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Introduction

This booklet presents the initial summary reports of the students participating in the 2008 Student Partnership Programme that unites the Universities of Namibia (UNAM) and Toronto (UofT). Final reports will be produced in the coming months. The will be made available by UNAM’s HIV/AIDS Unit and UofT’s Centre for International Health.

This year’s programme ran from 2 June to 13 August. 17 students, three from UNAM and fourteen from UofT, participated in it. Six of the UofT students were placed at UNAM’s Northern Campus in Oshakati. Six of the UofT students were placed in Windhoek. The final two UofT students were placed in Tsumkwe. Three of UNAM students in worked with three of the projects in Windhoek.

2008 marks the 12th year of the programme. Since 1997 UofT has been sending groups of Medical Anthropology students to Namibia to work in partnership UNAM Nursing students on social and cultural aspects of HIV/AIDS. In 2006, the programme expanded to include students from other disciplines – some to conduct research, others to participate in service placements. This year the following departments of UofT participated in the programme:

- Anthropology, Department of
- Gender Studies, New College
- Pharmacy, Leslie Dan Faculty of
- Physical Education and Health, Faculty of

The work of the students was carried out under the direction of Dr. Scholastika Iipinge (siipinge@unam.na), Faculty of Medical and Health Sciences/HIV/AIDS Unit, UNAM, and Mr. Nathaniel Haukongo (nhaulongo@unam.na), Director, Small Business Development Centre (SBDC), UNAM Northern Campus, with Co-directors Professor Richard B. Lee (richardb.lee@utoronto.ca), Department of Anthropology and New College, University of Toronto and Mr. Aaron N. Yarmoshuk (aaron.yarmoshuk@gmail.com), Director, HIV/AIDS Initiative-Africa, Centre for International Health, University of Toronto.
The examination of the pharmaceutical system in Namibia and management tools for the enhancement of patient education on HIV/AIDS medications

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Part I - The Examination of the Pharmaceutical System in Namibia

OBJECTIVES
1. Generate a general overview of the pharmaceutical system in Namibia
2. Collect data on the areas of policy, procurement and distribution of drugs in Namibia
3. Collect data on the systemic processes that govern aspects of pharmaceutical policy
4. Examine the issues pertaining to medicines in Namibia
5. Develop a basis on which recommendations can be made to address these issues
6. Provide a baseline for future work and research

METHODOLOGY
- Conducted interviews with health care professionals in the public pharmaceutical sector
- Conducted interviews with members of the Ministry of Health and Social Services
- Conducted interview with members of donor funded organizations
- Conducted literature searches and collected documents pertaining to the pharmaceutical sector in Namibia

KEY FINDINGS
- The pharmaceutical system is well established, with the government being able to provide all the medicines on the NEMlist
- In 2007/08, medicines and medical equipment passing through CMS were valued at $230,000,000 Namibian dollars
- There is no local manufacturer of medicines; therefore, all medicines must be imported
- All medicines offered in the public sector in Namibia are procured and distributed through the Central Medical Store
- The safety and quality of medicines is overseen by the Registrations and Inspections division of Pharmaceutical Services at the MoHSS
- In Namibia, there is no school of pharmacy; hence, most of the pharmacists and pharmacy assistants are foreigners or foreignly trained
- Throughout the entire pharmaceutical sector, there is a shortage of human resources
- Most registered pharmacists work within the private sector
- The health care system, as a whole, is reactive – not proactive; a closer look must be taken into establishing a preventative health approach

RECOMMENDATIONS
- There needs to be a more direct link between the ministry and the health care workers at the patient care level in order to improve the implementation of pharmaceutical services to the community.
- There is a need to establish a more concrete program to train Namibians in pharmacy – committing to send a group of students for schooling every year
- There is a need to employ more staff at all levels of the pharmaceutical sector– both in pharmacies and at the ministry
- There needs to be more incentive for pharmacists to work in the public sector
- There is a need to expand the role of pharmacists from one that is service oriented to one that is patient oriented

CONCLUSIONS
- Though there are some issues with the pharmaceutical system in Namibia, the current system is quite efficient in providing Namibians with essential medicines – including ARVs
- There is a detrimental lack of human resources within the pharmaceutical system. With an increase in
human resources, many of the problems currently faced in the pharmaceutical system can potentially be resolved.

**Part II - Management Tools for the Enhancement of Patient Education on HIV/AIDS Medications**

**OBJECTIVES**
1. Investigate the current patient education situation
2. Examine the available patient education material
3. Examine the sources of patient education material and the ease of supply
4. Investigate the factors that contribute to the lack of effective patient education
5. Conduct a needs assessment to determine a means by which a sustainable source of educational material can be obtained
6. Develop patient education materials tailored to the ARV pharmacy at the Katutura Health Centre

**METHODOLOGY**
- Conduct interviews with health care professionals at the ARV clinic at the Katutura Health Centre
- Conduct interviews with community counsellors at the ARV clinic the the Katutura Health Centre
- Visit various HIV/AIDS education organizations and examine currently available educational material
- Work with health care professionals at the ARV clinic at Katutura Health Centre to develop patient education material

**KEY FINDINGS**
- The greatest barrier to patient education identified by health care professionals and community counselors is language
- There is insufficient patient education material available at the Katutura Health Centre.
- Of the available patient education material, there was a shortage of supply
- The main form of patient education available is verbal counselling
- Patients themselves are often not well educated – which impedes the ability of patients to understand the importance of ARV adherence
- There is a need for more patient education material that is available on a long term basis from a sustainable source
- A need for audio-visual formats of patient education was identified in order to capitalize on long waiting times at the ARV clinic, and assist in continual reinforcement of counselling topics

**RECOMMENDATIONS**
- Develop and introduce of pictorial based brochures, and medication schedules in various local languages to facilitate patient adherence and reinforce important medication taking instructions*
- Develop and introduce an adherence monitoring sheet and quick ARV information sheet for health care professionals as tools to improve patient care*
- Procure a TV and DVD player for the clinic so that videos may be shown to patients during waiting times
- Obtain a sustainable source of audio-visual material
- Procure equipment to possibly produce a video tailored to the patient demographic at the Katutura Health Centre

**CONCLUSIONS**
- Language is the largest barrier to patient care; therefore, materials must be developed in all local languages with accompanying pictorial depictions
- Time spent by patients awaiting their appointments must be utilized to educate the patients due to the recognized shortage of staff

*Please email us for copies.*
Young Namibian Men and Women, and the Role of Gender in the Proliferation of HIV/AIDS
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Background
Gender inequalities in Namibia have long been thought to be a cause of the exacerbated problem of HIV/AIDS in the country. Since the first case of HIV infection was detected in Namibia in 1986, there are now over 230,000 people in Namibia living with HIV/AIDS in 2005, with an adult prevalence rate being 19.6%. Namibia is considered to be one of the worst hit countries of the HIV/AIDS pandemic. According to Iipinge (2004), the absence of sexual autonomy amongst women and predatory male behavior has made AIDS a gender-based disease, with women now comprising 55% of all new HIV infections in sub-Saharan Africa.

