

SIS

President Bush's Emergency Plan for AIDS Relief

Country Operational Plan

Namibia

RELEASED IN PART
B5

Plan Period: FY04

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UNCLASSIFIED
Abbreviation and Acronyms

| | |
|--------|---|
| ACT | AIDS Care Trust |
| ANC | Ante Natal Care |
| ARV | Anti-retroviral |
| ALU | AIDS Law Unit |
| BCC | Behavior Change Communications |
| CAA | Catholic AIDS Action |
| CAFO | Church Alliance for Orphans |
| CCN | Council of Churches in Namibia |
| CHS | Catholic Health Services |
| CMA | Community mobilization activities |
| CMS | Central Medical Stores |
| COLS | Change of Lifestyles |
| DHS | Demographic and Health Survey |
| DOD | Department of Defense |
| ELCAP | Evangelical Lutheran Church AIDS Program |
| EU | European Union |
| FBO | Faith -based Organization |
| GFATM | Global Fund for AIDS, TB and Malaria |
| ITECH | Internal Training and Education Center on HIV |
| FHI | Family Health International |
| HMIS | Health Management Information System |
| JHU | Johns Hopkins University |
| LAC | Legal Assistance Center |
| LMS | Lutheran Medical Services |
| MAPP | Military Action and Prevention Program |
| MBESC | Ministry of Basic Education Sport and Culture |
| MOD | Ministry of Defense |
| MOHSS | Ministry of Health and Social Services |
| MHETEC | Ministry of Higher Education Training and Employment Creation |
| MTP 2 | Medium Term Plan 1999-2004 |
| MWACW | Ministry of Women Affairs and Child Welfare |
| NBC | National Broadcasting Cooperation |
| NDF | Namibia Defense Force |
| NIP | Namibia Institute for Pathology |
| NGO | Non - Governmental Organization |
| NHTC | National Health Training Centers |
| PLWHA | People living with HIV/AIDS |
| PSI | Population Services International |
| SMA | Social Marketing Association |
| TOT | Training of trainers |
| URC | University Research Corporation |
| UNAM | University of Namibia |
| WFP | World Food Program |
| WLFN | World Lutheran Federation in Namibia |

Table 1. Overview of HIV/AIDS in Namibia

| | |
|--|---|
| 1.1 Country Profile | |
| a. Population (millions): | 1.8 |
| b. Area (sq km): | 825,418 |
| c. Per Capita GDP (US\$): | 1,173 |
| d. Adult Literacy Rate (%): | 78.5 |
| Source(s) data: | |
| Year(s) data: | |
| 1.2 HIV/AIDS Statistics | |
| a. HIV prevalence in pregnant women: | 22.3% in 2002 (MOHSS) |
| b. Estimated number of HIV-infected people: | 250,000 (MOHSS) |
| c. Estimated number of individuals on anti-retroviral therapy: | -1,000 in public facilities (MOHSS), <5,000 in private sector |
| d. Estimated number of AIDS orphans: | 93,100 (GRN) |
| e. Estimated number of individuals currently on ARV treatment: | -1000 in public sector, -3000-4000 in private sector |
| f. Estimated number of individuals currently on ARV treatment in USG-supported programs: | -1000 |
| g. Estimated number of individuals projected to be on treatment by March 31, 2005: | -4000 in public sector |
| h. Estimated number of individuals projected to be on treatment by March 31, 2005 in USG-supported programs: | -4000 in public sector, -1,000 in private sector |
| Source(s) data: | |
| Year(s) data: | |

1.3 Characteristics of the HIV/AIDS Epidemic

- a. **Populations at comparative high risk:**
mobile populations (migrant workers and truckers), young women and girls along transportation routes, sexually active youth, uniformed services, CSWs
- b. **Risk factors related to comparative high risk:**
economic, high unemployment, cultural norms, alcohol and gender abuse, stigma
- c. **HIV/AIDS prevalence by gender:**
From VCT only, 18.9% of females, 12.5% of males
- d. **HIV/AIDS prevalence by age groups (0-14 yrs; 15-24 yrs; 25-49 yrs):**
unknown; 17.9%; 25.6% in pregnant women, 2002
- e. **HIV/AIDS prevalence by urban versus rural:**
25% vs. 22% (WHO Epidemiological Update, 2002)
- f. **ANC surveillance trends (specify years compared):**
1992- 4.2%, 1994- 8.4%, 1996- 15.4%, 1998- 17.4%, 2000- 19.3%, 2002- 22.0%
- g. **BSS surveys trends (specify years compared):**
Not done
- h. **DHS surveys trends (specify years compared):**
1992, 2000
- i. **HIV/AIDS epidemic projections:**
HIV prevalence projected to level off at 24% of pregnant women by 2005
- j. **STI statistics:**
85,559 STI cases reported in 2003 of which 35% were HIV+, 6948 partners referred
- k. **TB statistics:**
628 per 100,000 in 2001; treatment success rate 68%; estimated HIV prevalence 50%

Source(s) data:
Year(s) data:

