

*Health and Education Training &
Technical Assistance Services*

*Strategic Plan
2016-2019*



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Introduction and Background

Health and Education Training and Technical Assistance Services (HETTAS) supports HIV prevention through education by providing training, technical assistance, materials development and research and evaluation. Founded in 2006 and originally linked with the Harvard School of Public Health who provided mentorship and initial support for the establishment of a wholly South African registered Section 21 non-profit organisation, HETTAS is dedicated to the improvement of prevention education and risk reduction strategies with a specific focus on sexual reproductive health (SRH) education as an approach.

HETTAS has worked to show that prevention education in South Africa can achieve results. While HETTAS deals with the wide spectrum of HIV prevention education, the organisation also contains an implementing agency dealing specifically with peer education. HETTAS has worked with governmental and non-governmental partners through schools, clinics, faith-based organisations, sports programmes, drop-in centres, tertiary institutions and workplaces across all nine provinces. Its purpose is to build a national system of rigorous prevention education that engages learners, older adolescents, young adults, and adult audiences in HIV and risk prevention and support for healthy norms, attitudes and behaviour. It has equipped those involved in its interventions with sustainable life skills, health promotion skills and knowledge on a systematic prevention education approach.

*Committed to
rigorous
prevention
education*

On a broader level, HETTAS is structured to assist and improve the capacity of organisations through human capital development particularly in Life Skills, sexual reproductive health, prevention education and risk reduction. The organisation has developed expertise in participatory and experiential training and has aligned training to selected SAQA Unit standards. HETTAS has a well-developed M&E system providing ready-made tools and instruments that are suitable for a range of partners and meet the requirements for a quality system accessible by partners.

HETTAS's specific aims are to:

- ▶ To improve prevention and risk reduction interventions by building the capacity of Government and NGOs at various levels of implementation (community and management) through providing training and technical assistance.
- ▶ Reduce transmission of HIV and other STIs; TB among youth, adults and orphans and vulnerable children.

- ▶ Strengthen the quality and sustainability of life skills towards improved prevention education and proactive sustainable intervention strategies within Government and other institutions through tailor-made efforts for diverse contexts.
- ▶ Strengthen the quality and sustainability of prevention health education programmes.
- ▶ Stimulate programme evaluation, accreditation and standards towards prevention education and health promotion efforts in programmes.
- ▶ Utilise prevention education to promote health and education workforce development.
- ▶ Assist with communication strategies to complement prevention efforts and messages.
- ▶ Develop and assist reporting, monitoring and evaluation systems.

Vision and Mission

Vision

To be a leading centre for the promotion of rigorous prevention education and risk reduction in Southern Africa.

Mission

- 🕒 To provide support to prevention education and risk reduction strategies in national and community programmes and other high risk settings.
- 🕒 To support and practically promote skills transfer and development of human capital through a rigorous T&TA mentorship approach.
- 🕒 To coordinate and manage a national resource for the betterment of prevention education programmes in different settings and sites, through a collaborative and integrated systems approach.
- 🕒 To develop M&E and reporting capacity for organisations at community level.
- 🕒 To ensure the on-going development of resources and materials to respond to the ever evolving needs of a developmental country such as South Africa and beyond.

The Strategy

External environment

With a population approaching 65 million, South Africa has one of the world's highest HIV prevalence rates and a highly generalised AIDS epidemic primarily transmitted heterosexually. By 2014, South Africa had more than 6,8 million people

living with HIV and an estimated 2.3 million children orphaned by AIDS. Many more children have parents and other relatives who are ill or have died. These children need basic food and shelter, supervision, fees for schools and uniforms, and safety from HIV and other health threats. Factors associated with high HIV transmission include high rates of multiple and concurrent partners and age-mixing in sexual partnerships; early sexual debut and low consistent condom use. Alcohol and substance abuse also contribute to risky sexual behaviour. In addition, levels of sexual violence in South Africa are among the highest in the world. South Africa's overall strategy (The South African National AIDS Council, 2007) makes prevention of new infections its top priority.