In the University of Namibia, it is known that female students may be more vulnerable to the spread of HIV/AIDS than their male counterparts, both biologically and socially through engrained gender roles, differing sexual behavioral practices and gender inequality. As reported in Iipinge (2004), 60% of new HIV/AIDS infections worldwide occur among women aged 15-24.

There is a concern that female students may be at more of a risk for HIV/AIDS due to gender inequalities in their relationships, and gender roles that are proliferated in the culture of UNAM and Namibia as a whole. With male students as well, certain values and perspectives may perpetuate dominance and inequalities in relationships with young women that may contribute to the proliferation of HIV/AIDS amongst youth in Namibia.

Objectives
The objective of the research project is to find out the perspectives of male and female students at the University of Namibia (UNAM) towards gender, and how their perspectives, tied with social norms of Namibian society, affect gender relations, sexual practices, and the spread of HIV/AIDS amongst youth.

Some of the research questions that aim to be answered are:
1. What conceptions do male and female students at UNAM hold about gender and gender roles?
2. What role does gender, and beliefs about femininity and masculinity play in sexual decision making and in sexual relationships amongst youth?
3. How are unbalanced gender perspectives proliferating HIV/AIDS amongst youth in Namibia?

Methodology
The methodology involved the following: participant observation, questionnaires, semi-structured interviews, and focus groups.

The target group for this project was male and female students of the University of Namibia. The target group also included NGO practitioners, and educated persons in the field of gender and HIV/AIDS who engaged in interviews to provide their perspectives and opinions on the research topic.

In an effort to reach students from diverse faculties and backgrounds, questionnaires were administered to available students at three locations and three different times of day. The three locations were the student cafeteria (“The Grub”), the library (Information Resource Centre), and the Independence (Restaurant on campus). The three times of the day were morning (9:00-12:00), afternoon (1:00-3:00) and evening (3:00-6:00).

For the interviews with the NGO practitioners, and educated persons in the field of HIV/AIDS and gender, purposive sampling was used. An effort was made to engage with persons from at least three different NGOs (the three that were successfully targeted were Sister Namibia, Namibian Men for Change, the White Ribbon Campaign). As for the other educated participants, the research targeted those in the HIV/AIDS unit at the University of Namibia, and other faculty and staff members that
either had an expertise on HIV/AIDS or gender, or can provide valuable insight to the perspectives of students and student social norms at the University of Namibia.

**Preliminary Findings**
There were several strong themes that emerged through the questionnaires collected, and the focus groups held on campus: These themes involved: *parental expectations and traditional culture, generational changes and conflicts, gender roles in modern Namibian society, financial issues, trust and cheating.*

By far the biggest issue that was mentioned in the focus groups and questionnaires was the issue of cheating in relationships, and the issue of concurrent sexual partners. In one of the survey questions for example, “A man should be free to pursue other relationships while still involved with his current girlfriend if his current girlfriend is unsatisfactory”, the majority of the males answered true, while the majority of the females answered false. Having multiple relationships was perceived as “cool” by the males and reinforced by peer approval.

Another big issue was financial factors in relationships. Several of the male students cited that they thought many female students only engaged in relationships for the material benefits, while all students cited knowledge of prostitution occurring at the University of Namibia, whereby female students engaged in sex for monetary benefits. The general conclusion for many students was that prostitution is occurring not for dire financial reasons, but to continue support for a lavish lifestyle in Windhoek. Living in Windhoek with its modern amenities, many students cited the pressure to constantly have latest gadgets, new clothes, and to feel “cool” by engaging in many parties both on campus and off, where there is alcohol consumption.

Other issues (parental expectations, traditional culture etc.) will be discussed at length in my final report.

**Conclusions and Recommendations**
As the research project focused particularly on University of Namibia students, the research project was conducted with great challenge through the months of June and July, due to students being engaged in exams, then subsequently departing on winter holiday. Therefore, the majority of my research in administering questionnaires and conducting focus groups had to be done in the first two weeks of August. Taking this into account, I would strongly recommend that any projects that particularly involve working with UNAM students, or focused on UNAM students be reconsidered, as the time period for which we are placed in Namibia is not optimal for this.

Although youth are inundated with HIV/AIDS preventative messages, I believe more effort needs to be done to address the social issues that youth are facing in Windhoek, and subsequently tying them into HIV/AIDS prevention, such as pressures to maintain certain standards of living, concurrent relationships, and discussions about youth relationships. Once I have fully analyzed my data and completed a thorough literature review, I hope to provide a stronger, more definitive conclusion to make appropriate recommendations.
Verbalizing Physically Active Youth:
A reflection of our experiences

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Background
- The name of the NGO is called Physically Active Youth (PAY), which is an after-school program based in Katutura.
- This program focuses on the holistic development of low socio-economic status youth within the community.
- As the focus of the program is to develop youth into leaders, enrollment has been expanded to allow for younger children to participate from grade 4 onwards. The current range is from grades 4-12 all of whom are enrolled in the Namibian Secondary School System.
- The program’s holistic approach involves many different aspects of development including academic tutoring, physical activity, artistic exploration (via the avenues of: drama, music, dance, visual arts, and poetry), life skills, and community projects.
- The program provides a safe environment whereby the students feel a sense of belonging and can thus grow into responsible members of their community.

Observations
- The youth of PAY are very respectful, enthusiastic, and appreciative of their participation in the program.
- The program provides a direct link to the youth of the community and allows volunteers to impart the necessary guidance.
- Basic academic skill development will help to ensure the success of the participants in future endeavours. For example, many of the students including the grade 12’s have trouble reciting the 0-12 multiplication table from memory or identifying basic physical concepts such as area or volume.
- As many of the participants of this program are Orphans and Vulnerable Children (OVCs), they have in some capacity a connection to HIV/AIDS. As a reflection of this, the discussion of HIV/AIDS is an integral part to the life skills component of the program. Overall, there is a growing awareness amongst the youth regarding safe-sex practices and effective birth control methods, as well as accurate information regarding the disease itself, its effect on the body, and its methods of transmission.

Strengths
- The academic tutoring provides students with a means for extra aid and attention in a school subject with which they are struggling or demonstrate a strong interest in.
- This year’s team of staff and interns has put forth great effort in the expansion of the sports program. While primarily structured around three separate teams (basketball, cycling, and football/soccer), we were able to enhance the existing teams while also providing new opportunities for the participants. For example, the cycling program was provided with donated bikes and has progressed into renting out the bikes to the students for daily use. Furthermore, the new opportunities included the formation of a dance team, and the exposure to new sport skill development in less practiced games such as gymnastics, handball, volleyball, and ultimate Frisbee.
- Student leadership development though continuous opportunities for the older students to provide guidance to the younger students. For example, the program is divided into 4 teams that compete for points; each team has a captain, which gives the older students a chance to take on a leadership role. As well, the older students have the chance to tutor the younger ones who need help further promoting their sense of self-efficacy.
- Strong commitment from the staff and local volunteers who ensure the program’s successfully continuation.