Table 2. National HIV/AIDS Response

| 2.1 National HIV/AIDS Coordinating Body | Type of organization, purpose, and description of membership |
|---|--|
| National AIDS Committee (NAC) | <ul style="list-style-type: none"> • Overall overseer and the highest policy decision making body on matters related to HIV/AIDS in Namibia. • Main responsibility is to ensure political commitment and guidance to HIV/AIDS control in Namibia. • Membership: Minister of Health and Social Services (MOHSS) (chairperson), other Cabinet Ministers, Director Generals, Secretary Generals, Council of Churches in Namibia (CCN), 13 regional governors, and Permanent Secretary of Ministry of Health (Secretary). |
| National Multi-Sectoral AIDS Coordinating Committee (NAMACOC) | <ul style="list-style-type: none"> • Responsible for co-ordination and implementation of HIV/AIDS activities in the country to prevent duplication. • Identifies areas for funding. • Membership: Permanent Secretaries of all government Ministries, MD of parastatals, UN Theme Group, and representatives from development partners, NGOs, FBOs, trade unions, private sector organizations, and major donors. |
| OVC Permanent Task Force | <ul style="list-style-type: none"> • Responsible for national coordination of OVC programs • Technical advice and assistance for OVC policy planning, M&E, and management of the OVC Trust Fund. |
| National AIDS Executive Committee (NAEC) | <ul style="list-style-type: none"> • Secretariat to NAMACOC. • Responsible for coordination of the implementation of the decisions of NAC and NAMACOC, and monitoring of all HIV-related activities in the country. • Membership: Undersecretary, MOHSS (chair); Directors and Deputy Directors from divisions within MOHSS; UNAIDS Country Program Manager and, Chairperson of UN Theme Group on HIV/AIDS. |
| Regional AIDS Coordinating Committee (RACOC) | <ul style="list-style-type: none"> • Responsible for planning, supervising, evaluating, and coordinating AIDS activities at regional level. • Membership: Stakeholders at the regional level. |
| Constituency AIDS Coordinating Committee (CACOC) | <ul style="list-style-type: none"> • Responsible for planning, implementation, and coordination of AIDS activities. • Membership: Stake holders at the constituency level, including community leaders, church leaders, constituency counselor, NGOs, government officials from different ministries e.g. Health, Education, and Agriculture etc. |
| 2.2 National HIV/AIDS Strategic Plan | Time Period Covered |
| • Medium Term Plan Two (MTP II) | • 1999 - 2004 |

• 2004 - 2009 (To be launched April 8, 2004)

• Medium Term Plan Three (MTP III)

| 2-3 Major Donor/Partner Organizations | Primary Activities That Relate to The Emergency Plan Goals | Estimated Budget |
|---------------------------------------|--|---|
| Bristol-Myers Squibb (BMS) | <ul style="list-style-type: none"> Provision of ART and other services (through MOHSS) for Caprivi region over 5 years 2003-2008 | \$4,600,000 |
| DFID | <ul style="list-style-type: none"> Regional HIV/AIDS & STD project in Namibia, Swaziland, Botswana and Lesotho to build social and institutional enabling environments that encourage sexual risk reduction (\$13M for 4 countries). Support for VSO HIV/AIDS placements (\$2.2M for 6 countries) | \$15,200,000 (total for 6 countries) |
| EU | <ul style="list-style-type: none"> Implementation of Soul City Program in Southern African Region building capacity in local partners to provide education on HIV/AIDS (in cooperation with the Dutch, Irish and British governments. | \$36,300,000 (for 8 countries) |
| EC/EDF | <ul style="list-style-type: none"> Support over a 4 year period to Catholic AIDS Action for its program supporting home-based care and OVC: access to quality education and psychosocial support, training in home-based family care and counseling, youth peer education programs focusing on prevention, outreach and awareness raising among the general population Focus Regions; Caprivi, Kavango, Omusati, Omaheke, Khomas, Karas, and Oshana. (\$1,114,464) Capacity building for NACOP in management supervision and strengthening national response; RACOC training and Capacity building. Focus regions: National, Hardap, Karas (\$506,250) Strengthen multisectoral response at national and regional levels (\$337,500) Support for surveillance in ANC and STD clients, development of M&E system for capturing national and multisectoral responses, support for regional planning. (\$337,500) Support for supervision and training of STI/AIDS/TB staff and development of integrated STI/AIDS/TB guidelines (\$168,750) Technical support to MOHSS for development of national HIV/AIDS policies (\$50,000) Social marketing of VCT services at 6 centers (in partnership with SMA) (\$2,781,000) | \$5,295,464 |

| | | |
|---|--|---------------------------|
| <p>Franco-Namibia Cooperation</p> | <ul style="list-style-type: none"> • Assistance to launch the MOHSS PMTCT pilot program at Oshakati Hospital (\$415,000) • Promotion of Voluntary Testing and Counseling in 4 Focus Regions: (Oshana, Omusati, Ohangwena and Oshikoto) (\$12,000) • Improve case management of HIV/AIDS in treatment and prevention of OIs, Oshakati Hospital (\$230,000) • Social mobilization, production and dissemination of IEC materials, and support to PLWHA associations (\$305,000) • Capacity building through research (\$98,000) • ARV drug procurement for MOHSS at Oshakati Hospital (\$100,000) | <p>\$1,160,000</p> |
| <p>German Development Cooperation/DED</p> | <ul style="list-style-type: none"> • Training of professional and volunteer VCT counselors and trainers, and development of a counseling curriculum. (\$270,000) • Support to home-based care training and supervision in partnership with MOHSS (\$60,000) • Improve case management of STIs, HIV diseases and AIDS: in-service training for health workers. Focus region: Omusati, Ohangwena and Caprivi (part of \$250,000) • Condom social marketing in the Kavango and Caprivi Regions (\$200,000) | <p>\$750,000 (approx)</p> |
| <p>German Development Cooperation/GTZ</p> | <ul style="list-style-type: none"> • Financial and technical contribution to reviews and evaluations within in the MOHSS. (\$100,000) • Support for training of MOHSS managers in M&E and technical issues; support for development of policies and guidelines (\$200,000) • Development, production and dissemination of BCC materials and interventions at the national level and in the Kavango and Caprivi Regions (\$120,000) • Improve the availability of KAP and behavioral surveillance data (\$150,000) • Support to life skills training programs in schools in Kavango, Caprivi, Erongo, Kunene and Otjozondjupa regions (\$40,000) • Training in STD management (\$200,000) • Conduct and support training of health workers in PMTCT and related issues (\$200,000) | <p>\$1,100,000</p> |
| <p>German Development Cooperation/KW</p> | <ul style="list-style-type: none"> • Condom social marketing at the national level and in the Kavango and Caprivi regions | <p>\$2,600,000</p> |

