youth Group's overall goals and objectives, activities and achievements, as well as to consider issues regarding impact and sustainability. Unfortunately, a number of intended KIIs could not be conducted, as some of informants were not available at the time of fieldwork. However, information received from KIIs provided sufficient evidence upon which conclusions could be drawn, with the exception of the beneficiaries from the HBC programme.⁴

1.3 Case study report layout

This case study aims to reduce the knowledge gap on how the social economy is addressing the challenges that the HIV/AIDS epidemic poses. It is envisaged that the case study will assist community activist, development partners and policy makers to improve their responses to HIV/AIDS, while also serving as contribution to the Learning and Resources Centre on Social Inclusion (CIARIS, www.ciaris.org) and other knowledge sharing sites.

This section has provided an introduction and an overview of the Okondjatu Kasojetua Youth Group. Section 2 describes the socio-economic context in which the Okondjatu Kasojetua Youth Group operates. Section 3 considers the initiative in practice and outlines the activities of the Youth Group and how it has mainstreamed HIV across all of its activities. Section 4 focuses on outputs and outcomes of the initiative. Section 5 provides conclusions and lessons learned. Where possible, maps, figures and pictures have been included.

2. Social and economic context

This section provides contextual information on Otjozondjupa Region, the Okakarara Constituency and, where possible, on the area served by the Okondjatu Kasojetua Youth Group.

2.1 Demographic and social issues

Namibia has a population of just over two million people and a population density of 2.1 persons per square kilometre, which makes it one of the least densely populated countries in the world (NPC, 2003). Namibia is a diverse country, not only in terms of geography, but also in terms of culture, traditions, languages, and livelihood strategies. It also has the dubious distinction of having one of the highest Gini Coefficients⁵ in the world, at almost 0.7 in 2006 (NPC, 2006).

Otjozondjupa Region is located in north-central Namibia. The Okondjatu Kasojetua Youth Group operates from the settlement of Okondjatu in the Okakarara Constituency of the Otjozondjupa Region, 110kms from the constituency regional capital of Okakarara.

⁴ The Consultant was advised by the Kasojetua Representative not to talk with PLHIV who received support from the HBC component, because of perceived high stigma and discrimination in the community.

⁵ Gini Coefficient is a measure of inequality of income distribution based on a scale from 0, for absolute equality, and 1, for absolute inequality

Figure 1 : Map of Otjozondjupa Region



The Otjozondjupa Region has a total population of 135,384 people, with an annual population growth rate of 2.8 per cent (NPC, 2005). The population of the Otjozondjupa Region makes up seven per cent of the country's population. The region has a very low population density of 1.3 persons per square kilometre over a geographic area of 105,185 square kilometres. For the Okakarara Constituency itself, the population in 2001 was 21,820. The population of Okondjatu settlement is unknown, but is estimated to be 1,000. The constituency's population is mainly spread over large open communal areas, with clusters of people in main settlement areas, such as Okondjatu and Okakarara.

The proportion of those less than 15 years of age is 32 and 42 per cent respectively for urban and rural areas in Namibia (NPC, 2005:15). One the whole, Namibia has a young population, with approximately 62 per cent of the population under 24 years of age. Rural areas in Otjozondjupa, such as Okondjatu have more young people, which “presents both opportunities and risks for the health, development, and well-being of children and youth in Namibia” (Chandan et al., 2008: 3).

Two-thirds (67 per cent) of households in the Otjozondjupa Region are male headed, leaving 33 per cent female headed. Within the Okakarara Constituency, female headed households are more common (41 per cent). There are three main languages spoken in the Region, comprising Otjiherero (28 per cent), Nama/Damara (22 per cent) and Oshiwambo (20 per cent), with Otjiherero spoken by most residents. A very small percentage of the population are San.⁶

The OVC situation in Namibia is regarded as a serious challenge with lack of effective institutional structures and lack of resources limiting response strategies. According to the most recent Household Incomes and Expenditures Survey (NPC, 2006), some ten per cent of all households countrywide contained at least one orphan. The total number of OVC in Namibia is 250,000 (MOHSS, 2008a). It is estimated that 13 per cent of children in Namibia were paternal orphans, seven per cent of children were maternal orphans and three per cent had lost both parents (MOHSS, 2008a: 255).

⁶ The San ethnic group is the most marginalized ethnic groups in Namibia. The Otjozondjupa Region is home to most of the San population in Namibia, although they can be found in all 13 regions.

In the Otjozondjupa Region, the figure is higher, with 18.6 per cent of households with at least one child under the age of 15 orphaned by one parent. In the Okakarara Constituency, 6.8 per cent of all children aged 0-15 were orphans (NPC, 2006). The National Planning Commission (NPC) (2008) indicated that 41.8 per cent and 21.1 per cent of households with orphaned children were poor⁷ and severely poor respectively, while 23.4 per cent and 11.7 per cent of households without orphaned children were poor and severely poor respectively. However, with the vast roll out of Anti Retroviral Treatment (ART) that has seen a perceived decrease in adult HIV prevalence over the past four years, it is widely believed that OVC numbers will stabilize.

In Otjozondjupa Region, the literacy rate is relatively high, with 82 per cent of persons 15 years old and older being able to read and write in at least one language (CBS, 2005). Approximately 84 per cent of all children aged between 10 and 13 years were attending school. Enrolment rates for males are slightly lower than those for females (CBS, 2005).

Despite high levels of literacy and high enrolment rates even at the senior primary level, education remains a challenge in the region. The drop-out rate occurring between primary and secondary school transition is high, and over 40 per cent of all pupils aged 14 and older are not in school (CBS, 2005). Closer examination of the educational infrastructure available within the district suggests a reason for this. There is one combined school in Okondjatu for grades one to eight, and no secondary school. For secondary education, learners need to attend schools outside of Okondjatu, with the closest secondary school in Okakarara, 110 kilometres away. The secondary school in Okakarara has a school hostel that houses learners from Okondjatu and elsewhere. Other contributing factors could include high teacher absenteeism due to illnesses, low wages, gender disparity in educational attainment, among others. In Namibia, households with no formal education were very likely to be poor (50 per cent) or severely poor (26.7 per cent), especially when compared with households that attained secondary education (12.6 per cent poor and 5.1 per cent severely poor) (NPC, 2008).

In Okondjatu, there is one clinic, manned by one enrolled nurse. As per national standards, the clinic in Okondjatu handles out-patients, with no in-patient facilities. Patients who need to be admitted for observation or treatment are usually referred to the Okakarara State Hospital, which is 110 km from Okondjatu. The clinic does not have ambulance facilities to respond to emergencies. Private transportation, public transportation, or the ambulance from the Okakarara State Hospital is usually used for emergencies. However, the ambulance is in high demand, and patients therefore tend to rely on other (limited) transportation to get to the hospital.

⁷ “Under a new approach to setting a poverty line “poor” households are those that have monthly expenditures of less than \$262.45 NAD per adult equivalent, and “severely poor” household as those with expenditures of less than \$184.56 NAD” (NPC, 2008:6)

The infant mortality rate for Otjozondjupa Region is 55 and 63 infant deaths per 1000 live births for females and males respectively. For the Okakarara Constituency, the rate for females and males is 49 and 74 deaths per 1000 live births respectively. Life expectancy is high, at 61 for females and 60 for males, when compared to the national life expectancy rates of 55 for females and 52 for males (MOHSS, 2008a).

Teenage pregnancy is a serious development challenge, especially for females because of the health risk for mother and child and the impact on the future of females, as pregnant teenagers are very likely to give up education. In Namibia, the Demographic and Health Survey found that 15 per cent of females aged between 15 and 19 have begun childbearing (MOHSS, 2008a). Rural teenagers were more likely to fall pregnant early, with 18 per cent of rural and 12 per cent of urban teenagers surveyed pregnant (MOHSS, 2008a). In Otjozondjupa, the survey found that teenage pregnancy was much higher, at 26.5 per cent (MOHSS, 2008a).

In the Okakarara Constituency, 87 per cent of people have access to safe drinking water, 21 per cent have access to sanitary facilities, 17 per cent have access to electricity for lighting, and 87 per cent have access to radios (NPC, 2005). The area houses various government offices such as agricultural officers, a police station, and a conservancy office, among others. There are also a few small shops in Okondjatu. For major shopping and access to services that are not available locally, community members have to travel to Okakarara or to Otjiwarongo (the latter of which is 182 kilometres away).

2.2 *Economic and labour market characteristics*

There are limited formal employment opportunities in the Okakarara Constituency, especially in rural areas such as Okondjatu. The unemployment rate for the region was 32 per cent in 2001, with the rate significantly higher for females (45 per cent) than for males (23.4 per cent) in all age groups (NPC, 2003). For the Otjozondjupa Region, the labour force participation rate is 58 per cent (67 per cent for males and 48 per cent for females). For Okakarara Constituency, labour force participation rates were significantly lower, at 32 per cent (38 per cent for males and 25 per cent for females). This relatively low labour force participation rate and high unemployment rate means that it is likely that the constituency has a high number of ‘discouraged workers’, rather than a high number of people ‘voluntarily not in the labour force’. A discouraged worker is a person who wants a job but has given up looking due to lack of opportunity. They are generally not considered to be part of the labour force, thus not counted in most unemployment statistics. Given the poor demand for labour within Okakarara, it is highly likely that the area suffers from chronic underemployment and demand deficiency. This context makes it very difficult for those with lack of skill and experience – i.e., youth – to gain employment. The highest unemployment rate is found amongst youth between the ages of 15 and 19 (70 per cent females and close to 50 per cent males) followed by those aged between 20 and 24 (60 per cent females and 35 per cent males). These are the two age cohorts that the Okondjatu Youth Group seeks to benefit.