**Challenges**
- Lack of resources pertaining to program planning and organization of events. For example, since there was no office space, much of the work had to be done from home or at UNAM.
- Lack of familiarity with the school subjects. For example, it was difficult to tutor students in areas such as accounting as it has not been a mandatory subject throughout our academic history.
- Lack of access to sporting equipment, while promoting a greater degree of creativity, meant it was difficult at times to optimize participants’ athletic development.
- It is undeniable that despite the dedication of the staff and their conviction of the program’s importance, a lack of funding proves to be potentially the greatest challenge PAY faces. This is to say that it was a consistent area of concern with regards to petrol money for transport, the provision of bread for the participants on a daily basis, the securing of office space, etc.
Arts-Based Peer Education at the University of Namibia:

*Bodymapping in the HIV/AIDS Unit & Photovoice at the Disability Unit*

Service Placement by Andrea Zeelie, New College

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Arts-Based Peer Education:
Serves three very important purposes:
- introspection and reflection (art)
- share issues/knowledge with peers (peer)
- creating an opportunity for dialogue (education)

Objectives:
1) *HIV/AIDS Unit*: compile a bodymap booklet complete with artwork and narratives
2) *Disability Unit*: create a photovoice exhibition and photovoice manual

1. **Bodymapping Book**
Twenty-six body maps, with ZAMANAWE peer educators’ artwork and stories

*Purpose:*
- used as a keepsake (for participants), to be used in funding proposals (for donors), and as promotional material (for student body)

*Methodology:*
- the twenty-six participants were preselected by their participation in a ZAMANAWE body mapping workshop
  - questionnaires and semi structured interviews were used to obtain narratives

*Process:*
- students traced themselves on large pieces of canvas, use paint to draw their faces and bodies
- divided the bodymaps into ‘past’ and ‘present or future’
- added words, symbols and pictures to represent their history, personality, emotions, issues, goals and aspirations – mapping out how HIV has impacted their life

*Observations:*
- creative projects allow students to be engaged in important issues, explore expression, and act as a constructive outlet
  - Allows youth to be producers of messages, not just consumers
- peer education is preferred, and effective
- workshops seem to be a popular avenue for dissemination of knowledge

2. **Photovoice Exhibition**:
Photographs by two students displayed in a wheelchair accessible gallery on campus (to include Braille statements)

*Purpose:*
- raise disability issues on campus

*Methodology*
- the two students were the only students with disabilities that the Dean of Students were able to provide contact details for

*Process:*
- uses the camera as a voice with the notion that some issues are more effectively expressed with visual aids
- each photograph is accompanied by a statement to help the observer understand what the participant is trying to convey
Observations:
- the Disability Unit lacks support: underfunded and understaffed
- campus is poorly designed for accessibility
  - lack of ramps on campus = longer wheelchair accessible routes
  - most cafes and student centres on campus lack ramps
  - Disability Unit Office, like many other offices, has one single step at entrance
- resource centres lacking Braille materials
- positive reception from students and staff
- public support: UNAM radio, Republikan

Highlights
- a weeklong ZAMANAWE Peer Education workshop: seeing the peer educators in action
- month long photovoice exhibit at campus art gallery

Challenges:
- student apathy: students were already busy with exams or academic assignments
- contact with students: the projects were scheduled during exams and holidays
- administration: overburdened, and did not have adequate information on its students
- part-time staff: could not access Disability Centre as staff with keys were often away
- communication: Disability Unit not notified about (first ever) Disability Day

Recommendations:
- reschedule timing/duration of UNAM based placements
  - or replicate projects off campus within community based groups
- more visibility of the Disability Unit and increased awareness of its services so students with disabilities would come forward
Ju/'hoansi Women in the Era of HIV/AIDS:
Factors Leading to Vulnerability

Objective/Background

Tsumkwe was originally established in 1959 as a government post in former Bushmanland. It is now located within the Nyae Nyae Conservancy, an area of 900,000 km² of protected land reserved for the Ju/'hoansi, the marginalized indigenous people of the Kalahari in North Eastern Namibia. While all Namibian ethnic groups are present in the town itself, the majority of the population is Ju/'hoansi, and other ethnic groups are forbidden to settle outside of the town.

Previous studies have noted that the Ju/'hoansi population of the Tsumkwe district have 75%-90% lower levels of HIV seroprevalence than the Namibian national average.¹ We were stationed in Tsumkwe town for a total of eight weeks to explore factors that could lead to a vulnerability to HIV amongst the Ju/'hoansi women.

Methodology

To begin to understand the complexity of issues surrounding the Ju/'hoansi population, it was necessary to immerse ourselves completely in the community. In addition to general participant observation and interviews with the Ju/'hoansi women themselves, we met with a number of prominent community members to gain outside perspectives on the matters at hand.

All individual and group interviews were semi-structured, but kept open-ended to allow for discussion of all concerns that arose. Three different interview schedules were used to gain the maximum amount of information from the informants. To overcome the clear language barrier, our field assistant, Masweta Heinrich, successfully translated ideas and concepts in English, Ju/'hoansi, and Afrikaans so communication with the ladies was not difficult. Ms. Heinrich was also integral to participant recruitment; she was continually able to make the women feel at ease and comfortable with the discussion.

A total of 20 meetings with key informants from the community, 12 focus group interviews with a total of 52 male and female members of the community, and 12 in depth individual interviews with Ju/'hoansi women were conducted. In addition, teaching beginner computer classes and Life Skills classes at the Tsumkwe Junior Secondary School furthered our understanding of the current situation in Tsumkwe.

Observations/Discussion

While there are numerous social issues that require addressing in the Ju/'hoansi community, we successfully identified seven main factors increasing their vulnerability to HIV/AIDS.

❖ General Knowledge

- HIV/AIDS education reaching the Ju/'hoansi of Tsumkwe is minimal. While there is a radio program in the Ju/'hoan language broadcast two times a week, workshops are few and far between and information is quickly forgotten. In addition, HIV/AIDS education rarely reaches the surrounding villages, leaving the majority of people with little or no knowledge about the disease. A Volunteer Peer Counselor program was set up in May 2008 through the British NGO Health Unlimited to increase awareness of the disease and promote behavioral change, but is quickly losing momentum as the volunteer peer counselors forget basic facts and neglect to follow through with their training.

❖ Inadequate Medical Staff

- There are numerous complaints coming from the community regarding the state of medical care in Tsumkwe. There is currently only one medical doctor in Tsumkwe Constituency, based at Mangetti Duin Hospital, a health center in a small town about one hour away. The community generally feels ignored by the doctor, as she has a total area of 1.82 million square kilometers to look after, and is often needed outside of Tsumkwe. In Tsumkwe town, there is currently only a small clinic with one Anglophone Kenyan nurse employed by the Ministry of Health and Social Services. There is a clear language barrier that inhibits proper communication between patients and the nurse. In addition to the lack of medical personnel in

the area, there are no HIV testing facilities in the Tsumkwe clinic. Testing is only performed regularly in Mangetti Duin. It is supposed to occur monthly in Tsumkwe with staff and supplies from Mangetti, but is often overlooked.