Making headway against the epidemic in South Africa requires understanding the pandemic and also the conditions on the ground—strengths as well as limitations—that affect the nation's approach to a comprehensive prevention of new infections. For this strategy to operate effectively requires that six dimensions underpin operations in the future:

- *Integration:* There is a long-standing and unfortunate tendency to separate HIV and AIDS treatment, testing, prevention education, care and support from each other, as well as from contributing and independently important phenomena such as substance abuse, physical and sexual violence, and gender inequities. At all levels—individual, family, community, institutional, and cultural—these are interrelated rather than independent concerns. Programmes need to be better integrated horizontally, especially in rural areas where there are not likely to be multiple programmes, each with a different specific focus. Programmes for orphans and vulnerable children (OVC) must include prevention objectives and activities. Conversely, one goal of prevention education is to recognise those most in need of secondary prevention and catalyse appropriate early intervention (e.g., HCT, STI treatment, ARV uptake, substance abuse treatment, etc.).
- *Access:* There has been little national discussion of what access to prevention means and how we achieve and measure it. Are we providing access to prevention by relying on mass media awareness strategies in a country where millions of people have little exposure? Do lectures in schools constitute meaningful access to prevention? If prevention education requires repeated face-to-face exposures, how do we achieve such access for hard-to-reach populations such as out-of-school youth? How many programmes reach only those who are easiest to reach—the eager students, the involved parents and the worried well? Improving prevention is invariably about both broadening and deepening access.

There are six dimensions that need to become foundational in HETTAS' strategy

- *Capacity:* The single greatest obstacle to an integrated, comprehensive prevention system is limited capacity. Apartheid's abiding legacy is a sub-standard schooling system that has resulted in a severe shortage of skills in education, health and human service programmes, especially within most in need communities. For success in a long-term strategy to develop a health promotion and disease prevention system, building the capacity of South Africa's people and institutions is the highest priority. Neither government nor external donors can provide the training and ongoing onsite technical assistance and tools development needed at district and community levels due to structural barriers (those providing and monitoring funds are rarely seen as sources of supportive guidance), competing demands and responsibilities, and lack of skilled trainers. Capacity building must require demonstrated competencies, not mere attendance at workshops.
- *Delivery:* Delivery is achieving the fit between access and capacity. Access means securing repeated contact with those we most need to reach, especially underserved populations such as out-of-school youth, vulnerable young women, men who have sex with men, migrant workers, and OVC. Capacity means having people on the ground at those access points capable of delivering accurate, evidence-based integrated prevention in a dose that can be effective. Delivery also includes having practical, affordable materials, tools and support strategies at those access points.
- *Measurement:* Prevention outcomes are difficult and expensive to measure. How can we demonstrate that a preventive intervention for a 14-year-old today resulted in delayed sexual onset two or three years later? What we can measure as proxies for complex long-term outcomes—typically knowledge, attitudes, intentions—but these are notoriously inadequate. Programme outputs (the number of people exposed to specific content in multiple prevention contact hours and settings) are prerequisites of outcome measures; if programmes do not achieve and document adequate exposure, it is a waste of time and money to look for outcomes and impact. There also needs to be due emphasis on the qualitative aspects of intervention, where personal stories provide some insight into small changes experienced by participants through the collection of most significant change (MSC) stories. Outputs are easier to measure, yet few prevention programmes do so systematically and verifiably.
- *Sustainability:* This is perhaps the most important dimension of the strategy. For without sustainable funding the aforementioned guiding principles are rendered unachievable. Within the current climate (global uncertainty and withdrawal of donor funding) donors will scale back in response to the troubled economy and a reasonable belief that global investment must be sustained through national and community resources (including its people).

This requires that self-funding must guide and direct potential interventions. Improvements in the five preceding dimensions must be sustainable or they will be fleeting.

South Africa's complex prevention objectives require intensive, integrated and sustainable face-to-face social strategies that help people of all ages examine, evaluate, and think critically about the sex-related norms and behaviours they see, through repeated exposure to trusted sources and consistent messages in multiple settings. For many youth, adults are not credible messengers; and many adults, whether professionals or parents, are not comfortable talking about sex, or death and grief. In addition, the pandemic has created a gaping hole in the traditional adult-to-child support system.

But South Africa's people are not merely a population in need; they are its most formidable and sustainable indigenous resource. Since people of all ages usually talk, listen, think, and learn about sensitive issues such as sexuality with people like themselves, peer education is a component of many prevention programmes. South Africa's National Integrated Plan for Children Infected and Affected by HIV and AIDS has identified peer education as a critical strategy. In South Africa as elsewhere, peer education was widely used without standards derived from the knowledge base of public health, education, management, and other disciplines. Programmes exhibited great enthusiasm and energy, but little rigour, system, substance or results.

Professionals in any field, and especially those with much less training who staff HIV prevention programmes, need ongoing training, technical assistance, supervision, and practical tools. Prevention education programmes are expected to promote short-term behaviour changes such as delay of sexual debut, secondary abstinence, reduction in number of partners and consistent use of condoms; as well as deeper long-term changes in norms that sanction violence against women, transactional sex and multiple concurrent sexual partnerships. Even without South Africa's high rates of staff turnover and under-capacity, it would be essential to supply prevention education implementers (whether government departments, NGOs, FBOs, or corporate entities) with ongoing Training and Technical Assistance (T&TA) and materials development, in addition to concrete and practical guidelines. A scientific and sustainable system is needed, integrating evidence-based approaches from multiple disciplines with practical field experience in a variety of sectors and settings.