The private sector in Okondjatu is dominated by farming, as well as small shops, *shebeens*,⁸ and informal employment on communal farms. Approximately 40 per cent of labourers fell within the primary occupations, which included labourers and other unskilled occupations. This was followed by craft and related trade workers. The Okondjatu settlement only has a few small shops where a limited range of commodities are sold, including home-made bread, maize meal, canned food and home-brewed beer. According to the results of the Household Income and Expenditures Survey (NPC, 2006), close to half (46 per cent) of households in Okakarara claimed subsistence farming as their main source of income, followed by wages/salaries (20 per cent), pension (13 per cent), business/non-farming (ten per cent) and cash remittances (four per cent). When source of income and incidence of poverty are taken into consideration, it is revealed that those receiving pensions and those engaging in subsistence farming are in the most vulnerable situation in Namibia (see table below). These are the two most common sources of income within Okakarara, and therefore, confirms the vulnerability of households in the Constituency.

Table 1: Incidence of poverty by main source of income

Main Source of Income	Poor (per cent)	Severely poor (per cent)
Total	27.6	13.8
Salaries and wages	13.8	6.6
Subsistence farming	40.3	17.6
Household business	24.1	13.7
Pensions	49.6	28.4

Source: NPC, 2008:16.

A recent report titled ‘A review of poverty and inequality in Namibia’ found that 27.6 per cent of households in Namibia are poor, while 13.8 per cent are severely poor (NPC, 2008).⁹ The report further indicated that 30.4 per cent of households headed by females are poor, while 15.1 per cent are severely poor. The spatial dimensions of poverty indicate that 38.2 per cent rural households are poor and 12 per cent of urban households are poor. 19.1 per cent of rural households are severely poor and 6 per cent of urban households are severely poor (NPC, 2008). The highest incidence of poverty in a region is found in Kavango. Otjozondjupa Region has the 8th highest poverty incidence out of 13 regions (see table below).

⁸ *Shebeen* means small informal shops that sell limited household goods and alcoholic beverages

⁹ “Under a new approach to setting a poverty line “poor” households are those that have monthly expenditures of less than \$262.45 NAD per adult equivalent, and “severely poor” household as those with expenditures of less than \$184.56 NAD” (NPC, 2008:6)

Table 2: Regional poverty in Namibia as a per cent of the regional population

Region	Poor (per cent)	Severely poor (per cent)
Khomas	6.3	2.4
Erongo	10.3	4.8
Oshana	19.6	7.8
Karas	21.9	12.5
Kunene	23	13.1
Otjozondjupa	27.8	15.8
Caprivi	28.6	12.5
Omaheke	30.1	17.5
Omusati	31	12.8
Hardap	32.1	21.9
Oshikoto	40.8	16.6
Ohangwena	44.7	19.3
Kavango	56.5	36.7
Total	27.6	13.8

Source, NPC (2008:10)

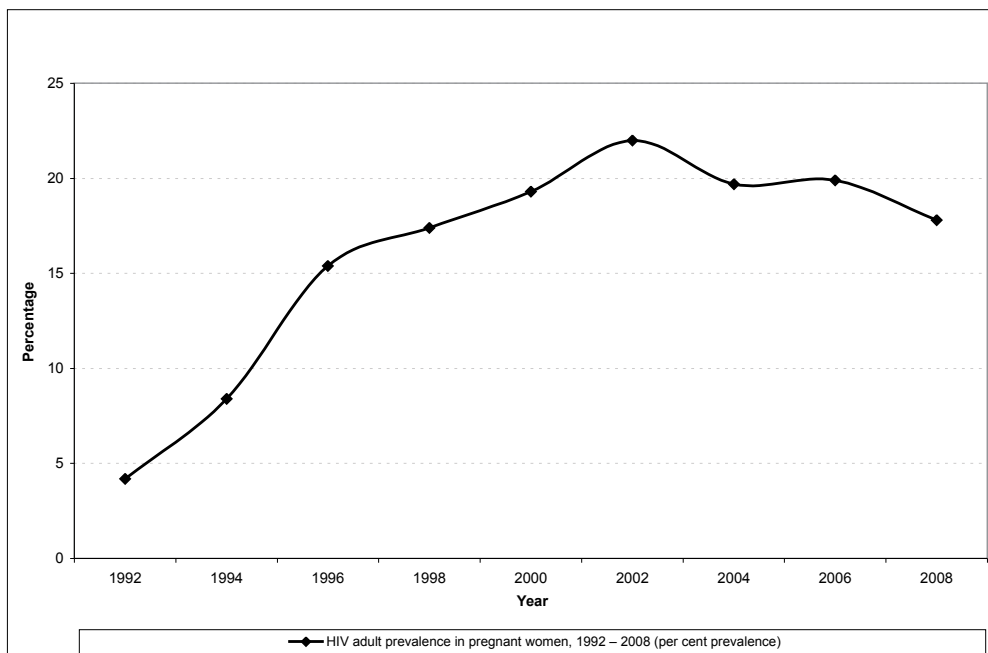
2.3 HIV/AIDS

The first case of HIV in Namibia was reported in 1986. The first HIV Sero Surveillance Survey in Namibia was conducted six years later, and indicated an adult HIV prevalence of 4.2 per cent. The Sero Surveillance Survey makes use of ante-natal clinics where a sample of pregnant women is anonymously tested for HIV.

The MOHSS conducted the first HIV Sero Surveillance Survey in 1992, with follow-up surveys every two years. Since the first infection in 1986, a sharp increase in adult (15 – 49 years old) HIV prevalence was experienced until 2002 with an overall decrease over the following six years. The national adult HIV prevalence was recorded at 17.8 per cent in 2008, a sharp decrease from 19.9 per cent in 2006,¹⁰ as indicated in the figure below. The 2008 HIV adult prevalence in the targeted Okondjatu area is 11.4 per cent. Previous data of the targeted population is unavailable as the Okakarara health centre was only included in the survey this year.

¹⁰ It should be noted that Namibia has not commissioned population based HIV surveillance studies. A population-based HIV prevalence survey usually accompany the National Demographic and Health Survey and is generally regarded as a more accurate survey than using pre-natal clinics and pregnant women for the sample.

Figure 2: HIV adult prevalence in pregnant women, 1992 – 2008 (per cent prevalence)

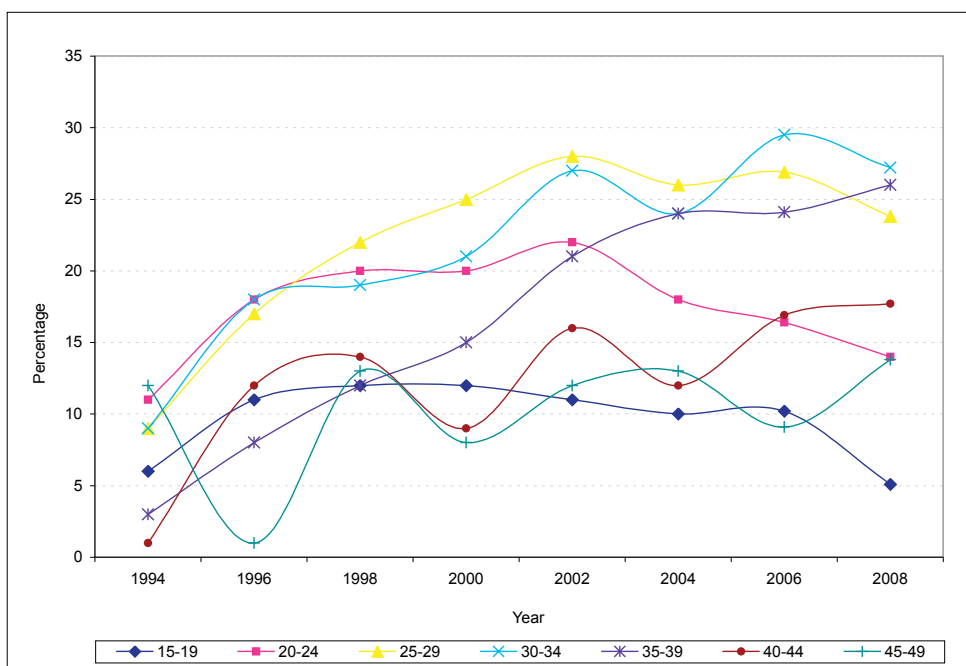


Source: MOHSS (2008b)

The HIV infection trend shows that Namibia is experiencing an overall slow-down in HIV infections, which can be attributed to several factors such as behaviour changes, increased knowledge, decreased stigma and discrimination, and increased treatment, care and support. It may also arise from high death rates during the 1990s of those who were infected in the early 1990s.

Reflecting the downward trend in infections, the HIV prevalence among the 15 – 19 year olds has decreased over the past seven years (2002 – 2008), from 11 per cent to 5.1 per cent (MOHSS, 2008b). The same trend was observed among 20 – 24 years olds, with an even more dramatic decrease (from 22 per cent to 14 per cent). Over the past two years, prevalence increases were seen for the 35 to 39 year old age cohort. The sharpest increase, or 4.7 per cent, was experienced among the 45 - 49 year olds (see figure below). However, it is generally estimated that 50 per cent of all new HIV infections occur amongst those aged between 15 and 24 years (Chandan et al., 2008). This highlights the importance of prevention programmes that target youth and young people.