- **Lack of Wage Earning Opportunities**
  - While there are currently a few employment opportunities for the Ju’hoansi in Tsumkwe, such as a linguistic transcription program, the majority of the population is unemployed. This can be attributed to lack of education, as most jobs available in the area require specialized skills, or at least grade 10. It is the norm for women to drop out of school in grade 4 or 5, due to early marriage or pregnancy, and re-enrollment is highly atypical. Thus, most Ju’hoansi people, especially women, are simply ineligible for most jobs. Without a job to attend to, people are often drawn to the local shebeens where they drink their days away, partaking in risky social behavior.

- **Alcohol**
  - Alcohol abuse is endemic in Tsumkwe. While the Deputy PM Libertine Amathila visited Tsumkwe in December 2007 to shut down all unlicensed shebeens, they quickly reopened and are back in business. As all our informants declared, “everyone in Tsumkwe drinks.” While free condoms are available in shebeens, improper storage may be an issue, and there is no clear way to monitor their use. The challenge of behavior change is compounded by a feeling that the condoms available are for outsiders, as they are often too large for the Ju’hoansi men, as well as the tendency amongst Ju’hoansi population to drink to excess, at which point condoms can easily be disregarded.

- **Poverty**
  - It is an understatement to say that there are little means of income available to the Ju’hoansi women. The primary means of income is craft sales, to either the rare tourist in the area or the craft shop owned and run by the Nyae Nyae Conservancy. When they have a few dollars to spend, they will purchase the staples of mealie meal, sugar and tea to feed their ever growing families – and often use any change to purchase a small cup of kashipembe or munati, alcohols brewed locally. Often, women must rely on others for money, limiting their personal empowerment and putting them at risk for HIV infection through transactional sex.

- **Hunger**
  - Hunger is a daily concern for the people of Tsumkwe. Hunting occurs rarely, and bush foods are quickly disappearing due to increasingly dense populations of humans and elephants, so traditional means of finding food are no longer available. Gardens are present in Tsumkwe, but, as one government official described them, “they seem hopeless.” This is partially because there is little cultural precedent for agriculture in the Ju’hoansi tradition. Despite the continuation of a strong culture of food sharing, poor nutrition takes a heavy toll on the health of the Ju’hoansi which increases their vulnerability to AIDS should HIV infection occur.

- **Stigma**
  - There are currently no people living positively with HIV in Tsumkwe or surrounding villages. Statistics regarding the disease are elusive, as testing is minimal. There is no communication regarding the disease, and none of our interview participants knew of anyone who had gone for testing. Often, the only discussion of HIV/AIDS occurs after someone passes away; the community may then use him or her as an example of the fact that AIDS kills. The belief that HIV is brought into the Ju’hoansi community by those coming or returning to Tsumkwe from other countries or towns is widespread and AIDS is still largely considered an “outside” problem.

**Initial Conclusions**

The current issues in Tsumkwe are ones that cannot simply be solved with a new training program, workshop or service. They are issues deeply embedded in the political and cultural history of the Ju’hoansi people and the land which they inhabit and have inhabited for thousands of years. Further consideration is required before any concrete conclusions can be made.

There are several organizations, including the Kalahari People’s Fund and the Nyae Nyae Development Foundation, whose work in the area is ongoing. Please visit the Kalahari People’s Network for more information on the issues San communities are facing all over Southern Africa at [www.kalaharipeoples.net](http://www.kalaharipeoples.net).
The Disability Economic Empowerment Project: Enabling Ability

Thoughts on a Service Placement
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Oshakati, Namibia
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Brief Summary of the Project

The Disability Economic Empowerment Project (DEEP) was started in November 2007 by 6 physically disabled individuals with assistance from the Ministry of Health and Social Services (MOHSS), The National Federation of People with Disabilities in Namibia and the French Embassy. The project is built on the model of bicycle empowerment originally incorporated by Bicycles for Humanity in Ontario Canada, and Bicycling Empowerment Network, Namibia. The project received 300 bicycles along with a shipping container and is located in the Oneshila suburb of Oshakati, and sells second hand bicycles at a very reasonable cost (N$250- N$400). The project also repairs bicycles and sells spare bicycle parts to the community at a very affordable price. At present the project lacks a number of resources including electricity, water, toilet facilities and a proper office area. Despite these logistical hurdles, the project is thriving and the members are very eager to see it grow and expand. The members of the project are looking forward to building a permanent office structure on their plot of land in Oneshila within the next year. During the internship, my main duties included facilitation work for the members in the areas of project management, funding acquisition, computer literacy and media awareness and publicity of the project. I also worked closely with Ms. Hannah Kambowe, Chief Occupational Therapist, Oshana Region, Mr. Simon Ndakeva, Medical Rehabilitation Worker, and Steering Committee member of DEEP, and Ms. Lovisa Nendongo, Regional Coordinator for the National Federation of People with Disabilities in Namibia.

Tasks Completed

During my two month placement, I worked with the members of DEEP to write funding proposals to various corporations, embassies, local business and construction companies asking for both monetary and material assistance. We also worked with the Marco Mpollo Hospitality School, where two of the members of DEEP received Microsoft Office lessons under my instruction, alongside other learners from the school. As part of our media awareness and publicity campaign, we approached the National Broadcasting Corporation (NBC), in Oshakati, where the project was advertised on Oshiwambo Radio. We were also featured in the New Era Newspaper and The Namibian. I also worked to develop a website for the project and a flyer, and other miscellaneous posters. Towards the end of my internship at DEEP, the members and I worked to start a day care/tutoring service for local children in the Oneshila region. This project is one of great interest to the members of DEEP, as they hope to institutionalize a kindergarten in the community, once they have constructed their office, and this serves as a pilot project for their future plans. During my stay here, we also worked together on a number of minor projects including a bead and necklace making project and assisting two of the members of DEEP in securing welding lessons at the Local Rehabilitation Workshop (LOREWO).

Challenges/Problems

As people with disabilities in Namibia, the members of DEEP have far surpassed the expectations the general public has of them. However a number of issues continue to plague their progress, including a lack of motivation, innovative and creative thinking, efficiency, problem solving skills and group dynamics. These problems may appear to be insurmountable at times, however the project is relatively new, and the members are still in the process of acquiring the prerequisite skills to ensure future success. A lack of education may also be at the root of the aforementioned problems. Although most of the members of DEEP have completed their Gr. 12 education, there are certain fundamentals that appear to be missing, including a lack of confidence in math and English ability. However these are not of major consequence, as they are all very fluent and well spoken in Oshiwambo, which is the primary means of communication with clients. The issue of confidence in the ability of members and in their perception of their own abilities is however of great concern to me. The project has grown and was initiated by these individuals, and they have worked hard to provide the community with much needed services for a very reasonable cost (N$250- N$400 for bicycles, N$ 10 for repairs- USD $36- USD $57 for bicycles; USD $1.4). However they are extremely passive, as are most people with disabilities in Namibia, and are very reluctant to work beyond the norms assigned to them at present by society. Another important issue is
that the mechanical duties and administrative duties are not shared equally among all the members, and this problem needs to be addressed to ensure that all the members are playing an equally active role in the project.

