



The community watching a theatre play of the VPCs

A peer education programme for San adolescents in Namibia

The Namibia Adolescent Sexual Reproductive Health Programme

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Namibia has a relatively young population; close to 40% of the whole population is younger than 15 years according to the National Population and Housing Census 2001. Adolescents in Namibia represent a large, significant, and growing number nationally. In 2005, the country had a Gross National Income per capita of US\$ 2,990 with relatively good health and education indicators. However, there is unequal distribution of wealth among the different population groups. The San have the highest rate of illiteracy and are statistically the poorest language group. San children frequently drop out of school because of their economic position as well as their semi-nomadic lifestyle in search of food and water. The majority of San live in the regions of Omaheke and Otjozondjupa in the northeast of the country.

Consistent with their culture, San adolescents marry young. San women are commonly sexually abused by members of more affluent tribes. This would suggest that the risk for HIV is probably highest amongst this group, with adolescents being the most vulnerable. Results of an HIV sero-prevalence survey of pregnant women in 2002 indicated that Grootfontein district (Otjozondjupa region) had an HIV prevalence of 30%, the second highest in the country, while Gobabis district (Omaheke region) had an HIV prevalence rate of 13%. In both regions, teenagers comprise 18-22% of all antenatal care clients, indicating that adolescent pregnancy is common among the San and by extension, the need for adolescent sexual and reproductive health services is high. A Namibia Planned Parenthood Association report reveals low contraceptive use rates and limited knowledge about reproductive health among adolescents.

Volunteer peer counsellors

Health Unlimited is a not-for-profit UK-based NGO that works with marginalized communities in 15 countries of Africa, Asia and Latin America, to help them achieve their right to health. In 2001, Health Unlimited began to implement the Teen Health Project in Epako Clinic in Omaheke Region. This three-year EC-funded project aimed to reduce teenage pregnancies and address the high rates of school dropouts as well as AIDS-related deaths among the youth in a

squatter area inhabited by the San called Epako. The pilot project supported the establishment of one adolescent-friendly health clinic within an existing clinic and also trained volunteer peer counsellors (VPCs) to provide information on the importance and use of contraceptives. Seventy of the 110 VPCs aged between 10 and 19 years were drawn from seven primary schools in the target area while forty were out-of-school youth from Epako. The out-of-school youth were selected by community members in the target area.

Lessons learned during the implementation of the Teen Health Project to date include:¹

- The project had a way of motivating the VPCs to the extent that they all wished to go back to school to attain better education and skills.
- Most of the trained VPCs realized that they had untapped potentials and talents.
- The peers who got in contact with trained VPCs wished to be health educators like VPCs, whom they considered as role models.
- Pilot projects have a potential to influence policy makers and also contribute more to directing the policy development. The Teen Health Project has contributed to the development of the Namibia Adolescent Friendly Health Services (AFHS) policy and guidelines. During the implementation of the project in 2001, the Ministry of



Community participation in adolescent issues

Health and Social Security (MOHSS) and UNICEF (the two institutions that came up with the policy and guidelines) frequented the project to monitor and evaluate its activities.

Namibia Adolescent Sexual Reproductive Health Programme

Several challenges were experienced in implementing the pilot project. This included a shortage of MOHSS staff in general. Namibia is faced with a problem of skilled nursing staff to work in the government clinics particularly in remote areas such as where the San live. This meant that while the project had aimed to train health staff to provide continued support to the VPCs, they were not always available to do so. The VPCs felt that they did not have opportunities to provide suggestions and/or complaints to health staff. An additional challenge was that the MOHSS staff were unaware of the existing AFHS policy and its contents. This was because the policy and guidelines had not been effectively disseminated from the national level to the peripheral staff, particularly those in remote areas.

To address these challenges, Health Unlimited designed a new sexual and reproductive health project. This EC-funded project, which runs from 2006 to 2009, will also focus on HIV and AIDS as the HIV prevalence among youth in Namibia is high.² The project, entitled 'Namibia Adolescent Sexual Reproductive Health Programme' (NASRHP), is being implemented in Omaheke and Otjozondjupa regions where the majority of San live and where health services are difficult to access. It is implemented in partnership with the health department and focuses on four main issues. These are:

1. Promoting access to and utilization of adolescent-friendly sexual and reproductive health services to in-school and out-of-school adolescents using a peer counselling approach. This will be achieved through training of 130 out-of-school adolescents and 130 school-going adolescents aged between 10 and 24 years.
2. Strengthening the ministry's capacity to provide AFHS through improved infrastructure at 13 clinics and training of health workers to provide appropriate adolescent-friendly services.
3. Community outreach through working with community members to create a supportive environment amongst parents, teachers, religious leaders and other opinion leaders.
4. Advocacy with and for adolescents to clinic staff to ensure that services provided at the adolescent-friendly clinics meet the needs of adolescents. Adolescents use theatre and hold regular meetings at youth centres established at the community level to discuss and advocate for their reproductive health rights.

NASRHP is designed to address the specific challenges identified during the implementation of the pilot project while building on the lessons learned. Rather than work with MOHSS staff only, this project has incorporated teachers, religious leaders, parents and community-based volunteers. This ensures that adolescents can receive support and advice from any of these groups and the reliance on health workers is reduced. Health Unlimited is also

providing training for these groups on the AFHS policy and guidelines, which ensures that all actors are familiar with the procedures of working with adolescents and providing relevant services for them.

In addition, the project has a strong advocacy component that uses mass media (in local San languages), and quarterly meetings of adolescents, health staff, teachers and community health volunteers where adolescents can provide feedback, suggestions and/or complaints on the established services. All programme components have begun, including the training of clinic nurses, VPCs, teachers, community-based resource persons, clinic health committees and adolescent consultative committees in the target areas. Ten health clinics have also been refurbished to ensure that adolescents have privacy during their consultations with health staff.

Although the results of the October 2007 mid-term review are not yet available, feedback from San adolescents indicates that they appreciate the project. For instance, during the inauguration of an adolescent-friendly health clinic, out-of-school adolescents said; *"we like this programme, it has given us something to do and hope for the future"*. Others said: *"I now know what I want in life, I am going back to school"* and *"I can now realize that I have the potential to be a football player and I am taking it on."*

Reaching San adolescents in the sensitive areas of sexual and reproductive health will continue to be a challenge, but the methodology described in this article appears to be one that is not only acceptable to the San, but one they can embrace as it is rooted in their culture and their people.

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1. *End of Project Evaluation Report*. M. Hoeane, Unpublished Report for Health Unlimited, 2004

2. According to the 2006 national HIV sentinel survey the prevalence among young people aged 15 to 19 is 10.2% nationally while that of youth aged 20 to 24 is 16.4%.