Figure 3: HIV prevalence by age group and by year of survey (2008) (per cent)



Source: MOHSS (2008b)

There is also a gender dimension to the HIV epidemic in Namibia, as elsewhere, with women at higher risk of infection than men and women taking most of the responsibility for care of PLHIV. Women are at high risk not only because of biological factors, but also because of social, cultural, traditional and economic factors. For instance, Stephen Lewis, former U.N. Special Envoy for HIV/AIDS in Africa argues that “the HIV/AIDS pandemic is now, conclusively and irreversibly, a ferocious assault on women and girls... The toll on women and girls is beyond human imagining: it presents Africa and the world with a practical and moral challenge which places gender at the centre of human condition” (UN, 2002). To illustrate, in Namibia it is estimated that prevalence in men aged between 15 and 24 is four per cent, while in young women it is estimated at 13 per cent (MOHSS, 2008).

In terms of health care, the national target of reaching 30,000 people in need of ART by 2008, which was set by National HIV/AIDS Strategic Plan, Third Medium Term Plan 2004 – 2009 (MTP III), was achieved in the fiscal year 2006/7. By mid 2007, all 34 district hospitals and some health centres and clinics were providing ART services. Key programmatic indicators and targets are summarized in the table below.

Table 3: Programme indicators and targets

Programme Indicators	2000-3	2006/7	2009/10	2011/12	2014/15
Per cent of adults and children (0-14) with HIV still alive at 12 months after initiation of ART	NA	A ¹¹ 69 C 82	A 80 C 87	A 85 C 92	A 90 C 95
Per cent of all pregnant women attending first ANC visit who received results of HIV test	0	58	70	85	90
Number of testing and counselling sites	NA	270	329	341	360
Number of condoms distributed (millions)	9.4	28.5	35	42	50
Per cent of donated blood units screened for blood borne pathogens in a quality assured manner	NA	NA	100	100	100
Per cent of facilities where PEP guidelines are available	NA	NA	80	90	100
Number of sex workers reached with comprehensive HIV and STI services	NA	150	3000	6000	8000
HIV prevalence among sex workers (per cent)	NA	70	60	55	40
HIV prevalence among women and men ages 15 – 24 (per cent)	NA	NA	12	10	5
Number of active HBC volunteers registered with main HBC providers and providing HBC services throughout the year	9615 (2005)	9300	9535	10235	11835

Source: MOHSS (2008c)

In Namibia, the main mode of transmission is unprotected heterosexual intercourse. The main contributing factors to new HIV infections are multiple sexual partners, concurrent sexual partners, cross generational sex and transactional sex influenced by social, economic, cultural and traditional conditions.

Namibia responded to the epidemic by establishing the first National AIDS Control Programme, housed within the MOHSS. As the development challenges posed by HIV/AIDS became more evident, there was a shift from a primary health response to a multi-sectoral response to the challenge, with the government declaring that, “the Republic of Namibia has given the fight against HIV/AIDS top priority in all its development undertakings” (MOHSS, 2008b: i). Namibia and its development partners have increased HIV/AIDS spending over the years, resulting in extensive roll-out of ART, Prevention of Mother to Child Transmission and other support services. However, in practice the multi-sectoral response remains relatively weak,

¹¹ ‘A’ stands for adult and ‘C’ stands for children.

and the bulk of attention is devoted to the health response. The management and coordination of the response at national, regional and local levels have received tremendous capacity building over the past five years. Although capacity has been built, organizational and institutional structures are not sufficiently capable of absorbing this capacity building. However, large amounts of donor financing, mainly from The Global Fund to Fight AIDS, Tuberculosis and Malaria and The US President's Emergency Plan for AIDS Relief (PEPFAR), have gone towards treatment of the disease resulting in the extensive roll-out of ART through most hospitals and health centres across Namibia.

The current National HIV/AIDS Policy for Namibia, which draws upon elements outlined in MTP III, was approved in March 2007. The policy provides the reference framework for all HIV/AIDS related policies and guides national HIV/AIDS responses of all sectors in society. The goals of the policy (Office of the President, 2007: 4) are to:

Provide a supportive policy environment for the implementation of programmes to address HIV/AIDS that reduce new infections, improve care, treatment and support and mitigate the impact of HIV/AIDS, this in turn will assist with achieving Vision 2030.

The national policy and related MTP III provide a broad framework for responding to HIV/AIDS, organized around five broad goals:

1. Strengthening the enabling environment.
2. Prevention.
3. Access to cost effective and high quality treatment, care and support services.
4. Mitigate socio-economic impacts of HIV/AIDS.
5. Integrate and co-ordinate programme management.

Many actors in society contribute to the implementation and progress of these policy initiatives. To illustrate, for many years the community of Okondjatu had to travel to Okakarara State Hospital for HIV/AIDS related services, which included access to ART and HIV/AIDS testing. However, the community activism associated with the Okondjatu Kasojetua Youth Group and other stakeholders brought to life an initiative to bring HIV/AIDS services, such as the provision of ART medicine and Voluntary, Counselling and Testing (VCT) closer to the people of Okondjatu. The Okondjatu Clinic now provides these services because of the initiative taken by the Okondjatu Kasojetua Youth Group.

3. Okondjatu Kasojetua Youth Group: The initiative in practice

The initial aim of the Kasojetua Youth Group was to bring youth together and provide knowledge and education on the importance of developmental issues. This evolved over time as the Youth Group tried to respond to additional challenges within the community and as they achieved greater access to funding and experience. The Kasojetua Youth Group now operates in several regions, with each region having its own youth group. The Kasojetua Youth Group in Okakarara Constituency is called the Okondjatu Kasojetua Youth Group.

Table 4: Kasojetua Branches throughout Namibia

Region	Constituency
Otjozondjupa	Okondjatu, Otjiwarongo, Okahandja, Otjosazu and Ovitoto
Karas	Keetmanshoop
Erongo	Swakopmund
Kunene	Opuwo
Khomas	Windhoek
Omaheke	Gobabis, Drimopsis, Okomukaru, Aminius,

Source: Authors' own data based on interviews with Okondjatu Kasojetua Youth Group Representatives

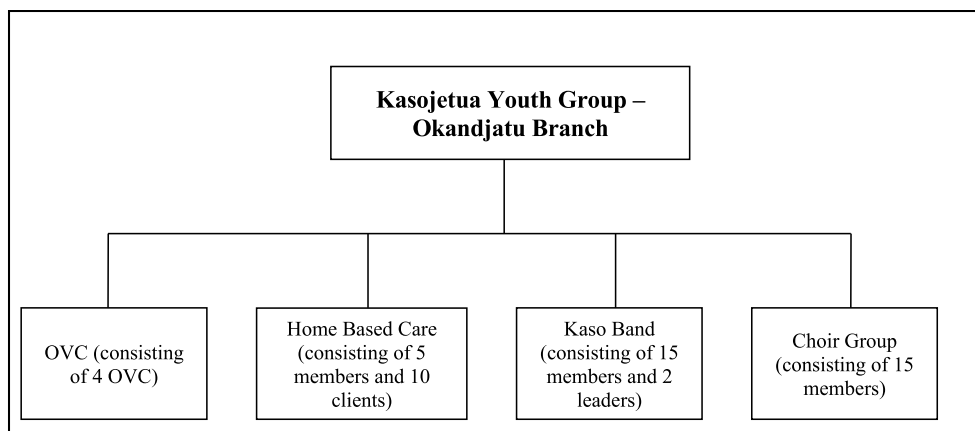
The Okondjatu Kasojetua Youth Group is made up of members from very poor households, OVC (including children who were previously 'working' on the streets) and young individuals who were abusing either alcohol and/or drugs. Just over half of the group members are male and ages of group member range from 12 to 40 years. Two of the group members are San, while the remaining 35 members are Otjiherero speaking. NPC (2008) indicated that 59.7 per cent of the San in Namibia were poor while 39 per cent were severely poor. By comparison, NPC (2008) indicated that 17 per cent of Otjiherero were poor, while 8.8 per cent were severely poor. Most of the Okondjatu Kasojetua Youth Group members would be classified as poor (monthly expenditure < \$262.45 NAD), with a few, especially the San speaking members, falling within the severely poor cohort of the community (monthly expenditure < \$184.56 NAD).

The Okondjatu Kasojetua Youth Group concentrates on four main activities and within each activity there is a component of HIV/AIDS. The main activities focus on:

- Home Based Care (HBC).
- Orphans and Vulnerable Children (OVC).
- A cultural band known as Kaso Band.
- The Kasojetua Youth Choir.

The structure of the Okondjatu Kasojetua Youth Group is illustrated in the figure below.