Internal environment

The focus of the HETTAS effort is to support a capacity building approach towards developing a strategic response to HIV and AIDS for each of the implementing sites with prevention education as a focus activity of the response. The purpose of the programme is to assist target community to implement a capacity building strategy that improves sector efforts to mitigate and manage the impact of HIV and AIDS.

The objectives of the HIV and AIDS prevention education component are threefold; i) to assist the adult infrastructure (community leaders, partner organisations etc.) in improving their knowledge and skills in sexuality education, life skills, reproductive health care and risk reduction strategies; ii) assist facilitators to implement a prevention education intervention and referral system and to promote prevention and risk reduction and access testing; and iii) to establish a functioning referral system for, *inter alia*, HCT and TB screening services.

HETTAS' experience in peer education and prevention offers a range of strategic responses to help partners develop and improve prevention and peer education programmes in a variety of settings. The original strategic planning that took place in 2006 put in place a specific intervention procedure that has been tried and tested in the field and is used for each programme implementation.

1. Advocacy: Advocating for and providing an overview of approaches through examining current practices and addressing successes and challenges of programmes with decision-makers, administrators, and leadership. In order to achieve the reach that we envisage, advocacy will be supplemented by ongoing communication strategies targeted at specific sites.
2. Situation (baseline) Analysis: Meetings and workshops to assess challenges, opportunities, and practical solutions for effective site implementation.
3. Training and Technical Assistance (T&TA): Adapted training and workshops for adult supervisors, administrators, trainers, leadership and peer educators.
4. Materials Development: Adaptation and development of curricula, training materials, and tools and tailoring existing materials for site-specific needs and use in implementation.
5. Monitoring and Evaluation (M&E): Training and workshops, support and development of generic and specific tools supporting a M&E system and improved reporting of activities and outputs that are applicable to counting reach.

*The HETTAS
'recipe' for
successful
implementation*

Strategic Objectives & Indicators

Objective #1 ¹

Increase the delivery of HIV prevention education programmes in a range of settings with different target communities.

The long-term objective of interventions is to reduce HIV and AIDS transmission across as many target sites as possible. With this in mind, the objective is to strengthen and extend the implementation of an inter-sectoral prevention education system through rigorous education standards by providing evidence-based, practical and culturally appropriate training and technical assistance, materials development, networking and dissemination assistance to partners using prevention education in schools and colleges, communities, faith-based and community-based organisations, sport, and worksites.

Indicators

- * Number of individuals reached through community outreach that promotes HIV prevention through risk reduction strategies beyond abstinence and/or being faithful.
- * Number of individuals reached through community outreach that promotes HIV prevention through abstinence and/or being faithful.
- * Number of individuals trained to promote HIV prevention through other risk reduction strategies beyond abstinence and/or being faithful.
- * Number of face-to-face discussions that take place directly as a result of the intervention.
- * Number of organisations to which we can offer technical assistance
- * Number of individuals who, as a result of the intervention, access HCT or other referral systems.
- * Number of individuals reached through mass events that run in conjunction with the programme – drama events, rallies etc.
- * Number of condom distribution outlets established.

Objective #2

Through research, expand the range and nature of materials that HETTAS has developed to broaden the scope of HETTAS' offering

HETTAS will continue to serve as a national resource initiating improvements in how prevention education is used in the field. Based on an understanding of the

¹ For each indicator, detailed work-plans will be extrapolated and these will guide the day to day functioning of the organisation.

methodology's strengths and weaknesses, the needs of different populations, and the experiences of its partners, HETTAS convened diverse groups of expert practitioners, policy makers, and researchers to develop materials it then makes available with appropriate training.

The *Vhutshilo* series for 10-13 year olds and 14-18 year olds was tested and completed in 2008 and was completely reworked in 2012 and in 2016. *Vhutshilo 3* aimed at supporting HIV positive youth was developed and implemented in 2016. Much of HETTAS' emphasis is on structured prevention education—small-group, interactive sessions in which facilitators lead discussions with specific learning objectives that help people explore their attitudes, beliefs, and behaviours and anticipate situations they may face.