| | | |
|---|---|----------------------|
| <p>Global Fund for AIDS, TB and Malaria (GFATM) (Award to commence mid-2004, for a 5 year period)</p> | <ul style="list-style-type: none"> • Community specific IEC for behavior change messages target at specific risk groups, community mobilization and demand creation for services • Development of adolescent-friendly health services, increased condom availability and use among youth, promotion of 'My Future is My Choice' life skills program for youth • Increase capacity and quality of mobile and stationary VCT services, and establish VCT services in all 35 public sector ANC clinics • Roll-out of comprehensive PMTCT+ program to all 35 public hospitals • Improve quality of care for PLWHA and strengthen links with TB control program • Procurement of home-based care kits to all 34 districts and improve links between clinical and home-based care services • Expansion of workplace programs to adopt national code on HIV/AIDS in employment and reach workers with IEC, condoms and better care and support • Provide psychosocial and material support to 150,000 orphans through community self-help groups to complement social welfare support schemes • Improved monitoring and evaluation systems • Procurement of ARVs | <p>\$105,000,000</p> |
| <p>Intermon-Oxfam</p> | <ul style="list-style-type: none"> • In the Omaheke Region: Community education and prevention programs, training of MOHSS personnel, condom supply and distribution, and home-based care services. | <p>\$424,000</p> |
| <p>UNFPA</p> | <ul style="list-style-type: none"> • New 5-year youth reproductive health program: With focus on reproductive health for youth, including HIV prevention among youth aged 15-24. Activities at the national and regional level are designed to improve capacity to develop policies, advocate for reproductive health services targeting youth, provide community mobilization around adolescent RH issues, advocate for the provision of resources and the creation of a supportive environment, advocate for recognition of the rights of young people, provide gender-sensitive education and peer education activities, increase national level institutional capacity to develop and coordinate policies and programs, and increase capacity for training and research in the area of youth reproductive health. (\$4,536,597) • Male involvement in RH successor project (amount TBD) • Strengthen training capacity of University of Namibia in population and development (\$221,000) | <p>\$4,757, 597</p> |
| <p>UNESCO</p> | <p>Training teachers to effectively teach about HIV/AIDS prevention and responsible behaviors</p> | <p>\$103,000</p> |

| | | |
|---|---|---------------------------|
| <p>UNICEF</p> | <p>3-year program includes:</p> <ul style="list-style-type: none"> • Support to MOHSS to establish PMTCT services in selected districts for national replication (\$200,000) • "Adolescent HIV prevention," designed to strengthen the capacity of adolescents ages 10-18, communities, and service providers to fulfill adolescents' rights to correct information, appropriate skills and quality services for HIV prevention, contributing to a 2 percent reduction in HIV incidence among 15-18 year olds • Support to the national OVC program in partnership with the Ministry of Women Affairs and Child Welfare to provide quality day care at national level and in 3 regions (Omusati, Oshanaondjupa, Caprivi) (\$150,000) • Ensuring access to services for OVC, institutional strengthening, streamlining of entitlements (\$350,000) • Development of HIV Prevention Life Skills intervention for 10-14 year olds, with support from USAID and Government of the Netherlands (\$50,000) | <p>\$ 780,000</p> |
| <p>Governments of Sweden, the Netherlands and Finland</p> | <p>Supporting Small Grants Fund with UNAIDS</p> | <p>\$500,000 (approx)</p> |

Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

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|--|
| <p>3.1 President's Emergency Plan In-Country Coordination</p> <p><u>Within USG:</u> USG in-country partners (USAID, CDC, DOD, Peace Corps, and Embassy) hold weekly informational meetings chaired by the Ambassador. Technical programmatic meetings are held as needed at least biweekly.</p> <p><u>Between USG and other international partners:</u></p> <ul style="list-style-type: none"> • <u>Global Fund:</u> CDC and USAID provide assistance to GFATM planning and serve on its committees. Also, USG has representation within NACOP, which serves as the GFATM secretariat and management center for its activities. • <u>World Bank-MAP:</u> Not present in Namibia • <u>Other (specify):</u> The Partnership Forum for HIV/AIDS in Namibia is a coordination and information-sharing and body convened by the UN agencies and chaired by the MOHSS Permanent Secretary, Government ministries (e.g., Ministry of Women Affairs and Child Welfare, Ministry of Basic Education, Ministry of Higher Education, Ministry of Information and Broadcasting, etc) and all UN and bilateral agencies participate including USG partners, the French, Germans, Dutch, Finns, EC, and Spanish. Please see Table 4.13 for specific FY04 activities that USG will undertake to leverage influence to strengthen this multi-sectoral body <p><u>Between USG and host government:</u> USG has a Memorandum of Understanding with MOHSS for HIV/AIDS activities and USG has staff presence within the MOHSS and MWACW. USG representatives also serve on the MOHSS National Technical Advisory Committee on Patient Care and Case Management committees and on the National AIDS Executive Committee</p> <p><u>Between USG and other in-country organizations (specify):</u> USG is collaborating with many in-country partners including: Churches/FBOs, the military, and the private sector. These collaborations are detailed in Table 4.</p> |
|--|