Figure 4: Structure of the Okondjatu Kasojetua Youth Group

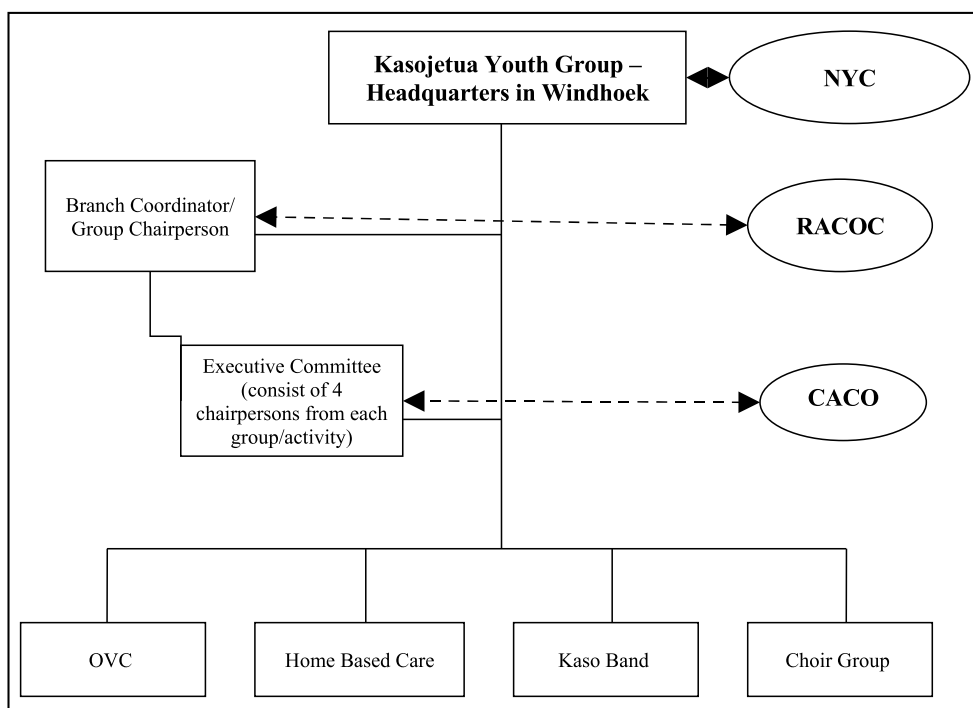


Source: Authors’ own data based on interviews with Okondjatu Kasojetua Youth Group Representatives

At the national level, the Kasojetua Youth Group has in place a management structure intended to monitor activities and provide strategic guidance for implementation in the regions where they are active. The Headquarters of the Kasojetua Youth Group is currently situated in Windhoek. The headquarters is staffed by a volunteer chairperson, charged with providing guidance to the various Kasojetua Youth Groups.

One annual general meeting takes place, financed by the National Youth Council (NYC), for different regional Kasojetua Youth Groups, where annual progress updates are provided. The Kasojetua Youth Group is a member of the NYC at the national level, and is responsible for reporting to the NYC. At the regional level, the Okondjatu Kasojetua Youth Group reports to the Regional AIDS Co-ordinating Council (RACOC) and the Constituency AIDS Co-ordinating Council (CACOC). The Youth Group is also a member of the Namibian Network of AIDS Service Organisations (NANASO), the Okakarara Constituency Youth Forum and the Okondjatu Youth Forum. These relationships are noted in the figure below.

Figure 5: Kasojetua Youth Group Organogram



Source: Authors' own data based on interviews with Okondjatu Kasojetua Youth Group Representatives

3.1 *Aim, Vision and Values*

The Okondjatu Kasojetua Youth Group does not have a clearly stated vision, mission, goals and objectives to guide their activities. Interview participants were therefore asked to describe the goals and objectives of the youth group. It was found that the overall goal of the Okondjatu Kasojetua Youth Group was to enhance the health and well-being of people residing in and around Okondjatu settlement, especially the youth. The key objectives of the Youth Group were noted as follows:

- To raise awareness necessary for behavioural changes interventions among all age groups, but especially the youth.
- To promote attitudinal and behaviour change of individuals, groups and society as a whole with the aim of decreasing stigma and discrimination towards people living with HIV (PLHIV) and those affected by it.
- To promote HIV prevention methods and skills to protect from teenage pregnancies, STIs, including HIV.
- To raise awareness of HIV transmission from mother to child among traditional leaders and traditional birth attendants.

- To provide an income to OVC and ensure school attendance.
- To discourage youth involved with alcohol and drug abuse.
- To serve as an advocacy platform for PLHIV.
- To increase awareness of health and social services support for OVC.
- To enhance care and support to those who are infected with HIV/AIDS.

The group does not have a vision statement, but operate by the motto, “Youth develop the nation”.

3.2 Donors and Development Partners

The group has received financial and in-kind contributions from the following organizations and individuals:

Table 5: Detailed list of Kasojetua Partners

Name of organization	Contribution/donation
The African Wild Dog Conservancy	Music instruments to the Kaso band.
NANASO	Booklets with information about HIV/AIDS, condoms and training related to HIV/AIDS.
RACOC	Advisors and provided recommendations for the group when looking for funding and donors. Assist with transport when a vehicle is available.
NYC	\$10,000.00 NAD annually to the Kasojetua Youth Group Headquarter in Windhoek on behalf of the entire Kasojetua for their annual general meeting.
MOHSS	Training to the HBC team, HBC kits and condoms.
Community leaders	Act as advisors and write recommendations for the group when looking for funding and donors.
School in Otjozondjupa region	The OVC supported by the Youth Group are attending the Okondjatu combined school. The Youth Group has established HIV/AIDS awareness clubs at Okakarara Secondary School, Okamatapati Junior Secondary School, Waterberg Junior Secondary School and Okondjatu Combined School. The group donated \$1,500.00 NAD to the Okondjatu Combined School to build a performance a stage for the school hall.
Okondjatu District AIDS Committee	The committee received \$2,000.00 NAD per year from RACOC for their World AIDS Day campaign: the ODAC works closely with the Kasojetua Youth Group on these campaigns.

Source: Authors’ own data based on interviews with Okondjatu Kasojetua Youth Group Representatives

The Small Grants Fund, which is administered by UNAIDS Secretariat – Namibia and funded by the Swedish, Finish and Dutch embassies is the main source of funding for the group (see table below). Other organizations and individuals who have assisted the group did not provide finance, but have made direct purchases and payment for items the group requested. The Youth Group has received support from the Self Help Programme of the US Embassy, worth \$120,000.00 NAD (\$12,000.00 USD).

Table 6: Small Grant Funding allocations over time¹²

Year	Grant amount in NAD (USD)
2003	\$16,824.00 (\$1,700.00)
2005	\$30,650.00 (\$3,000.00)
2008	\$41,462.84 (\$4,100.00)

Source: Authors’ own data based on interviews with Okondjatu Kasojetua Youth Group Representatives

Financial reporting requirements of the Small Grants Fund oblige the group to submit original receipts for goods purchased with Small Grants Funds. One member of the Kaso Band group has been appointed as the financial administrator, responsible for the disbursement of funds, record keeping, and submitting financial statements within the framework of the Small Grants Fund reporting system. The group has a cheque book, which requires two signatories, and auditing is undertaken by Small Grants Fund auditors.

3.3 Main Activities

The Okondjatu Kasojetua Youth Group has four sets of activities: HBC, OVC, Kaso Band and the Choir Group. Each component has its own target population, main activities and approach to HIV mainstreaming.

3.3.1 Home-Based Care

The Okondjatu Kasojetua Youth Group Coordinator saw the need to give assistance to those infected and affected by HIV/AIDS. Therefore, in 2003, the group established the Home-Based Care (HBC) component. The HBC group approached MOHSS for support, which resulted in the training of five volunteers. After the completion of training, the group received HBC kits. The objectives of the HBC group are as follows:

- To provide the community with the necessary knowledge and skills needed to care for people living with the HIV.
- To provide better care for PLHIV.
- To provide support and encourage PLHIV to disclose their status.

¹² USD\$ and NAD\$ exchange rate was USD\$1 to NAD\$10 on average throughout 2008.

- To provide counselling to family members affected by HIV, so that they can provide support and accept the status of their loved ones.
- To encourage community members to go for HIV testing.
- To raise HIV/AIDS awareness in the communities.
- To give information regarding social grants for those infected with HIV.

In total, the Okondjatu Kasojetua Youth Group has ten PLHIV clients. It is estimated that the Youth Group services close to 10 per cent of the total PLHIV population in the Okondjatu area, based on the assumption that Okondjatu has an HIV prevalence of 11.4 per cent and that the same percentage is in need of support. The HBC team visited the clients almost every day for the first few weeks after they became part of the programme and, thereafter, once a week. Before joining the HBC Programme, two clients were very sick and noted that they ‘did not have any hope for the future’. Through the HBC Programme, these two people publicly disclosed their status and began treatment. They now felt better and were healthy enough to continue with their employment based in Windhoek. For the remaining clients, their situations were not possible to assess during the evaluation, as they had not declared their status publicly and therefore could not be interviewed.

Stigma and discrimination of those infected and affected by HIV/AIDS were regarded as a serious challenge in Okondjatu. Perceived high levels of stigma and discrimination were attributed towards ignorance, people not understanding the disease and denial that HIV/AIDS is a serious problem. The HBC group therefore had to find innovative ways to provide HBC services without letting the rest of the community know that they were providing the service to specific households. Confidentiality was therefore upheld. HBC workers only visited PLHIV households at night time to ensure that others would not see their movements.