**Accomplishments/ Future Direction**

The project is situated and serves a beleaguered community, and in doing so provides individuals with limited access to resources, with a means of affordable and self-sustaining transport. The members of DEEP have managed to build a level of trust in the community despite their minority status. They have faced discrimination due to their disability during the initial stages of the project. Their perseverance and dedication have masked the fact that they are disabled and the community has embraced them and their work wholeheartedly. The location of DEEP in a community where education and enlightenment about disability issues is relatively minimal is also a major accomplishment, as the members work daily to dispel myths about the abilities of people with disabilities. By conducting both mechanical work, as well as administration/ project management, the members of DEEP work daily to show the community and the country at large that people with disabilities are equally if not more capable then the general public, and have the mental and physical potential to accomplish and sustain a livelihood. The project will expand and hopes to start with welding operations, a photocopy and fax machine shop as requested by the community, and potentially a kindergarten/day care service.

The members of DEEP also work with Community Based Rehabilitation Volunteers, and it is the hope of everyone associated with the project that they will serve as ambassadors to the disabled community to start their own projects. As pioneers in the realm of disability economic empowerment, the members of DEEP will assist and employ other disabled people to either start their own innovative projects or work to expand the DEEP network within the Oshana region.

**The Issue of disability in Namibia/Future Directions**

The area of disability in this country needs to be explored further, and there are a number of dedicated professionals attempting to uplift the status of those with disabilities. Although affirmative action laws exist, they are defunct. People with disabilities are discounted from the work force, due to their previously disadvantaged status and often even as human beings. The country lacks proper infrastructure to ensure that people with disabilities have access to resources and information, such as wheelchair ramps, information for visually and hearing impaired individuals. A lack of education or access to education is also a major concern, and a number of people with disabilities either fear going to school due to discrimination, or cannot access schools due to distances or a lack of monetary funds. However it is also essential to examine the role disabled individuals play in their present situation. The Government of Namibia and Federation have programs and resources available for people with disabilities, such as economic empowerment projects. However disabled individuals lack the initiative to step forward and ask for help, or make use of the resources available to them. As mentioned earlier, this may be caused by a number of resource based reasons; however there are structures in place to help disabled individuals start to build their status in the community, and work towards equity both in the economic and social realms. At present the area of economic empowerment is one of primary importance, and it is essential to help individuals build and maintain a decent livelihood, however the role of advocacy and community activism has taken a back seat. I feel that the future direction administrators, Disabled Peoples Organizations(DPOs) and the Federation (NFPDN) need to institutionalize in their mandates is to work towards advocacy for equal employment opportunities, access to resources and education. By working together individuals with disabilities alongside the members of the aforementioned organizations will be able to press the government to make changes and actually enforce the affirmative action legislation, which at present has very little if any beneficial impact in the lives of People with Disabilities (PWDs).
Microcredit Placement Focusing On Small Business Development with Project Hope
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Project HOPE Background

Project HOPE (Health Opportunities for People Everywhere) is a U.S. based International non-profit organization specializing in medical training and health care education programmes. It has been working in 30 countries on five continents around the world since 1958. HOPE’s work in Africa started in 1964 and most recently in Namibia in 2003 where it is registered as a non-profit organization (WO 224). The general requirements for Project HOPE clients are that they be female caregivers of OVC or OVC’s themselves (covered in the OVC and Elderly Expansion Program) and that they receive health training on how to physically provide and psychologically care for OVC. Receiving micro loans and business training is optional, but women are encouraged to engage in income generating activities so that they may improve the support they provide to their OVC. Women receive and repay loans through socially cohesive group lending formats called Solidarity Groups. They receive business and health training within larger Village Health Banks, that are coordinated regionally.

Microfinance Programs Currently Implemented by Project HOPE Namibia:

“Sustainable Strengthening of Families of Orphans and Vulnerable Children (OVC)”

- Launched in 2005 in the Oshana, Ohangwena, and Omusati regions, this program couples the provision of micro loans for business investment with health education to alleviate the economic burdens and expand financial resources of families caring for OVC. There are 1823 female caregivers enrolled in this program, divided into 130 community centered groups called Village Health Funds (VHFs) consisting of approximately 10-20 women each. The distribution of membership by region is as follows: Oshana (76%), Omusati (19%) and Ohangwena (5%).

“Economic Empowerment as a Means to Mitigate the Impact of HIV”

- Operational within the Kavango and Caprivi regions, this program couples the provision of micro loans for business investment with HIV/AIDS prevention messaging to provide economic alternatives to young women ages 15-24 that are at risk for engaging in transactional or cross-generational sex. This program began in November 2007 and there are currently 790 young women enrolled whom are divided into 70 VHFs

Business Skill Development within Project HOPE

My main task during my service placement was to assist the Business Skills Development Officer, Mr. Eneas Emvula. Eneas is responsible for multiple initiatives that fall under business skills training for micro loan recipients:

- Delinquencies Intervention
  - Working with the loan department to identify regular defaulters and assess the cause for repayment delinquencies. If business skills training needs to be strengthened, Eneas works with the individual and their community Business Activist to ensure lack of business skills are not contributing to delinquency.
- Mentorship for Clients who Reach the Threshold of N$2500
  - By conducting field visits with women whose businesses experienced continued growth, Eneas and I discussed Recordkeeping, Costing and Pricing, Marketing, and Stock Taking in greater detail to accommodate the clients’ need for specialized training. Project HOPE is now working to investigate whether there is an actual need for greater loans, and how these women can further expand their market opportunities.
- Market Opportunities
  - A Regional Market Survey was recently conducted by Do OD Southern Africa, and is in the final stages of summarizing its key findings. Project HOPE has been working in
conjunction with this consultancy firm to explore the market opportunities for our clients to expand their present market share or improve the products they offer. One of the preliminary conclusions is that Clustering and Business Linkages would be of great benefit to PHN clients, and that the attitudes and risk behaviour of the majority of clients keep them in survivalist versus entrepreneurial mode. PHN would be responsible for facilitating clustering and business linkage initiatives. One example is the Fortified Mahangu Project, where PHN clients would provide the raw materials (mahang, maize, spinach) and would tap into a larger supply chain, producing a nutritionally enriched mahangu product. The guaranteed work order would bring stability to the businesses of the PHN clients and possibly upgrade their individual microbusinesses into small business ventures.

- **Business Mapping**
  - As a policy, Project HOPE does not require information on how a recipient would like to use their money. Business Mapping would greatly improve clustering operations, either by VHF or SG.

- **Business Activist Training**
  - 1 BA elected per VHF, receives training through workshops and submits quarterly feedback forms to the SBDO on the effectiveness of their training for the VHF and any support they require from the SBDO.

- **OVC and Elderly Expansion Program**
  - There are currently 12 OVC who are enrolled in various programs at the Volombola Vocational Training Centre in Ongwediva. PHN has paid for their courses and is looking into apprenticeship opportunities for these youth, provided that they take loans with PHN when they graduate and are ready to start their own businesses.