3.2 President's Emergency Plan Targets for 2004 - 2008

| Target Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|---|--------|--------|--------|---------|---------|--------|--------|
| Total # Infections averted* | 12,000 | 22,000 | 32,000 | 42,000 | 52,000 | 62,000 | 72,000 |
| # Infections averted: PMTCT | 207 | 517 | 1034 | 1448 | 1655 | 1986 | 2317 |
| # Infections averted: * Other (not PMTCT) | 11,793 | 21,483 | 30,966 | 40,552 | 50,345 | 60,014 | 69,683 |
| Total # receiving Care and Support | 37,000 | 59,500 | 83,000 | 102,500 | 118,000 | N/A | |
| # OVC receiving Care and Support | 20,000 | 30,000 | 40,000 | 50,000 | 60,000 | | |
| # receiving Palliative Care | 13,000 | 18,500 | 24,000 | 29,500 | 35,000 | | |
| # receiving ART | 4,000 | 11,000 | 19,000 | 23,000 | 23,000 | | |

* Estimated numbers - Targets will be calculated based on formula being finalized by SIGAC.

Table 4.1 Prevention of Mother-to-Child Transmission (PMTCT)

4.1: Current status of program in country

PMTCT in Namibia:

Ministry of Health and Social Services: MOHSS began PMTCT in Katutura and Oshakati Hospitals (with the support of the French Cooperation) in March 2002 on a pilot basis based on SD-Nevirapine, which remains the cornerstone of the program. BI has agreed to donate SD-Nevirapine through 2006 and the Central Medical Stores supplies to the MOHSS facilities. With the rollout of ART beginning in July 2003, MOHSS expanded the provision of SD-Nevirapine plus ART if eligible to HIV-positive pregnant women at Katima Mulilo, Rundu, Walvis Bay, and Keetmanshoop Hospitals. However, PMTCT coverage is <10% of pregnant women and services are quite limited – they have not yet extended down to the health center and clinic level where many women receive ANC, the program is still quite new, severe shortages of nurse midwives and counselors limits uptake. The strategy for testing to date has been highly "opt-in", space for counseling is inadequate, IEC materials have not yet been developed, the community mobilization component has been weak, replacement feeding is not affordable by most, and many health workers need training in feeding counseling. The government does not provide breast milk substitutes. Mission hospitals: The MOHSS is highly supportive of mission hospitals, providing 100% of their recurrent budget and 50% of their capital budget, but the mission hospitals manage and administer their own facilities. The Mission hospitals follow the same guidelines and policies as MOHSS and receive their laboratory services and drug supply through a common system. The linkages between mission hospitals and FBOs in the community are particularly strong. Catholic Health Services (CHS) began PMTCT at St Mary's Hospital in Rehoboth in 2002 and at Oshikuku, Antbara and Nyangana hospitals in 2003. Lutheran Medical Services (LMS) has initiated PMTCT services in Onandjokwe Hospital in 2003, which has the 3rd highest number of deliveries in the country. PMTCT coverage is <10% of pregnant women, thus, a total of 11 out of 35 hospitals in Namibia have started PMTCT services, but most are at a very early stage. The MOHSS has decided that all hospitals are to have basic PMTCT services by the end of calendar year 2004 and target numbers of pregnant women to be reached have been set for each hospital in Namibia in order to attain the UNGASS goal of a 20% reduction by 2005.

Current USG support:

The USG has supported the MOHSS in the recent development (March 2004) of their first edition of PMTCT guidelines, which promotes an opt-out approach. The USG has also assisted with development of the first MOHSS PMTCT training curriculum. The first TOTs for PMTCT have been conducted and a series of trainings will be conducted in 2004 through the National Health Training Center for both MOHSS and mission health workers. The USG has assisted with design of the PMTCT MIS which is to be integrated into the existing MOHSS HIS. Staffed up at all the mission hospitals; provided drugs for PMTCT where CMS was unable to provide, procured transport for community reach and supervision. The USG has also supported mission hospitals with training, recruitment and hiring of staff, renovations to facilities, procurement of testing services, transportation, community mobilization and establishment of baselines.

4.1.2: How new activities will contribute to Emergency Plan targets; linkages to other activities

USG strategy:

New activities will help expand coverage geographically and by facility and improve the quality of PMTCT services, leading to more infections averted and more women, their partners, and children brought into comprehensive HIV clinical care and treatment. USG partners will build on the existing partnership between MOHSS and mission hospitals and the new technical foundations which have been created during 2003 in order to:

- Expand PMTCT services in existing hospital sites by introducing community counselors, introducing an opt-out counseling strategy and rapid HIV tests,
- Extending PMTCT services to ANC clinics in 11 hospital catchment areas, strengthen community participation
- Consider introduction of short-course ARV in addition to single-dose Nevirapine in selected sites
- Strengthen linkages with ART services
- Introduce PMTCT services in the remaining 24 MOHSS hospitals.
- PMTCT services will be coupled to expanded Counseling and Testing services in both MOHSS and mission hospitals, which will bring additional people into prevention, care, and treatment programs. The availability of ART will also serve to bring more women into PMTCT.
- The National AIDS Coordination Program has no vehicles assigned at present on a regular basis to fulfill such a purpose. In order to rollout PMTCT in a timely and effective manner, transport is needed in each of the 13 regions and at the national level to provide the supervision and support that is required with a new program.