3.3.2 OVC Support

The OVC activity was established in 2005 under the Okondjatu Kasojetua Youth Group. The Okondjatu Kasojetua Youth Group, through the Kaso Band, provides several support services to three children in need. The group took the responsibility for paying for school fees, hostel accommodation, uniforms and books of three vulnerable children who are attending the Okondjatu Combined School. They already identified another vulnerable child who will be added in early 2009. This will bring the number of children who receive support to four: three girls and one boy between the ages of 10 and 19 years. These young people are all members of the Kaso Band who were either orphaned or vulnerable when they initially joined the group. Based on population data and estimates of OVC prevalence in Okondjatu, the Kaso Band supports approximately six per cent of OVC in Okondjatu (MOHSS, 2008a).

One of the requirements when youth want to join the Kaso Band is that they must attend school. If they were not currently attending school, the two group leaders tried to encourage them to return to school.

The Kaso Band does not have sufficient funds available to cater for all the needs of their members. The band can afford to pay hostel fees for one child only, while the other two children reside with band leaders. In discussions with these children and with the principle of the school, it was learned that the children were doing very well and that two of them received awards at the end of the last school year for best overall student and best student in English and Mathematics.

3.3.3 *Kaso Band*

The Kaso Band was established in 2005 by the Okondjatu Kasojetua Youth Group. The group consists of 15 members, six vocalists, two keyboard players and seven dancers. The band has two leaders, one who is dealing with financial matters and the other with training of the band. Most band members are between 17 and 30 years old, but there are one who is above 30 and another who is above 40.

The band travels throughout Namibia with their music for the purpose of sending developmental messages, while gaining an income for the members. The band is reported to be well known for adopting school drop-outs in the district and helping them pursue a career in music. The band is responsible for paying the school fees of four vulnerable children, who are also members of the band. Members can also earn some income from performances and music sales.

“The youth are leaders of tomorrow and their upbringing and perception towards their lives at present is the only thing that will determine the type of tomorrow this country will be. Therefore the Band will be doing its best to assure that these resource people also contribute towards economic development”, words from the two leaders of the Kaso Band.

As part of their responsibilities, the band has also taken up the challenge of educating their community about preventing HIV infection. Through the Kaso Band, the Okondjatu Kasojetua Youth Group has established HIV/AIDS awareness clubs at four schools in Okakarara Constituency:

- Okakarara Secondary School.
- Okamatapati Junior Secondary School.
- Waterberg Junior Secondary School.
- Okondjatu Combined School.

Some members of the band are “Lifestyle Ambassadors” under the CoOoL Behaviour Campaign,¹³ an initiative by the MOHSS in collaboration with the United Nations Population Fund (UNFPA). The campaign aims to raise awareness about HIV/AIDS among youth.

The **CoOoL** stands for:

A **C**ondom will help

¹³ This is a peer education programme implemented by the MOHSS with financing from UNFPA.

PrOtect you from HIV infection

PrOtect you from Sexual Transmitted Infections

PrOtect you from unwanted pregnancy

in a Loving moment

Under this programme, each Lifestyle Ambassador is responsible for visiting 100 households per year to provide education on issues related to HIV/AIDS, pregnancy, STIs, among others. They encourage the youth to delay sexual practices and they distribute condoms. Each member receives a stipend of \$250.00 NAD per term¹⁴ from UNFPA.

The Kaso Band is reportedly quite successful, and has received several music awards, which include:

- First place, Oviritje Music Award for “Best Spiritual Song”, 2007.
- First place, Omaheke region Youth Expo Award for “Best Group Vocalist Song”, 2007.
- First place, National Youth Expo Award for “Best AIDS Song”, 2007.
- First place, Otjozondjupa regional Youth Expo Award for “Best Group Vocalist”, 2008.
- First place, Otjozondjupa regional Youth Expo Award for “Best Solo Vocalist”, 2008.
- First place, Otjozondjupa regional Youth Expo Award for “Best Dancing”, 2008.

3.3.4 *Choir group*

Okondjatu Kasojetua Youth Group established a choir group in 1990. At the time, the group consisted of people who were addicted to alcohol or drugs. The aim was to rehabilitate the members of the group through singing. In 1991, the choir group members became members of the Okondjatu Kasojetua Youth Group. The Okondjatu Choir sings in Okondjatu, in villages and settlements within the Okakarara Constituency and the overall Otjozondjupa Region. The choir consist of 11 members, though the number of people performing at any given time changes regularly because members migrate for employment opportunities.

The choir has helped to decrease the vulnerability of members by helping them to generate income from performances and music sales.

¹⁴ Per term in this context means three times a year, coinciding with school terms.

3.3.5 *School-based events*

Once a week on average, the Okondjatu Kasojetua Youth Group has a social evening at schools, talking to young people about the importance of education, challenges facing adolescents, and the dangers of teenage pregnancy and peer pressure. The group facilitated the establishment of AIDS Clubs at six schools in the Okakarara Constituency. Key informants argued that this initiative was successful in engaging children in discussions about life in general and sexual and reproductive health more specifically. The main purpose of establishing the AIDS clubs was to engage in peer to peer discussions about sexual reproductive health, attitudes towards social and health related issues, and more specifically to talk about the risks associated with HIV, alcohol and drug abuse, teenage pregnancies and the importance of education. Peer education among young people has been proven to be effective, especially in matters relating to sexuality and sexual health. This is because young people generally feel more comfortable to speak openly with peers, which creates an environment that is more likely to be engaging and supportive of learning about sexual health (Chandan, 2008: 12).

3.4 *HIV/AIDS mainstreaming across all activities*

The youth group serves as a general advocacy platform for HIV/AIDS within their community. As part of their advocacy activities they have cooperated with other stakeholders in a campaign to bring HIV/AIDS services to the Okondjatu clinic. Subsequently, voluntary counselling and testing has increased amongst community members. They have enhanced the access of OVC to services and government grants by assisting with registration processes. They have increased awareness of reproductive health and HIV/AIDS amongst traditional leaders and birth attendants.

The group has created their own AIDS Day, called the Kasojetua AIDS Day which is held annually on the 10th of June. On this day, there are musical performances, discussions on HIV/AIDS and the distribution of condoms. It is reportedly attended by many community members, but especially by the youth.

An Elders AIDS day has also been created in order to promote open discussion about HIV/AIDS. This was established as in Herero culture there are many taboos concerning discussion of sexual issues in the presence of younger people. The AIDS Elders Day was therefore felt to be an appropriate response to dealing with HIV/AIDS in a culturally sensitive manner.

The perceived success of their group has created a desire amongst group members to travel all over the county, in order to raise awareness among the youth. However, lack of transport and insufficient funds continue to be a challenge.

Each programme of the Okondjatu Kasojetua Youth Group mainstreams HIV/AIDS through singing, shows, home-based care, counselling and engaging with school clubs. The HBC component provides care and support to PLHIV. The OVC component supports vulnerable children to return to school and to earn an income by being part of the Kaso Band. The Kaso Band includes HIV/AIDS messages in their songs and provides care and support to vulnerable children. The Choir Group also

contributes towards the delivery of HIV prevention messages and also contributes towards a perceived reduction in alcohol and drug abuse among young people. In summary, the Okondjatu Kasojetua Youth Group included the following HIV/AIDS components in its work:

- Introduced life skills at the schools.
- Implemented AIDS Awareness Clubs at four schools in the Otjozondjupa Region.
- Increased HIV/AIDS awareness in targeted villages.
- Provided condom distribution and demonstrations.
- Introduced Home Based Care.
- Facilitated four vulnerable school children who gave up school to continue their education.
- Held HIV transmission workshops with sixty traditional healers.
- Held HIV transmission workshops with five traditional birth attendants.
- Held social evenings at schools to discuss the importance of education, and to consider challenges facing adolescents, including peer pressure and teenage pregnancies.
- Facilitated career development in music for OVC.
- Established the Okondjatu AIDS Day.
- Established the Okondjatu AIDS Elders Day.
- Facilitated public disclosure of HIV infection by five people.
- Some members became Lifestyle Ambassadors on the CoOoL Behaviour Programme.
- Facilitated at least three young people overcome alcohol and drugs abuse problems and return to school.
- Produced music CDs on HIV/AIDS through the Kaso Band and choir.
- Assisted vulnerable children by paying their school fees, school uniforms and accommodation.

3.5 *Expectations from beneficiaries*

The beneficiaries of Home-Based Care were expecting to receive food parcels and blankets from the group. However, due to limited resources, the Okondjatu Kasojetua Youth Group cannot offer their clients food and blankets. This was explained to the

beneficiaries of HBC and they now have an understanding of what the group has to offer. In the long-term, the HBC beneficiaries expect to have a better quality of life mainly because of improved health and self-confidence. Some have already acquired job opportunities because of their improved health, which was a direct result of the care and support they received through the project.

More broadly, a number of community members expected that the Okondjatu Kasojetua Youth Group would take care of all OVC in the area. The Okondjatu Kasojetua Youth Group took up the initiative of assisting the Office of the Regional Council to register OVC so that they would be eligible to benefit from government grants, and this apparently resulted in the confusion regarding their role and capacities.

School going OVC who are part of the group now expect to complete secondary school with support received from being part of the group. They now have higher expectations and are more optimistic about the future, than before joining the group.

The Kaso Band and Choir members desire reliable income simply for being members, but understand that if they do not perform, they are not entitled to receive an income. Their main income is generated from live performances and the sales of music CDs and DVDs. Most members of the group do not have alternative sources of income, especially as many of them are still in school. The group understands the situation they are operating in and have learned how to adjust their living standard for the times when there is a lack of income from the group.

