This handbook is an excellent resource for anyone who wants to improve the coordination of activities related to the sexual and reproductive health (SRH) of young people in Eastern and Southern Africa (ESA). It considers multi-stakeholder cooperation on SRH and young people on a local (provincial or regional) level, in particular.

Giving insight into a particular case in Namibia, the book elaborates on a few principles of operation that have worked well in this project. Ohangwena is one of Namibia’s poorest regions, and also one in which HIV infections and unwanted early pregnancies are particularly prevalent. In order to provide education on, and access to sexual and reproductive health (SRH) services, a multi-stakeholder cooperation task force was established with simple means, but it proved to be extremely effective. Applying the principles of combining resources, and “real” commitment and ownership by its members, the regional ministries of Health, Education and Youth joined forces with youth representatives and regional civil society organisations to implement activities to improve youth health development in the region.

The first part of this handbook deals with the experiences, lessons learned and challenges of the Ohangwena initiative. The second part features a number of simple tools that have facilitated cooperation, coordination and implementation in a multi-stakeholder context.

**SUMMARY**

**HANDBOOK ON MULTI-STAKEHOLDER COOPERATION ON SEXUAL AND REPRODUCTIVE HEALTH FOR YOUNG PEOPLE:**

**AN EXAMPLE FOR THE IMPLEMENTATION OF ESA AT A LOCAL LEVEL**

"Real commitment" (no delegation)

"Efficient Combination of Resources"

"Joint Planning and Implementation"

"Strengthening Ties between Health and Education"
The Ohangwena Region in the northern parts of Namibia is the most densely populated region of the country, and is inhabited by approximately 245,446 people. The ministries of health, youth and education carry a double burden with regard to youth health development in the region: in addition to one of the highest high HIV prevalence rates, which is currently at 17.7%, Ohangwena also has the highest rate of unwanted early pregnancies in the entire country: 22.7%. Most new infections are among youth (15–24 years). Health services are difficult to access for many young people, and, in addition, they do not use health services unless they are severely sick. Innovative approaches to make health services – including HIV counselling and testing (HCT) – youth-friendly and attractive, and to improve access to these services are crucial to overcoming this challenge.

Youth participation and the design of demand-led activities is a major principle of the multi-stakeholder task force. Two working groups were formed, one focusing on male involvement in sexual and reproductive health, and another one on CSE and teenage pregnancy. The strategy of bringing the service to the youth and where it is most required was applied, and yielded great results. One of the activities of this strategy was outreach counselling and testing with mobile testing teams at schools, in remote communities or places with a high trafficking rate. Through better coordination and combining the resources of the different stakeholders working with the youth and SRH in the region, HCT activities, social and behaviour change communication and other life skills building activities for young people could be optimised.

The success of this project is reflected in the uptake of services at the youth-friendly NAPPA (Namibia Planned Parenthood Association) clinic in Ohangwena’s administrative capital: between 2014 and 2016 it has increased by about 240%.
### Results, 2014–2015: OYHTF contribution to the ESA commitment

**Table 1: Namibia’s contribution to four of the nine targets of the ESA commitment through the work of the OYHTF**

<table>
<thead>
<tr>
<th>ESA target</th>
<th>Indicator</th>
<th>OYHTF contribution</th>
<th>Impact in Numbers</th>
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| 4.4 | Consolidate recent gains in the reduction of HIV prevalence in ESA | • Successful networking and coordination of HIV-related activities and interventions by government, CSOs and youth-led organisations (the OYHTF itself)  
• Increased access to SRH and HIV counselling and testing for all young people in the Ohangwena Region | • Between 2014 and 2015 approximately 2300 received HCT during events organised by the OYHTF  
• 240% increase in youth attendance and testing at NAPPA clinic |
| 4.5 | Increase level of knowledge on HIV-prevention | • Distribution of CSE and other behaviour change communication tools  
• Innovative performances by and for the youth: dance performances on HIV and AIDS, alcohol and drug abuse, and teenage pregnancy  
• Lifeskills training for the youth | • Between 2014 and 2015, over 4000 young people and community members were informed on HIV awareness during events organised by the OYHTF  
• Between 2013 and 2015, 40,000 learners were reached with performances  
• Between 2014 and 2015, 4000 students and more than 400 out-of-school young people received consecutive life skills workshops at schools |
| 4.6 | Reduce early and unintended pregnancies among young people | • Teenage Pregnancy Working Group established  
• Teenage Pregnancy Working Group activities:  
  • Teenage pregnancy march to create awareness  
  • Awareness-raising campaigns and information dissemination | • 1700 learners reached during teenage pregnancy campaign in 2014 |
| 4.7 | Eliminate gender-based violence | • Male Involvement Working Group established  
• Male Involvement Working Group activities:  
  • Male and couple testing days  
  • Male Involvement Conference | • Over 150 participants at male conference in 2015 |
Lessons learned and best practice principles gained from the Ohangwena experience

The OYHTF has applied a number of good practice principles, which have led to a strong sense of ownership by the members of the task force. In addition, the application of these principles has resulted in a high rate of implementation. Activities are not only planned, but are also implemented. These good practice principles are explained below.

**Real commitment; no delegation:** The task force consists of members of all stakeholders working with the youth and sexual and reproductive health in the region, including civil society and young people themselves. To ensure the commitment of the members, the OYHTF has introduced a no-delegation rule, which means that all members have to be present at the meetings themselves; they are not allowed to delegate. This has ensured the development of ownership, reliability and a strong team spirit among the members.

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

**Meetings include planning sessions:** During each task force meeting, one to two hours are devoted to planning sessions for the working groups. These regular sessions (every six to eight weeks) take the form of mini-workshops and provide the time necessary for effective planning with all the members present. In addition, each meeting allows time for harmonising the plans of the two working groups, and for each of them to present reports.

The Ohangwena Youth Health Task Force

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