Contributions to The Emergency Plan target::

- PMTCT coverage increased from less than 10% to 40%

Linkages to other activities: Other than the MoHSS the only other partners working in PMTCT have been the French Cooperation which has supported the Ministry's rollout of PMTCT to Oshakati Hospital and the purchase of ARVs for Oshakati and UNICEF which has supported some policy and guideline development. The French Cooperation program is due to end mid-2004 and it is unclear as to whether there will be any further involvement in the PMTCT program. The USG expects to continue working with whatever partners the MoHSS identifies.

| 4.1.3 Existing activities (initiated prior to FY04) | | | | | |
|--|---------------------------------|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| CDC/Namibia for MOHSS | No objectives required under IP | <ul style="list-style-type: none"> Hire and train 2 nurse midwife supervisors (to be located at the national PMTCT/PMTCT Plus program) to develop the referral network and provide field supervision | CDC | | PMTCT |
| FHI implementing through sub-agreements with LifeLine/Childline and Catholic AIDS Action (CAA) FBO? YES | No objectives required under IP | <ul style="list-style-type: none"> Standardized counseling curricula including modules on VCT, PMTCT and ART available 2 master trainers and 4 trainers trained in approved counseling curricula (VCT, PMTCT+ and ARV adherence) PSS curricula translated in at least 2 local languages Counseling curricula submitted to Ministry of Higher Education for approval according to the Namibian Quality Standards (NQS) | USAID | | PMTCT |
| Social Marketing Association of Namibia (SMA)/PSI with Catholic Health Services (CHS), Lutheran Medical Services (LMS) and ELCAP FBO? YES | No objectives required under IP | <ul style="list-style-type: none"> Establishment of 5 VCT centers within 4 mission hospitals and 1 FBO organization (directly working with MOHSS ANC and mission hospital), including initial training, refresher training and ongoing supervision of 50 staff Technical, training, supervisory and financial support to 2 additional VCT centers with direct links to MOHSS PMTCT programs | USAID | | PMTCT |

| 4.1.3 Existing activities (initiated prior to FY04) | | | | | |
|--|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Ministry of Health and Social Services (MOHSS) and mission hospitals (LMS,CHS) New partner? YES (in terms of new cooperative agreement and direct funding to MOHSS) | By March 31, 2005: <ul style="list-style-type: none"> • PMTCT services established in 24 additional MOHSS hospitals • PMTCT coverage increased from less than 10% to 40% | <ul style="list-style-type: none"> • Procure transport for supervision at national and regional levels: 17 vehicles • Procure TVNCR systems for remaining 24 district hospitals to provide PMTCT patient education | CDC | | Track 2 |
| CDC in partnership with MOHSS | See objective above | <ul style="list-style-type: none"> • Conduct site visits and provide field support from national level (local travel costs for CDC and MOHSS staff) • Print and distribute PMTCT guidelines (5,000 copies) | CDC | \$ | Track 2 |

| 4.1.4 Proposed new activities in FY04 | | | | | |
|---------------------------------------|-------------------|------------|--------|---------------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | |
| | No new activities | | | | |
| Total Budget: | | | | | |
| Total Partners: | | | | | |
| New Partners: | | | | | |
| FBOs: | | | | | |
| | 8 | | | | |
| | 1 | | | | |
| | 5 | | | | |

Table 4.2 Abstinance and Faithfulness Programs

4.2.1 Current status of program in country

Abstinance and faithfulness programs in Namibia:

Prior to the launch of the USG's BCC program in 2001 targeting the private sector workforce and youth in Namibia, there was little in the way of comprehensive programs in either area. In 2001, with support from USAID in partnership with DFID, the Ministries of Basic Education, Sports and Culture (MBESC) and the Ministry of Higher Education, Training and Employment Creation (MHE/TEC) undertook an assessment of HIV/AIDS across the entire education sector. Based on the results of that assessment, the two Ministries, among other things, created a 5-year HIV/AIDS strategy and established a Joint HIV/AIDS Unit to deal with the issues. The MBESC is currently rolling out an HIV/AIDS curriculum to all 13 regions. The USG is supporting that roll out and training for teachers and principals in selected regions utilizing education funding. Outside the education environment, many FBOs and churches were not comfortable with programs that focused on condom use for youth; therefore most of their efforts were somewhat ad hoc and not integrated either within their organizations/churches or across denominations. A workplace prevention program was developed in Namibia by and for NamDeb (a joint GRN and DeBeers Diamond Company), this program was eventually adopted by and expanded to other mines, implemented by the Chamber of Mines (Chom) Chom's program although small also started an outreach component to other industries with a similar migrant or mobile workforce (fisheries, Namport)

Current USG support:

Delay of sexual debut, faithfulness and reduction of partners has been an integral part of USG behavior change programs in Namibia. In 2002, USAID working with YouthNet and FBO partners and churches commenced a partnership to target younger children (8-14). Life Skills and Christian Family Life Education Training manuals have been developed and HIV prevention programs have been introduced in schools and communities in 5 regions of the country reaching over 21,000 youth. Three primary channels are used to reach youth--- mass and multi-media, schools, and faith-based organizations and churches. Youth, the MBESC and FBO/NGOs have been involved in the design and implementation of programs for youth. In-and-out-of school youth (8-14 years and 15-24 years) and employees and their family members in the private sector have been the primary target audiences for these programs. Workplace programs have been funded in Namibia since the inception of its HIV/AIDS program (three years) reaching a total of 40 private sector companies, parastatals and line ministries with assistance to establish workplace policies for HIV/AIDS, peer education programs, advocacy programs for reduction of stigma, referrals for STI treatment and counseling and testing, and training programs in home-based care. All materials used in workplace programs have been developed over the 3 years of the program with input from peer educators and implementing partners. Every effort has been made to assure that messages are consistent and reinforced across the various channels. Designing a successful "Faithfulness" program has been a challenge not only for Namibia but internationally as well. A recent program evaluation baseline done with youth in the greater Windhoek area found that the respondents thought that "faithfulness" referred to going to church. Therefore, a study was commenced in late 2003 with core funds from Johns Hopkins Health Communication Partnership to look at the issues of programming for ABC in the social and cultural context of Namibia and specifically, the issue of "Faithfulness".

4.2.2 How new activities will contribute to Emergency Plan targets; linkages to other activities

USG strategy:

New activities will scale up successful school, church, and workplace programs to support abstinence, encourage faithfulness and the reduction of partners, to help reduce stigma and thereby contribute to changing social norms among youth and the workforce to reduce risky behaviors.

- Increase the capacity of the education system to reduce administrative staff and, teachers' risk of HIV infection by developing and implementing a workforce prevention and support program,
- Support HIV/AIDS prevention and life skills training for teachers in the implementation of curriculum
- Strengthen capacity of churches and FBOs to support activities that focus on enhancing knowledge and negotiation skills of youth for delaying sexual debut, responsible decision making, abstinence, secondary virginity, and faithfulness
- Expansion of youth prevention and education programs in 9 regions
- Provide quality comprehensive workplace programs (including workplace policies for HIV/AIDS, peer education programs, advocacy programs for reduction of stigma, referrals for STI treatment and counseling and testing, and training programs in home-based care) on a fee-for-service basis to workers and their families on HIV-related messages in 40 private sector companies and other institutions

Contribution to the Emergency Plan target:

- 13,500 youth will be reached by March 2005 through school based programs emphasizing delay of sexual debut, life skills for responsible decision making and prevention education;
- 11,500 youth will be reached by March 2005 using primarily faith-based curricula and peer education approaches and approximately 2,000 parents, teachers and church leaders in 60 congregations will be trained to communicate with youth on the issues of delay of sexual debut, abstinence, faithfulness and responsible decision making
- 25,000 workers and their families in 40 private sector companies and other institutions provided quality comprehensive workplace programs (including workplace policies for HIV/AIDS, peer education programs, advocacy programs for reduction of stigma, referrals for STI treatment and counseling and testing, and training programs in home-based care) on a fee-for-service basis

Linkages to other activities: These youth-oriented behavior change programs have very strong linkages to other program areas. Youth programs incorporate strong anti-stigma messages, and, for older youth also promote counseling and testing as well as the involvement of youth in home-based care, treatment literacy and other community mobilization efforts. All faith-based youth HIV prevention curricula currently funded by the USG contain consistent messages across the different age groups, and make referrals to other USG-supported services such as OVC, VCT, and care and support programs, etc. Starting at the primary school level, responsible life style behavior will be promoted, not only dealing with immediate prevention of HIV, but also addressing the pervasive gender and alcohol issues which are driving the epidemic in Namibia. The USG programs will link and coordinate with the efforts of UNICEF supporting the development and roll-out of age appropriate school programs for 8-14 year olds and UNFPA's program to support out-of-school youth programs working with the Ministry of Higher Education, Training and Employment Creation.

| 4.2.3 Existing activities (Initiated prior to FY04) | | | | | |
|---|--|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Catholic AIDS Action in partnership with FHI FBO? YES | Expansion of youth prevention services in 9 regions reaching 2,500 youth by April 2004 | <ul style="list-style-type: none"> Recruitment of staff: 9 regional Youth Education Prevention officers Training and transportation: 5 workshops in community outreach and mobilization for 179 youth officers and 200 peer educators Assessment and follow-up | USAID | | Track 1.5 |
| Catholic AIDS Action in partnership with FHI FBO? YES | Expansion of youth prevention services in 9 regions reaching an additional 6,000 youth by March 31, 2005 | <ul style="list-style-type: none"> Ongoing support for above staff; hire 2 additional Youth Education Prevention Officers, a national project officer, program officer, and 1 part-time support staff Additional workshops for community outreach and mobilization: training for 50 new peer educators and refresher training for 106, utilizing the scripture-based <i>Adventures Unlimited</i> (ages 8-13) and <i>Stepping Stones</i> (age 14 and up) curricula | USAID | | Track 2 |