4. Outputs and outcomes of the Okondjatu Kasojetua Youth Group

This section focuses on:

- Outputs in terms of changes over time, action plans, management, linkages with partners.
- Outcomes in terms of relevance, impact, challenges and sustainability.

4.1 Outputs

4.1.1. Changes over time

The Okondjatu Kasojetua Youth Group has changed its activities considerably over time, as they responded to the needs of the community. The group grew from being a musical group to a group providing four distinct programmes, all of which are linked by a central concept: HIV/AIDS. The group grew from providing economically for members only, to engaging in activities aimed at helping young people stop abusing alcohol, getting children who dropped out of school back in school, promoting safer sexual practices among young people in the community, preventing HIV infection, and providing care and support to PLHIV.

Most of the household in Okondjatu are poor households as indicated earlier. Many children and adults belonging to the Youth Group benefit to such an extent that they

could move from being severely poor to being poor. This is a big step for people in this settlement. Many households are encouraging their children to partake in the Youth Group, with the aim of benefiting financially. It should be noted that Youth Group members do not have a regular income and sometimes do not get income for long periods of time. Their income is dependent on shows and performances, but this irregular income is better than no income at all.

4.1.2. Action Plan

At the beginning of each year, the Okondjatu Kasojetua Youth Group receives an Annual Action Plan from Kasojetua Headquarters in Windhoek, with activities that are scheduled throughout the year. From that, they meet and develop their own Activity Plan. Below is the Annual Action Plan for 2008:

Table 7: Annual Action Plan (2008)

Activities	Date	Community Name	Amount Budgeted (NAD)
Year official opening	25 Jan	Okondjatu	1,500-00
HIV/AIDS awareness at Okondjatu School	28 Feb	Okondjatu	500-00
Behaviour change meeting at Coblens School	20 March	Coblens	2,300-00
Song/music festival & AIDS awareness raising	4 April	Eiseb Block	2,300-00
Behaviour change meeting at Otjiwarongo	30 April	Otjiwarongo	2,000-00
Otjozondjupa youth expo	May		1,500-00
Regional AIDS Day	6 June	Okahandja	4,000-00
Behaviour change meeting at Grootfontein	27 June	Grootfontein	3,000-00
Kasojetua Sports Day	4 July	Okakarara	2,000-00
Kasojetua Regional Sports Day	11 July	Okamatapati	10,000-00
AIDS awareness, choir & music at Heroes Day	25 August	Okahandja	2,300-00
Kasojetua Annual General Meeting	5 Sept	Mariental	5,000-00
Leaders capacity building training	17-19 Sept	Waterberg	5,000-00
National Youth Expo		Windhoek	1,500-00
Kasojetua History Day	17 October	Otjosazu	1,200-00
Exposure trip to other regions	7-21 Nov	Kunene Erongo Karas	10,000-00
Music & AIDS behaviour change meeting	28 Nov	Ovitoto	2,000-00
World AIDS Day	1 Dec	Okakarara	1,000-00
End function day	5 Dec	Okahandja	2,000-00
Total			59,100.00 (\$5,900.00 USD)

Source: Authors' own data based on interviews with Okondjatu Kasojetua Youth Group Representatives and documentation available in their administrative office

4.1.3. Links with HIV/AIDS Resource Persons, Advocacy Groups and Service Providers

The Kasojetua Youth Group has close links with the NYC at the national level, which provides finances for their annual meetings. However, other support from the NYC is reportedly not forthcoming. The Okondjatu Kasojetua Youth Group is also a member of the Namibia National AIDS Network Organisation (NANASO), although support from NANASO was limited in terms of providing services or a platform for advocacy, they received HIV/AIDS information leaflets and condoms for further distribution.

At the regional level, the Okondjatu Kasojetua Youth Group has formed very close links with the Regional Council and Traditional Authorities. The Regional Council plays an important role in terms of advocacy. For instance, it supported the group's motivation to introduce VCT and ART services at the local clinic. The Traditional Authority also provided the group with land to build an office, and occasionally the Regional Council provides transportation. The Regional Council felt that the Youth Group continues to contribute positively to the community and wants to provide support where it can.

There is a close link between the Okondjatu Kasojetua Youth Group and MOHSS, due to the local clinic. The group gets condoms from the clinic for further distribution and receives up to date information regarding HIV/AIDS. The group also receives support from the Directorate of Special Programmes from MOHSS, to ensure effective monitoring of activities.

Local schools in the Okakarara Constituency provide classrooms to representatives of the group for social events involving children.

The RACOC and CACOC can serve as co-ordination and advocacy platforms, but distance and barriers to transport have proven to be constraints.

4.1.4. Monitoring Tools

The group closely follows and tries to adhere to their Annual Activity Plan. To monitor the work/activities of the group, the Okondjatu Kasojetua Youth Group is required to submit information of their HIV/AIDS interventions through a method called the System for Programme Monitoring (SPM) of the MOHSS, which falls under the Directorate of Special Programmes. SPM is Namibia's national routine data collection and reporting system for data regarding implementation of HIV/AIDS, tuberculosis and malaria related services that do not take place at health facilities (non-health-facility-based data). When the evaluator spoke to a representative of the Regional Council, the Kasojetua Youth Group was praised for being one of the most efficient groups in the region, in regard to accountability and reporting.

4.1.5. *Management*

It was reported that the two leaders of the Youth Group had not received formal managerial training. The vice-chairperson attended numerous training sessions and workshops with regards to HIV/AIDS and prevention, but not leadership training. He had also attended training on proposal writing and workshops on preparing applications for small grants. Even though the group's leaders have not had formal training, key informants noted that they did not believe that this lack of training hindered the two from effectively managing the Okondjatu Kasojetua Youth Group and its activities. Through their experiences with the initiative and interactions with other stakeholders, the leaders felt that they had developed skills in leadership, advocacy skills, communication, counselling, planning and organization. These skills and the drive to 'make a difference' have led the group from being a small initiative to being a well-known group not only in Okondjatu, but also in the Otjozondjupa Region and the rest of Namibia.

4.2 *Outcomes*

Based on the results of the field assessment, it is felt that the Okondjatu Kasojetua Youth Group had a positive impact on the lives of people they have reached, comprising largely those in the Okondjatu community. Beyond the specific impacts on the lives of those directly engaged, the use of culturally-sensitive approaches delivered through innovative means have relevance well beyond Okondjatu.

In terms of specific impact, there were ten clients under the HBC who have been reached through this service. Stigma and discrimination are still regarded as a problem in Okondjatu and for this reason most HBC service recipients wanted to maintain confidentiality and therefore could not be interviewed. While primary data could not be collected from the beneficiaries, key informants suggested that HBC clients were pleased with the HBC services received from the group. According to key informants, clients expressed their satisfaction with the work that the HBC team was doing. The HBC group hoped that in the future, awareness campaigns would help people to become more accepting of persons infected with HIV. This, it was felt by respondents, would enable the HBC team to reach more people who are in need of this service.

As noted above, the Okondjatu Kasojetua Youth Group, through the Kaso Band, is currently responsible for the well being of three vulnerable children with a fourth child expected to join in January, 2009. Analysis of data collected reveals that the OVC programme of the Kaso Band is well targeted, as beneficiaries either came from very poor families who could not afford to support them or had lost their parents. Two of the children had lost their parents and did not have anyone to take care of them. They stated that their lives had, as one put it, 'changed completely, thanks to the Kaso Band and its leaders'. They were now able to complete their schooling, were provided with shelter and food and had a small income from being a member of the band. The Youth Group supported these children to move from a situation where they were severely poor, to a situation where still they are poor but now able to meet basic needs. They realized that they were surrounded by people who cared about them and have their best interests at heart.

The young people who belong to the Kaso Band and the Choir Group earn an income through live show performances, sales of CDs and DVDs, choir song evenings, and sponsorships. Through this income, they were able to take care of themselves and their families. Some of those in the band used to abuse alcohol and drugs. Some were involved in criminal activities and did not want to go to school. In becoming a part of the Okondjatu Kasojetua Youth Group, they noted that they were encouraged to change their lives and have subsequently developed self-appreciation and confidence.

The members of the Kaso Band have signed a contract with the Okondjatu Kasojetua Youth Group, detailing what was expected from them. Issues such as use of alcohol and drugs, criminal activities, fighting, disrespectful behaviour or language are not tolerated and could cause a member to be dismissed from the band (although this has not occurred to date).

The Kasojetua Youth Group was noted by key informants to have accomplished the following with regards to HIV/AIDS:

- Established AIDS Awareness Clubs at several schools. It was reported that the pregnancy rate among the teenagers at these schools has dropped as a result of this initiative.
- Established the Okondjatu AIDS Elders Day.
- Reached their community and the entire country through their live performances, singing songs about HIV/AIDS, to raise awareness.
- The assistance and support of the regional council office and community leaders made it possible for HIV testing to be available at the Okondjatu Clinic. With testing services available, there has been an observed increase in voluntary counselling and testing amongst community members.
- The assistance and support of the regional council office and community leaders, contributed towards providing access to ARVs that are now available at the Okondjatu Clinic.

Five people in Okondjatu have publicly announced their HIV positive status and are currently on ARVs. The communities, traditional leaders and birth attendants were further sensitized on issues regarding HIV/AIDS, an initiative facilitated by the Okondjatu Kasojetua Youth Group via the Regional Council.