**Challenges faced by SBDO and Project HOPE as an organization:**

- Lack of communication and coordination among departments within offices, between branches and the Windhoek Head Office, and between PHN and PH Headquarters in Virginia.
  - Uncoordinated objectives:
    - PHN focuses heavily on the loan aspect of operations, therefore the health component is overlooked since it does not contribute to target numbers
    - The Program Coordinator from Head Office was recently in the country for the Monitoring, Reporting, and Evaluation workshop and expressed concerns that many of the officers did not realize that more emphasis should be placed on the health training and monitoring of OVC development.

- **Monitoring and Evaluation, and Data Entry within a Quickly Expanding Organization**
  - During the workshop, I was assigned the task of creating a centralized reporting resource for the Ongwediva office, which is being finalized now, in order to address the concern that the lack of thorough data entry contributed to false information in the reports submitted to PEPFAR and USAID, therefore jeopardizing funding. The Forms Manual hopefully addresses the issue of bad translation from English to Oshiwambo, correct usage of forms, and how using the proper channels and coordination between departments can improve the flow of factual information and future programs that need to be implemented.

- **Expanding into A Microfinance Institution**
  - PEPFAR funding will decrease over the next 5 years, so to continue providing health services, PHN is looking into the possibilities of becoming an independent microfinance institution.

- **Partnership with Bank Windhoek to provide mobile banking services to the deeper rural communities**
  - Together with Bank Windhoek, PHN would like to explore opportunities to reduce the amount of cash our loan officers handle, which would in turn substantially decrease the paperwork that accompanies these transactions. By providing basic banking services to our clients, PHN could work through Bank Windhoek to disburse loans and collect repayment through deposit and withdrawal services. We are also exploring the introduction of savings and insurance products that would require secure, periodic deposit services with low transaction fees.
Peer Educators in the Oshana Region: Challenges and Success

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Objectives:

- To have a clear understanding of peer education program in the Oshana region.
- To explore the challenges peer educators face when it comes to HIV/AIDS awareness.
- To evaluate the effectiveness of the current peer education program among different age and gender groups.

Methodology

The primary methodologies used were in depth interviews of peer educators, site visits to shebeens, schools and work places, focus group discussions and peer education-training sessions. The peer educators were observed while conducting their sessions at schools, shebeens, known CSW areas, villages, community centers and workplaces. The participants included peer educators from National Social Marketing Programme (NaSoMa) as well as peer educators from Sam Nujoma Multipurpose Centre (SNMPC).

I managed to learn more about peer educators by socializing with them outside of their training sessions in order to know more about them as well as their work. I took a road trip to some villages and community centers to analyze the situation between urban and rural areas. Usually once the peer educators were done with their session I would normally ask the participants what they thought of the session.

Key Findings

Successes

Peer educators have to fulfill different roles. Sometimes they act as counselors and translators; they are “the foot soldiers against HIV/AIDS.” They have good relationships between different community groups they normally visit. In addition to that there is a high degree of involvement by students and schools.

Challenges

- Contradicting messages from different peer educators about different topics.
- Almost all of the peer educators were young and they have a hard time communicating with older people about HIV/AIDS and sex.
- Challenges when it comes to scientific questions: they need training in their own knowledge of HIV/AIDS
- Lack of resources as well as trained peer educators in rural areas.
- Students in urban areas expressed that they are exposed to more HIV/AIDS awareness activities than students in rural schools.
- Lack of written resources in Oshivambo. Most of the peer educators were busy translating what they have learned in English into Oshivambo to the participants.

Possible Recommendations
The government, with the help of NGO’s, should develop a network for peer educators where they can share ideas and provide up-to-date materials in English as well as Oshivambo via the Internet.

More resources and peer education session should be conducted in rural areas, since people living in rural areas do not have a clear understanding of HIV/AIDS.

The respective community centers should have trained counselors/social workers as well as nurses they can consult with.

Separate program should be developed to target male audiences especially when conducting session at shebeens.

PE should keep track of their performance and share it with their supervisors as well as one another.

PE’s should write down the most frequently asked questions and share it with the participants.

PE should have more supervision when they are conducting sessions while they are in the field.

**Initial Conclusion**

Peer education program has been used by the private sector and NGO’s to promote healthy behaviors. Research indicates that people are more likely to change their attitudes and behaviors through their peers than complete “strangers.” In order for peer education to be effective in the Oshana region adult-led peer education program is needed to target older people in particular men. Despite their efforts peer educators are severely under funded, their peer education effort should be recognized and valued. Regardless of the challenges they face peer educators in the Oshana region are a valuable resource to help address HIV/AIDS, but their potential will only be maximized with greater knowledge of HIV/AIDS themselves.
Tukwafela Support Group and Onghendambala Project:  
A Comparison Analysis of Income Generation Projects in Northern Namibia

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Introduction:  
Namibia experiences great disparities in income distribution with one of the highest gini coefficients in the world. Unemployment rates are estimated at around 30-40%. The impact of economic hardship is felt by those especially affected by poverty and disease including HIV/AIDS. My research/service placement in northern Namibia (Ongwediva) provided me the opportunity to work with two groups, with a focus on their income generating projects.

The first group, Tukwafela Support Group is an HIV/AIDS support group based at the Sam Nujoma Multi-Purpose Center. The purpose of the support group is to provide individuals infected or affected by HIV/AIDS with opportunities for social, mental and economic empowerment. Members of the group meet every week to share their experiences and encourage each other to live positively. The support group is also active in helping to educate the community on HIV/AIDS through Home Based Care sessions. An important objective of the support group has been to engage income generating projects including weaving baskets and making beaded pins. The income earned helps the group members support their families in meeting basic needs including providing food, shelter and education. However, the income generating project has not provided any sustainable means of income for members yet.

The second group, Onghendambala Project currently comprises eight members who, by working together, mobilize one another in helping grow their independent small businesses together. Onghendambala Project is based at the Open Market. The group meets once a week to discuss business matters and collect money from members to put into their savings account. In addition, the group has created a micro loaning system amongst each other in which each member is given a loan of N$1,000 every four months and returns the loan in monthly installments with an interest of N$100. For many members of the group however, the loaning system has not significantly increased earnings for their businesses. The group is looking for further structuring of their loaning system to accommodate the needs of the businesses of group members. This includes varying loaning amounts according to business demands and proper record keeping of the loan history of members.

Objectives:  
- Understand the importance of Income Generating Projects (IGPs) in a Namibian context  
- Compare the strengths and challenges of Tukwafela Support Group and Onghendambala Project and their respective IGPs  
- Examine the role of HIV/AIDS in IGPs  
- Help both groups in improving their IGPs

Methodology: My research incorporated structured and informal interviews as well as participant observation.

Key Findings:  
Tukwafela Support Group and Onghendambala Project are both in their initial stages of creating income generating projects. Although both groups were formed in 2005, they have not made much progress with their IGPs since this time. Upon speaking with members of both the groups, I learnt that employment opportunities are a challenge, especially in the north. Even though being HIV positive does contribute to a lack of unemployment because of factors including stigma by employers, it is the lack of jobs available that overrides being HIV-positive.