| 4.2.3 Existing activities (initiated prior to FY04) | | | | | |
|--|--|--|--------------|--------------------|------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| <p>Change of Lifestyles (COLS) World Lutheran Federation Namibia and ELCAP in partnership with YouthNet/Namibia/FHI FBO? YES</p> | <p>Strengthened capacity of churches and FBOs to support activities that focus on enhancing knowledge and negotiation skills of youth for delaying sexual debut, responsible decision making, abstinence, secondary virginity, and faithfulness; projected to reach 20,000 youth reached by 2005</p> | <p>Continuation of technical assistance from YouthNet to Change of Lifestyles (COLS) in 2 regions (reaching 8-14 year olds); expansion of the pilot Lutheran Youth HIV (LYHP) curriculum (targeting 13-24 year olds) to 9 regions in 2004 working with World Lutheran Federation/Namibia and Evangelical Lutheran Church AIDS Program (ELCAP);</p> <ul style="list-style-type: none"> • 2 workshops for 30 trainers and church leaders • Curriculum pre-test in preparation for training 840 pastors, church mentors, parents, and youth leaders in 210 congregations nationwide | <p>USAID</p> | <p>[Empty Box]</p> | <p>Track 1.5</p> |
| <p>World Lutheran Federation/Namibia in partnership with YouthNet/Namibia/FHI FBO? YES</p> | <p>Same as above</p> | <p>Continued support for above program:</p> <ul style="list-style-type: none"> • Training of 420 church members as youth mentors • Sensitization and training of 235 church leaders. • Peer education training for 175 older youth reaching an initial 2,000 youth (13-25 year olds) by March 31, 2005 • Hire staff (5-6) | <p>USAID</p> | <p>[Empty Box]</p> | <p>Track 2</p> |

| 4.2.3 Existing activities (Initiated prior to FY04) | | | | | |
|---|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| <p>Change of Lifestyles (COLS) in partnership with YouthNet/Namibia/FHI</p> <p>FBO? YES</p> | <p>Reach 1,500 youth with life skills training by March 31, 2005</p> | <p>Continued support to build the supervisory and training capacity of COLS to support enabling environment in 20 churches:</p> <ul style="list-style-type: none"> • Sensitize and train 40 church leaders and parents in 20 congregations in CFLE curriculum, HIV/AIDS, and RH. • Peer education training in CFLE curriculum for 55 older youth • Support for 4 staff | USAID | | Track 2 |
| <p>Namibian Youthpaper in partnership with FHI</p> | <p>Reach 75% of in-school youth on a weekly basis through mass media and youth outreach interventions with up-to-date information on HIV/AIDS and other reproductive health issues—leading to their delay of sexual debut and increased abstinence/faithfulness</p> | <ul style="list-style-type: none"> • Continued support for production of 40 weekly supplements of the Reproductive Health Page of the Youthpaper, a 12 page insert in the national English-language paper, <i>The Namibian</i>. Over 16,000 copies of Youthpaper sold weekly and 4,000 copies distributed free of charge to libraries and schools. • 3 HIV/AIDS related essay/poem contests for youth sponsored by private sector and donors on health and social issues relevant to youth | USAID | | Track 2 |

| 2.2.3 Existing activities (initiated prior to FY04) | | | | | |
|---|---|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Ombetja Yehinga in partnership with FHI and in collaboration with Ministry of Basic Education, Sports and Culture (MBESC) | Reach 1,500 primary and secondary students in Erongo region with HIV/AIDS and sexual health education with a focus on A and B by March 31, 2005—leading to delay of sexual debut and increased abstinence/faithfulness | <ul style="list-style-type: none"> Participatory training of 150 teachers on HIV/AIDS and sexual health and behavior change approaches Creation of and support to AIDS clubs in schools Participatory approaches with students to develop appropriate IEC materials (drama, songs) Promotion of role models Partial support to 5 full-time and 3 part-time staff | USAID | | Track 2 |
| Lifeline-Childline in partnership with FHI FBO? YES | 12,000 3 rd and 4 th grade students have improved social/negotiation skills of to be able to communicate concerns about inappropriate sexual behavior and to seek help by March 31, 2005,— in 5 regions (Komas, Oshana, Erongo, Hardap and Karas) | <p>Through faith-based programs that utilize teachers, peer educators and influential community adults:</p> <ul style="list-style-type: none"> Support participatory drama and role plays in 50 schools Train 50 teachers and lay counselors to recognize abuse in children and refer them to appropriate private or public sector services | USAID | | Track 2 |

| 423 Existing activities (initiated prior to FY04) | | | | | |
|---|--|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| AIDS Care Trust (ACT) in partnership with FHI | Provide quality comprehensive workplace intervention packages on a fee-for-service basis to over 4,000 workers and their families on HIV-related messages in over 10 private sector companies and other institutions by March 31, 2005 | <p>Continued support (funded in partnership with Humanistic Institute for Development-HIVOS) to 4 full-time and 2 part-time staff to conduct comprehensive peer educator, care, and support programs, including HIV workplace policies:</p> <ul style="list-style-type: none"> • Training/retraining of 300 peer educators who will in turn reach 4,000 workers and their families in 10 companies and institutions • Refresher training & monthly supervision & support to peer educators • Referral and/or promotion by peer educators to home-based care and VCT services for employees and their families • Translation of peer education and HBC materials in two additional languages (Afrikaans and Oshiwambo) • Advocacy/awareness raising meetings with managers to introduce or update on program | USAID | | Track 2 |