In the scope of this strategic plan HETTAS will focus on expanding its already extensive inventory of activities addressing topics requested by partners or needed in the field. How HIV is transmitted; how alcohol contributes to unsafe sexual practices; how to avoid dangerous situations; how to encourage attempting something that stretches and challenges: All of these, and many other topics, are integrated with HIV prevention and related risk reduction. Thinking about gender issues and gender equity in new ways is a consistent theme in our materials for both youth and adults; and for the latter, avoiding multiple concurrent partnerships and encouraging conversations with their children. HETTAS will develop creative approaches to these and other topics, using illustrations, games, stories and music in participatory, memorable facilitator-led activities designed not merely to transmit information, but to get people to think critically.

Materials development will be a rapid response system to social changes

Indicators

- * Number of new modules researched and developed for adult settings.
- * Number of new modules researched and developed for out-of-school youth and OVC.
- * Shorter curricula developed for specific interventions—Faith Based Organisations, TVET Colleges and schools via the Department of Basic Education.

Objective #3

Establish variegated funding models to address changes in the economic environment

The external environment requires that, for this organisation to exist, a drastic strategy needs to be in place. There is no guarantee that under the present funding climate that donor funding is a given. In fact, it must be assumed, that donor

funding is increasingly a remote possibility in the short and medium-term. Historically, this has been the lifeline of the organisation and requires, in the present climate, that a radical reconceptualisation of HETTAS is necessary.

Rethink conventional funding sources as a matter of urgency

In line with the present conditions, a new model of sustainable operation needs to be adopted. The importance of delivering prevention education to the broad South African population will necessitate a radical rethinking of how interventions are funded. Under the guidance of the board of directors, HETTAS will operate on a model best described as 'If This, Then That' (ITTT) and the resultant strategy will be pursued accordingly.

ITTT #1 – Donor funding

1. HETTAS will make efforts to respond to all RFPs in the public domain to obtain additional funding sources for staff and implementation costs.
2. HETTAS will conduct ongoing submissions to Corporate Social Responsibility funds to accrue additional funding.

ITTT #2 – Self funding

1. In this new economic climate, self-funding is a reality, if not a condition of survival.
2. As a result (of 1 above), staffing needs to become increasingly flexible. The ability to downsize and upsize – depending on the scope of the project – needs to be built into the structure of the organisation. This will be difficult for staff who desire permanence of tenure but is unavoidable in the present economic dispensation.
3. HETTAS will adopt a policy of providing staff short-term contracts, for all levels, based on the nature and size of the intervention.
4. HETTAS will ensure that a sizeable database of qualified trainers is kept on record and are readily available.

Indicators

- * Number of proposals submitted per annum to donors and CSR.
- * Number of additional fund-raising activities.
- * Develop and maintain a network of qualified trainers and M&E specialists for easy expansion of programmes.

Objective #4

Strengthen HETTAS' communication strategy to ensure comprehensive use of media channels during the course of a programme intervention

Over the years HETTAS has made a concerted effort to raise the profile both of the organisation and the projects currently being implemented. This has entailed a new approach to communication and, more importantly, the use of additional communication channels to convey the message. HETTAS is already beginning to see the fruits of this diversification and escalation in frequency through the feedback that we have received to date.

Apart from the website, the setting up of HTML e-mails, the ability to send SMS notifications, an on-going feed via Twitter and Facebook and A3 poster campaigns allow the organisation to accurately target their messaging as well as to modify and improve the message upon feedback from these groups. It has become clear to HETTAS that no one communication channel will suffice. To keep all stakeholders informed of the implementation process it requires making use of as many forms of social media as possible to raise the profile of the project in progress. In future – and depending on the nature and size of the intervention – HETTAS will establish new identities for each project and communicate accordingly.

As we refine our organisation's use of multiple communication channels, HETTAS is also in the process of investigating how our developing expertise can be used to assist other local NGOs in their own communication strategies. This component of our work is still in an incubator stage but it is hoped that in the coming years we will be able to support (especially) our partners towards a more effective message delivery.

Indicators

- * Two websites developed—one specifically for the Vhutshilo (www.vhutshilo.org.za) series and another to reflect the broader activities of HETTAS (www.hettas.org.za) in place.
- * Number of followers per project on Facebook and Twitter and number of HETTAS contributions.

Maximise reach through social networks

Conclusion

Although covering the period between 2016 and 2019, the HETTAS Board is of the collective sense that the strategy will need to be a living document – open to

amendments depending on the situation in the international donor and national CSR environments respectively.

The overarching agenda that HETTAS will pursue in this strategic period will be to ensure that the organisation is sufficiently flexible and nimble to react to funding trends and peaks as and when they occur. What is non-negotiable is that the internal capacity of the organisation, the materials it has developed over the years, the staff expertise—at managerial, finance controls, materials development and training levels—are not lost to the country.