IGPs aiming to mobilize a group of individuals rely heavily upon teamwork. Individualism can often come into play and result in conflict. Respect and trust amongst team members is identified as an ingredient for success. These issues were addressed amongst both groups. Tukwafela Support
Group as an HIV/AIDS support group was initially formed to provide social support for members. All members of the support group interviewed were grateful for the encouragement they received; they realized that “their world did not come to an end after contracting HIV”. Members felt the group was a family for them. This social support made the group feel confident that individualism was not a significant challenge for the group. In contrast, Ongendambala Project felt one of their challenges was creating a better group dynamic in which members were able to trust and respect one another. The group is trying to establish a positive group dynamic with their weekly meetings in which they discuss business concerns.

Self motivation is important for the success of IGPs. Tukwafela Support Group and the Ongendambala Project are both motivated towards working hard in improving their respective IGPs. However, Ongendambala Project members exemplified more independency and pro-activeness in comparison with Tukwafela Support Group. This could be explained by different factors including that the Ongendambala Project members have established businesses and are looking for financial improvement whereas Tukwafela Support Group is still struggling with initial income from their IGP. Thus, the greater instability for Tukwafela Support Group members challenges their commitment level to the group projects.

Tukwafela Support Group and Ongendambala both have solid visions for their groups. All members interviewed from both groups were able to confidently state their dream for their respective groups. The challenge however comes in seeking direction and figuring out how to achieve their visions. Both groups needed assistance in improving their IGP to bring in more income. I attempted to assist in doing such with my abilities for both groups. With Tukwafela Support Group, we created a logo to provide a greater sense of solidarity amongst members, we explored different marketing techniques for their current projects including leaving their items at the SWAPO office (a major political party in Namibia) and setting up a stall in Old Ongwediva where community members collect pension monthly. We also explored the idea of creating AIDS awareness ribbons with major Namibian company logos to sell to the companies for their employees and customers. In addition the group felt that a garden and poultry farm would be a sustainable IGP for them. We further pursued this initiative by consulting various agricultural specialists in the community and planned and wrote up proposals for funding and materials. The group is currently underway on gaining financial support for this project. With Ongendambala Project, we examined the financial accounts of the group and learnt that their current savings account was not accommodating the objectives of the group and changed the account to an investment account in which their loan money, interest and savings will grow. We also got in touch with Bank Windhoek which specializes in microfinance and they are willing to offer free advice on improving the loaning system of the group so that it is more accommodating to its’ members. Furthermore, we are seeking additional funding from financial institutions to increase loan amounts for group members.

**Preliminary Conclusions:**

Namibia is a young country that heavily relies on the importing of goods from neighboring countries, especially South Africa. However, the large income disparity between rich and poor Namibians suggests that for a large proportion of the population outside the formal economy. A step forward in aiding with the lack of employment is to provide income generating opportunities for Namibians. The income and self-sufficiency through employment opportunities can help Namibia meet its Vision 2030 goals.

Tukwafela Support Group and Ongendambala Project are both grassroots organizations created by motivated individuals looking to change their economic situation. Although both groups are facing respective challenges, they are both willing to work hard to achieve success in their IGPs. I hope that Tukwafela Support Group and Ongendambala Project persist in their hard efforts and I look forward to continue working with them.
Enabling Behavior Change: An Evaluation of NaSoMa and its Peer Education Team
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Background
The National Social Marketing Programme (NaSoMa) was established in partnership with Namibia’s Ministry of Health and Social Services in 2000 with the aim to provide high quality, affordable condoms. Additionally, the project seeks to encourage correct condom use and to promote general sexual health through its Behavioral Change Communication (BCC) strategy. Peer educators (PEs) are employed to disseminate this information in informal community sessions often held in shebeens, during Life Skills periods in schools, and in workplace trainings. The Oshakati branch of NaSoMa was selected to focus its efforts to particularly vulnerable groups such as commercial sex workers, truck drivers, and in and out-of-school youth.

Objective
The purpose of this research was to evaluate the efficacy of BCC and the organization that supports it. This entailed exploring more than the number of high-risk group members reached, the amount of leaflets distributed, and the quantity of condoms sold, as is so commonly taken to be the measure of BCC success by donors and head office. Instead this research focused on the lives of those living and working people in the field, how they have been affected by HIV/AIDS, what they think needs to be done to stop it, and how their beliefs and life experiences affect how people give and receive peer education.

Methodology
The majority of my research was based on participant observation. This included attending numerous peer education sessions in the community, taking part in one four day peer education training session for youth, and spending time with the peer educators in the office. As a complement to this observation, ten two-part interviews were conducted with each of the five peer educators. All interviews were semi-structured allowing the interviewee’s responses and thoughts to guide the discussion’s direction, though all answered specific key questions. An interview was also conducted with the trainer of two of the peer educators with whom I worked. Nine semi-structured focus group sessions were held following community-based lessons, as well.

The Foundation
As an organization based on the principals of social marketing, NaSoMa utilizes the techniques business marketers use to advertise and sell a product in order to entice people to buy into a healthy behavior. This technique also entails a business-like model for the organization itself, stressing self-sustainability. Ideally this reduces the extent to which an organization’s vision is beholden to that of its donors, potentially enabling an approach responsive to the specific needs of the community. During the course of research, however, efforts to encourage healthy behavior seemed to be neglected in order to generate income in the name of sustainability. While NaSoMa maintains that condoms are sold only to make them more attractive to potential users (they argue that Namibians do not value free State condoms) prices continued to go up, which according to some made them too expensive.

While PEs were once allocated a number of condoms to distribute free of charge to those in field, in an effort to cut costs, PEs were instructed to tell people asking for condoms to purchase them. This often alienated the PEs from those they were trying to reach. It further reduced the number of people attending education sessions for those who used to listen with the expectation of receiving condoms. Thus considerable time and potentially reachable people were lost in the name of sustainability. These changes in distribution and prices were never communicated to the PEs and the project coordinator could not make herself available for questioning, but a condom salesmen reported that they were probably permanent.

The Peer Educators
The peer educators at NaSoMa all cited a love for community involvement as what attracted them to their work. Many had seen firsthand the ravages of AIDS in the country and felt compelled to help those who were not informed. While many still take pride in their work, the overall feeling expressed was one of weariness. Much of this dissatisfaction stemmed from the lack of communication between a newly appointed coordinator and the team of PEs. PEs no longer felt free to their ideas, lest they be accused of not respecting the coordinator’s authority. This was particularly detrimental as the new coordinator did not know the Oshana region or speak the local language, thus lacking the knowledge about when and where to stage appropriate education sessions. For example, PEs repeatedly suggested that more information was needed in the village since basic knowledge of HIV in towns may otherwise receive from school, the radio, or television was not as accessible. The one time they did visit a rural village during my stay, the coordinator failed to realize that a meeting scheduled in
early morning during the mahangu harvest would prevent most from attending. Overall, these sorts of events left the PEs with a lack of ownership over their work, something crucial to the notion of empowerment the theory of peer education holds to.