4.2.1. Relevance

Interview findings suggest that the Okondjatu Kasojetua Youth Group's activities are relevant to the needs and aspirations of the community, but that the scale of impact is quite small. The economy is driven by small scale, informal trade and agriculture, and extremely limited formal sector opportunities. The Otjozondjupa Regional Participatory Poverty Assessment (NPC, 2007) indicated that high unemployment

leads to young girls earning an income through sex work, thus heightening challenges of gender inequality. The assessment further noted that unemployment, a lack of opportunities for the youth, a lack of recreational activities, coupled with cultural practices and peer pressure had resulted in youth engaging in risky sexual practices, such as multiple sexual partners, cross generational sex and transactional sex. These practices were felt to contribute towards the spread of HIV. The NPC (2007:48) report further noted that:

People are ignorant about how sexual behaviour is associated with the transmission of HIV/AIDS. Some community members blame this on ineffective or lack of HIV/AIDS awareness programmes.

Within an informal economy, such as that of Okondjatu, an initiative such as the Okondjatu Kasojetua Youth Group provides an innovative approach that draws marginalized people back into the community, while providing some community members with a source of income. Interviewees expressed that the Youth Group was relatively unique, as it was ‘borne out of unemployment in the region’. Members of the Youth Group can now make an income (albeit very small) from being members and be actively involved in community development initiatives. Opportunity to be part of the youth group has seen members refrain from social pathologies, such as alcohol and drug abuse. Teenage pregnancies were on the decrease according to key informants, and it was felt that the work of the Youth Group contributed towards this.

4.2.2. *Impact*

When asked to discuss impacts, a number of the key informants noted that the impacts were positive, but were quite small because activities had not been sufficiently scaled-up. Nevertheless, direct impacts of Youth Group activities on the direct beneficiaries were felt to be substantial. The Okondjatu Kasojetua Youth Group paid for school fees, hostel fees, school uniform, shelter and school materials for four children. The lives of these children have changed for the better, because they were previously out of school, on the street and some were involved with both alcohol and drugs. These children were now back in school, off alcohol and drugs and were reported to be doing very well in school. As indicated earlier, approximately six per cent of the OVC population in Okondjatu received support from the Group.

“I am a different person since I joined the group. I was an alcoholic and addicted to drugs. The [Kasojetua Youth] group leader saw the potential in me, and sent me to a rehabilitation centre outside Otjiwarongo. I have been there for 6 months and have been clean [from alcohol and drugs] for almost a year now. Was it not for the group, I probably would have been dead by now”, according to a member of the Youth Group.

A group of ten PLHIV have received care and support over the past two years, while a campaign that the Youth Group was associated with resulted in ART services

becoming available within the community. Other services, such as VCT, were also brought closer to the people, resulting in increased access to counselling and testing according to KIIs. The availability of these services has the potential to increase prevention activities, reduce the number of infections, reduce discrimination and enhance overall community cohesion. The innovative manner in which HBC is provided to clients respects their privacy and allows clients to continue with ART without being discriminated against or stigmatized by the community.

The Okondjatu Kasojetua Youth Group has contributed towards increased awareness of the risks associated with alcohol, drugs, teenage pregnancy and therefore enhanced the life skills of school going children. The Youth Group's approach to enhancing life skills was regarded as innovative because young people were engaging with other young people who shared similar interests. They could therefore freely speak about issues of common concern. Peers also connect better through song and dance, which is the forte of the group.

HIV/AIDS Clubs established by the Okondjatu Kasojetua Youth Group provided a platform for school going children to discuss issues related to their well-being, reproductive and sexual health, including HIV/AIDS. This has resulted in children being more informed about HIV/AIDS and having the skills to make informed decisions¹⁵ about high risk sexual behaviour and HIV prevention mechanisms. Key informant interviewees reported that teenage pregnancies were perceived to have decreased and that children were perceived to be engaged in more productive activities, such as doing their school work.

“My mum passed away in 2006 and I was left alone. One day I attended the Kaso Band show, and liked what I saw. I approached the group leader who invited me to audition and I was later selected to join the group. At that time I was not in school; the group leader told me that I will join the group on the condition that I go back to school. I am so glad I met these people. I am earning a salary through the band and also attending school to finish with my education”, words from one of the OVC.

However, the impact of skills acquired through peer education on sexual behaviour is difficult to assess. In general, peer education has been found to be effective at increasing knowledge and self-efficacy, but less effect at modifying behaviour (Chandan et al., 2008). It is therefore important that peer education be seen as one part of a broader HIV awareness strategy. The multi-faceted, mainstreamed approach, exemplified by the activities of the Youth Group goes beyond peer education to provide many opportunities for learning about how HIV/AIDS affects people in real life, while also providing access to HIV related services (such as condom distribution and confidential counselling) that are friendly to adolescents. This is an innovation of the Youth Group.

¹⁵ However, assessing the skills to make informed decisions and the impact of those skills on behaviour change was outside the scope of this evaluation.

4.3 Challenges

Administrative and human resources challenges hamper the effectiveness of the group. Key informants felt that an office administrator was needed full time for the daily running of the Okondjatu Kasojetua Youth Group. Currently only two members, the president of the Kaso Band and the Vice Chairperson of the Okondjatu Kasojetua Youth Group are computer literate. The Chairperson is also employed full-time by the African Wild Dog Conservancy and travels a great deal. When he is not available, some of the activities, especially of the Kaso Band, stops until his return. This was confirmed through interviews with the CACOC representatives. They also indicated that the filing and record keeping system needs some improvement, and suggested that this was a direct result of the lack of a full-time office administrator.

Volunteerism was felt to be a challenge, not only for this project, but for other volunteer initiatives as well. HBC volunteers initially expected to be paid for their time. However, it was made clear before joining the group that volunteerism was part of their social responsibility. Volunteerism is an issue that needs to be discussed by policy makers in Namibia, because a large number of people provide their services for HIV support expecting to receive incentives in terms of training, money or in kind. Motivating HBC volunteers is a challenge because the Youth Group does not have sufficient resources to provide incentives to volunteers. Currently, HBC providers continue to provide support to those in need, because of their 'social responsibility', although continued support is questionable, unless a larger pool of HBC providers is trained.

Okondjatu is a small and cohesive village. However, due to the lack of sufficient information regarding HIV/AIDS, there were still high levels of stigma and discrimination. As reported earlier, concerns over stigma and discrimination had led to visits to the HBC clients being conducted discreetly (after dark) to avoid the potential for stigma and discrimination, thus limiting HBC outreach activities during the day.

Places where the Kaso Band perform or raise HIV/AIDS awareness are usually far from Okondjatu. The Okondjatu Kasojetua Youth Group experienced numerous challenges over the years with regard to transportation. The members rely mainly on the Office of the Regional Council for transport, but this was often a problem since the Regional Council Office only has one vehicle. The alternative is to hire vehicles from community members, but this is usually very expensive.

The Okondjatu Kasojetua Youth Group received a parcel of land from the Traditional Authority for the construction of an office. However, the group does not have sufficient funds for construction. Currently the group is sharing an office with the Conservancy Office, but the space is very small. The Kaso Band does not have a venue to practice. Occasionally, they meet at the home of one of the leaders, or under a tree or in a small shack made out of corrugated zinc. Even though the group has received contributions from other organizations and individuals, the group still needs further funding. However, the group is aware of this, and has been busy preparing a proposal (with the help of the regional council) to identify funding mechanisms, in order to put a project into place that will generate income to sustain the Youth Group.

Limited employment, recreational and higher education opportunities, coupled with high levels of alcohol abuse are serious challenges for the people of Okondjatu. Such an environment may reinforce disadvantage and lead to the adoption of behaviours and practices that further disadvantage. Subsequently, youth may also find it difficult to engage in community and/or development activities and as a result isolate themselves from participatory activities for self and/or community development.

4.4 Sustainability

The Okondjatu Kasojetua Youth Group members believe that they will be able to sustain their current activities on a small scale, but will be unable to expand due to resource limitations.

Sustainability in this area is dependent on the skills of those in charge to find innovative ways to continue with existing activities, while seeking additional avenues to scale up activities. Lack of effective planning and organizational development skills hampers the ability of the Youth Group to continue with activities in a more consistent manner.

The Youth Group is well established in the Okondjatu settlement with close links to the Regional Council, Traditional Authority, clinic, schools and churches. The local church pastor is supportive of the group and often invites them to church to talk to the congregation about HIV/AIDS. This network and relationships with partners has the potential to improve the sustainability. Main actors in Okondjatu acknowledge the Youth Group as a viable partner, thus contributing towards its sustainability.

The Youth Group has been fortunate with sales of CDs and collection of funds during performances. This financial incentive and the drive to respond to social challenges in local communities strengthens the initiative's sustainability.

Perceived high levels of stigma and discrimination hamper the sustainability of HBC activities. In addition, lack of economic incentives for HBC volunteers may also have a negative effect on the provision of sustainable HBC services.

Sustainability also depends on the strength of regional and local structures to support the efforts of the Youth Group. The Ministry of Regional Local Government and Housing and Rural Development (MRLGHRD) are currently supporting the strengthening of local HIV/AIDS responses, which will benefit the group if the initiative continues to be successful.

Additional financing is needed for the construction of an office, hiring of an administrative officer and purchasing of a vehicle for the group, so that they can adequately manage their affairs.

4.5 Additional comments

The activities of the Okondjatu Kasojetua Youth Group were felt by interviewees to be fully relevant to the needs and aspirations of people affected by HIV/AIDS,

as well as the Namibian youth in general. As indicated earlier in this report, the Youth Group has accomplished many of their objectives and has the potential for greater impact if more funds become available. The shortcomings of the activities are associated with implementation on a very small scale.