Some PEs also lamented their lack of training, especially the fact that here had been no review session in over a year—something that became quite clear during a training session for new youth PEs. For instance, the PEs did not know what HIV stood for, some did not know the names or symptoms of basic STIs, others seemed unclear on the role of saliva in transmission, and one informed the group that condoms will burst if used outside of missionary position. This is not a sign of unintelligence or disinterest, but an indication of a lack of training and resources from which to continue learning. The fact that what materials they do have are primarily in English only compounds this problem. The difference in levels of knowledge can also be attributed to the different places and times of PEs’ trainings, which as one PE pointed out meant that sometimes they receive mixed information. In general, the PEs seemed to have a good grasp of basic prevention and transmission methods and they can all accurately demonstrate proper condom usage. Because of this lack of new information, most sessions centered on transmission and prevention. While such sessions allowed people to ask questions, which sometimes sparked lively debates on why the HIV rate is so high in Namibia, most sessions otherwise avoided questioning the role social forces such as poverty and gender inequality in people’s vulnerability.

Peer education is based on the idea that people are highly influenced by the beliefs and attitudes of their peer group, or those they identify as equals. As such, peers are useful tools in propagating new healthy behaviors by acting as role models and opinion leaders in their community. While many PEs expressed progressive ideals, some were not in line with certain messages of equality essential to combating the power relations that leave certain groups vulnerable to HIV/AIDS. For example, some were uncomfortable with the women’s recently rising status since independence. One PE commented that women were becoming “empowered too much” saying that it was appropriate for them to be in politics but, as another PE agreed, it was inappropriate for men to take care of household things like washing nappies or cooking. All were adamant that it was never acceptable for a man to hit a woman. Yet some felt that a woman could be blamed for her own rape if she put herself in a position to be attacked by wearing revealing clothing, inviting a man into her home, or accepting drinks from a man at a bar. Also troubling was the degree of internalized racism some expressed. On one occasion, a PE informed a group that the lower HIV rates in the West could be attributed to the fact that “white people listen” and that black people are “not smart” and do not know how. Finally, when I asked them why they thought the epidemic continued to rage on, all cited “ignorance” of information as a chief reason. It is essential that one understand the underlying causes responsible for this epidemic and why some people are constrained in ways that lead them to ignore. One could argue that such information is essential in learning empathy for those suffering which would thereby reduce the stigma people living with HIV/AIDS (PLWHA).

Recommendations

While NaSoMa’s peer educators do get people talking about HIV/AIDS in the community, and many people in sessions thank the PEs for bringing them information on how to protect themselves, it is still not enough. Until people can be enabled to change their behavior through economic and gender empowerment, information such as “use a condom” is not enough to lead women forced into sex work or men pressured into multiple partners to change their behavior. Moreover, NaSoMa needs to extend its information sessions beyond prevention and transmission, especially in communities where a great number of people are already living with HIV/AIDS. As was noted repeatedly by focus groups, people want consistent visits in order to build a real relationship, not sporadic appearances at shebeens. They need information on ARVS, something no PE has been trained on but has asked to learn about, as well as information on counseling and home-based care.

In sum, NaSoMa must seek funding so that it can once again turn its attention to behavior change. However, in its new focus it must take care to train and address the needs of the PEs, it should attend to PLWHA, address the root causes of HIV in order to reduce stigma, and not only speak about change but enable it through economic and social empowerment.

\[\textit{Ignorance here is used in the “Namblish” sense, referring to the deliberate ignoring of information one understands rather than simply lacking knowledge.}\]
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**True ‘Vision to Action’**  
*A Situational Analysis of the UNAM Northern Campus’ Small Business Development Centre*

**Background**

Issues of employment are some of the most prominent socio-economic challenges facing the Namibian population today. One government survey estimates that roughly 37 percent of Namibians were unemployed in 2004 (Ministry of Labour and Social Welfare). The highest concentrations of unemployment were in two of the four ‘O’ regions in the North, some of the most populous regions in the country. Although most Namibians live in the northern regions, there are very few educational and employment opportunities. The University of Namibia’s (UNAM) Northern Campus was established in part to change these statistics.

Two years after its inauguration, the University of Namibia’s Northern Campus established the Small Business Development Centre (sBDC) in August of 2000. The vision of the sBDC is “to have an enlightened, diverse and vibrant small and micro business community in the North Central Region of Namibia.” The sBDC functions as a community outreach program that provides business-related information, mentorship and training to those in need. These services are provided to both start-up and existing small businesses, community based organizations and non-governmental organizations, including microfinance organizations. In conjunction with this vast array of services, the sBDC also conducts research and feasibility studies in areas of small business development.

**Objective**

The University of Namibia is currently undergoing a strategic planning process to set out the direction it will take into the 21st century. The strategic goals of UNAM Northern Campus are to improve its community support and services, as well as the institution’s infrastructure. As a part of UNAM Northern Campus, the Small Business Development Centre is also trying to improve and expand its own operations into the future. To initiate this process, my placement was to complete a situational analysis of the sBDC in order to create a concrete report on what exactly the sBDC does in community and beyond.

**Methodology**

The foundation of my report was created through the use of archival research and literature review. This was done as a means of formulating an initial understanding of the socio-economic situation in the north of Namibia and of the sBDC’s objectives and activities. The most informative and helpful parts of my evaluation consisted of the interviews I conducted. I interviewed various UNAM representatives, sBDC staff (both paid and volunteer), sBDC stakeholders, partners and clients. These interviews were semi-structured, but kept open-ended to facilitate discussion and discovery through the natural flow of conversation. Virtually all of the interviews I conducted necessitated a follow-up interview to

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3 These regions include: Oshana, Omusati, Ohangwena, and Oshikoto Regions
To fill holes and ambiguities in my preliminary discussions. Interviews were conducted in Oshiwambo, with the assistance of an interpreter, and English.

To compliment my interviews, I also used participant observation. I participated in various site visits to sBDC clients, went to the UNAM Northern Campus strategic planning meeting and attended a feasibility study presentation in Okahao Town. These opportunities gave me a chance to appreciate the wide breadth of the sBDC’s activities and, subsequently, the incredible demands placed on the Centre’s services.

**Key Findings and Initial Conclusions**

The sBDC plays an absolutely essential role in catalyzing community and business development in the North Central regions of Namibia. The sBDC has clients in all four ‘O’ regions in the North, reaching into Kunene Region and elsewhere. The sBDC is the only business service provider in the North of Namibia that operates on a community service (rather than for-profit) model, where people can access free business information, planning and training. Therefore, the demand on the sBDC’s staff exceeds its capacity many times over. One UNAM staff representative likened the queue at the sBDC to that of a clinic. This is not to say that the organization is suffering; by no means at all. The sBDC functions well beyond any expectation. However, in order for the sBDC to grow and improve, it is necessary that the Centre’s coordinator receive strong administrative and project support so that he can maintain his critical work without begin bogged down by clerical and organizational tasks. New support staff need to be hired and trained in order to make this a reality.