According to outcomes of the key informant interviews, the group is doing a great job by educating the youth about the importance of life issues, raising HIV/AIDS awareness, establishing AIDS awareness clubs at schools, providing HBC for PLHIV, educating the local communities about social grants and by providing income generating activities for those in the band and choir. The Youth Group mainstreams HIV in its core activities in order to provide many different opportunities for learning about HIV/AIDS, while also providing access to HIV related services that are friendly and accessible to all members of society. The integrated approach is a major advantage of this initiative, as it offers more opportunity for knowledge building across a number of contexts, which may increase the likelihood of behaviour modification.

Beneficiaries such as OVC and members of the Okondjatu Kasojetua Youth Group felt that without finance it will be difficult to sustain the group, and that more funding is needed. However, the group will not sit idle and wait for assistance. In the meantime, they will do what they can to generate more funds, mainly through music performances and sponsorships in order to carry on with their activities.

Although the group is very small, the results and achievements are remarkable. The programme can be shared with other youth groups from different regions around the country to communicate information and encourage replication of similar initiatives. Commitment, hard work and perseverance are crucial for the success of any group that wants to accomplish what the Kasojetua Youth Group in Okondjatu has been able to achieve.

5. Lessons

The Okondjatu Kasojetua Youth Group found innovative approaches to respond to local developmental challenges, such as unemployment, HIV/AIDS, lack of education, alcohol abuse and teenage pregnancies.

The informal economy of the Okakarara Constituency provides extremely limited employment opportunities with even less opportunity for employment in the formal sector. The musical group responds to these limited opportunities by generating income through performances and promotion of CDs which support the needs of a few of the Okondjatu residents, especially youth. In addition, income generating activities of the Kaso Band and the Choir provides an avenue for members to improve their livelihoods, while money generated is circulated around the community via the purchasing of local commodities and services.

Engaging young people involved with alcohol and drug abuse in the activities of the Group provides opportunities for rehabilitation and improved quality of life. The Okondjatu Kasojetua Youth Group provides a platform for young people who have

dropped out of school and subsequently developed alcohol and drug abuse problems to return to school and live healthier lifestyles, which will ultimately enhance their chances for employment in or outside the region.

The important links between Okondjatu Kasojetua Youth Group and local structures, such as the Regional Council, traditional authorities, educators, health workers, churches and youth forums allowed the Youth Group to tap into resources that were not available from within their own organizations. For example, transportation was made available by the Regional Council on occasion, while traditional authorities made a plot available for the construction of an office for the Youth Group. Stronger links need to be built with RACOCs and CACOCs to achieve a more coordinated response to HIV/AIDS that is relevant to the overall national and regional response strategies.

Activities implemented by the Okondjatu Kasojetua Youth Group were perceived by informants to be effective in caring for PLHIV and OVC, while improving the livelihoods of those in the Kaso Band and the choir. The Youth Group mainstreams HIV/AIDS in its core activities in order to provide many different opportunities for learning about HIV/AIDS, while also providing access to HIV related services that are friendly and accessible to all members of society. The integrated approach is a major advantage of this initiative, as it offers more opportunity for knowledge building across a number of contexts, which may increase the likelihood of behaviour modification and contribute towards a lower HIV infection rate.

Volunteerism is regarded as an important social responsibility in the community, but is difficult to maintain in communities with little resources. It is therefore important to find ways to reward volunteers for their time, either through providing stipends or capacity building.

In addition to the above, respondents noted the following lessons learned:

- Education promotes positive attitudes towards sex, sexuality and combats myths associated with HIV/AIDS.
- Being informed encourages young people to reduce the number of sexual partners leading to reduced rates in unplanned pregnancies and STIs, including HIV/AIDS.
- Being informed gives youth the power to make informed, responsible and healthy choices to protect yourself from HIV/AIDS, teenage pregnancies and the risks associated with substance abuse.
- Increased awareness of HIV/AIDS is gradually reducing stigma.
- With a better understanding of the epidemic and encouragement, the number of hospital consultations (HIV testing) has increased.

Communities have always worked together to improve their local situation, notably through finding ways to fill gaps in service provision themselves or through lobby for improved service provision. The case of the Kasojetua Youth Group in Okondtaju provides a good example of what can be achieved through locally focused community initiatives, especially those that draw youth into participatory processes. In summary, key lessons that can be taken from the Kasojetua Youth Group initiative in Okondtaju include:

1) Communities that are largely dominated by the informal economy can be very vulnerable and difficult to access. In such a context, a few very driven persons that have strong ties in the community can organize and become successful in establishing partnerships that provide support and pathways for improving the community situation. The successes of the Okondtaju Kasojetua Youth Group highlight the ability of individuals to organize in order to orchestrate social change. To illustrate, the advocacy activities of the Youth Group brought to life an initiative that resulted in HIV/AIDS services, such as provision of ART medicine and VCT, coming closer to the people of Okondjatu.

2) Developing partnerships with local government, relevant ministries, and other organizations within society not only helps to increase the visibility of the initiatives, but also increases both the strategic and community support for initiatives. Partnerships can enhance the sustainability and stability of community initiatives, while also providing avenues for advancing the group's shared sense of purpose.

3) Diversification of group activities is desirable, though it should be gradual. The Kasojetua Youth Group is now a well established organization, with a national network of youth groups that facilitate the implementation of several social programmes, all of which are linked by the common theme of HIV, within local contexts. However, the initiative began with a youth choir in 1990 and it was only with time and commitment that other social and cultural programmes were adopted. This approach allowed the Group time to establish internal trust, develop a clear organizational purpose (whether formal or informal) and increased visibility within the community – all of which has contributed to sustainability and risk management of the initiative.

4) Spreading the HIV/AIDS message through diverse approaches can increase impact of community initiatives. For instance, the activities of the Kasojetua Youth Group in Okondtaju combine peer education with the availability of confidential, “adolescent-friendly” health and outreach services. This is important, as awareness raising activities increase demand for services, support and products that facilitate safer sex - and it is crucial that this demand be met while ensuring that people, the youth in particular, do not feel judged for accessing such facilities. The initiative of Okondtaju Kasojetua Youth Group further spreads the HIV message through integrating it in local popular culture through a choir and a music band.

5) It is important to provide members with incentive to continue active membership in group initiatives. The Kasojetua Youth Group in Okondtaju provides incentives to members, both through ad-hoc income derived from performances of the Kaso

Band and Kasojetua Youth Choir and through sale of their music. As a group they also approached the Ministry of Health and Social Services in order to access the training necessary to begin provision of Home-Based Care services. Through these initiatives members appreciate that the group has helped them to achieve what they could not achieve individually.

6) Local initiatives respond to local needs, as those facilitating the initiatives are typically driven by an intrinsic understanding of the challenges facing the community and are in touch with solutions that would be embraced by the members of the community. Such initiatives are typically based on an agreements derived from consultative forums, administered at the local level and thus places people at the centre. The Okondtaju Kasojetua Youth Group provides an understanding of how local initiatives are forged and how they can successfully develop unique responses to social challenges.

7) Replication of successful models across territories is desirable - however there is no guarantee that the same success can be replicated. The network of Kasojetua Youth Group attempts to emulate the comparative advantages that are unique to local initiatives across space. While the other groups have not been as successful as the one located in Okondtaju, the networking provides a facility that can foster innovation and information sharing in forums that allow the individual youth groups to cooperate whilst they maintain their own independence and autonomy.

Organizing can be used to develop a shared sense of purpose and address challenges effectively. The overall conclusion is that the activities implemented by the Okondjatu Kasojetua Youth Group were reasonably effective and relevant to the needs of PLHIV and more specifically the youth in Okondjatu. The Choir and the Kaso Band, as components of the Okondjatu Kasojetua Youth Group, played an important role in terms of employment creation and income generation for the youth, albeit on a small scale. The HBC programme, provided by volunteers of the Youth Group, allows PLHIV and their family members to be provided with knowledge and skills to support their lives. The AIDS School Clubs established by the group used innovative approaches such as peer education to promote positive health practices, especially in term of sexual reproductive health. The integrated approach is a major advantage of the Kasojetua Youth Group in Okondjatu, as it creates opportunities for knowledge building, awareness-raising and behaviour modification over a number of contexts. Finally, and more generally, the Kasojetua Youth Group is felt to have taken significant strides to address the challenges of young people in a number of places in Namibia.

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Social economy approaches to mainstreaming HIV/AIDS – the case of the Kasojetua Youth Group

Social Impact Assessment and Policy
Analysis Corporation (SIAPAC) (Pty) LTD

Members of a Namibian based youth group called ‘the Okondjatu Kasojetua Youth Group’ came to the realization that there were many unmet needs within their communities, especially regarding HIV, which they could respond to if they organized themselves and worked in a collaborative manner with existing regional constituents and community structures. This case study explores the activities of the Okondjatu Kasojetua Youth Group and how these activities respond to community need for HIV support and educational services. Programmes include a musical band, a choir, a home-base care programme as well as a programme to support orphans and vulnerable children in their education. The study finds that the actions of the youth group are particularly innovative as they mainstream the issue of HIV across all their core activities. This provides the community with many different opportunities for learning about HIV/AIDS, while also providing access to HIV related services that are friendly and accessible to all members of society.

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