| 4.2.3 Existing activities (Initiated prior to FY04) | | | | | |
|---|--|--|--------|-----------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget / Amount | Budget Source |
| Namibia Chamber of Mines in partnership with FHI | Provide quality comprehensive workplace intervention packages on a fee-for-service basis to over 14,000 workers and their families in 12 mines and affiliated companies and institutions by March 31, 2005 | <p>Continued support to 1 full-time staff to conduct comprehensive peer educator, care, and support programs, including HIV workplace policies:</p> <ul style="list-style-type: none"> • Training/retraining of 600 peer educators who will in turn reach 14,000 workers in 12 mines, affiliated companies and other institutions • Refresher training & monthly supervision & support to peer educators • Referral and/or promotion by peer educators to STI, home-based care, and counseling and testing services for employees and their families • Translation of peer education, STI and HBC materials in two additional languages (Afrikaans and Oshivambo) • Advocacy/awareness raising meetings with managers to introduce or update on program | USAID | | Track 2 |

| 412.3 Existing activities (Initiated prior to FY04) | Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
|---|---|---|--|--------------|---------------|----------------|
| | <p>Walvis Bay Multi Purpose Center (MPC) Workplace Program and Community Outreach in partnership with FHI</p> | <p>Provide quality comprehensive workplace intervention packages on a fee-for-service basis to over 4,800 workers and their families and shebeen clients in at least 18 private sector companies by March 31, 2005:</p> <p>Reach 10,000 in- and out-of-school youth (ages 15-24 years) with HIV prevention messages</p> | <p>Continued support to conduct comprehensive peer educator, care, and support programs, including HIV workplace policies:</p> <ul style="list-style-type: none"> • Purchase of mini-bus for program monitoring supervision and training • Continued support for 2 full-time staff; hire 2 additional staff to expand to 5 more workplaces • Training (16)/retraining (38) of peer educators • Refresher training & monthly supervision & support to peer educators • Referral and/or promotion by peer educators to home-based care and counseling and testing services for employees and their families • Translation of materials in two additional languages (Afrikaans and Oshivambo) • Advocacy/awareness raising meetings with managers to introduce or update on program • Train 50 out-of-school youth as outreach workers, drama facilitators, life skills educators; train in computer literacy • School and community outreach to youth | <p>USAID</p> | | <p>Track 2</p> |

| 4.2.3 Existing activities (initiated prior to FY04) | | | | |
|--|---|---|--------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount Budget Source |
| Sam Nujoma Multi Purpose Center in Ongwediva in partnership with FHI | Expand HIV/AIDS community outreach prevention activities to 5,280 Ongwediva community members by March 31, 2005 | <ul style="list-style-type: none"> • Training of 16 youth peer educators and 16 workplace peer educators and 8 community outreach volunteers • Awareness raising sessions in schools and for shebeen owners, employees, and clientele • Special events for community members focusing on HIV prevention | USAID | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Track 2 |
| 4.2.4 Proposed new activities in FY04 | | | | |
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| <div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> partnership with FHI New partner? Yes | Pilot prevention program is launched reaching 800 Ministry staff in one education region by March 31, 2005 | Build the capacity of the HIV Unit at the national/regional levels to enable the Unit to carry out selected activities as described in its HIV/AIDS work plan: <ul style="list-style-type: none"> • Develop a workplace prevention and care program for national and regional office staff • TOT for 50 peer educators • Implement pilot prevention and care program in one educational region • Develop program management capacity of 18 unit staff • Promote access to VCT and care including ART for infected staff members • Promote the establishment of support groups at national level and all educational regions | USAID | <div style="border: 1px solid black; width: 100%; height: 40px;"></div> |

| 4.2.3 Existing activities (initiated prior to FY04) | | | | | |
|---|--|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| HOPE Humana/DAPP in partnership with YouthNet/Namibia/FHI New partner? YES | Raise awareness, reduce stigma, and promote responsible life style behavior emphasizing sexual abstinence among 1,000 in-school youth 12-19 years of age by March 31, 2005 | <ul style="list-style-type: none"> Establish after-school youth clubs in 16 schools Train 200 peer educators on HIV/AIDS and related issues Train 45 teachers on HIV/AIDS and related issues Provide outreach activities to out-of-school youth | USAID | | |
| Total Budget | | | | | |
| Total Partners: | 9 | | | | |
| New Partners: | 1 | | | | |
| FBOs: | 4 | | | | |

Table 4.3 Blood Safety

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|--|
| <p>4.3.1 Current status of program in country</p> <p>Blood Safety in Namibia:</p> <p>The National Blood Transfusion Service (NAMBTS) is responsible for collection and testing to maintain a safe blood supply throughout Namibia. It was established in 1963 as an NGO and in 1987 incorporated the blood testing laboratory and blood technology training center. The NAMBTS national transfusion center in Windhoek operates within leased MOHSS facilities and achieves cost-recovery through charging hospitals for blood products. In 2003, there were 18,000 transfusions and MOHSS estimates that the country requires 22,000 units of safe blood each year to maintain an adequate/safe supply. NAMBTS tests all donated blood for HIV, syphilis, and hepatitis B and C. Current HIV prevalence among blood donors is approximately 0.52%. The main challenges that NAMBTS faces are an inadequate supply of safe donors, aging equipment, and insufficient staff to recruit and counsel donors, no peer review panels, and inadequate infrastructure outside of Windhoek. There has been no USG support to the NAMBTS prior to The Emergency Plan.</p> <p>Current USG support:</p> <p>There is no current USG program with the National Blood Transfusion Service</p> <p>4.3.2 How new activities will contribute to Emergency Plan targets/linkages to other activities</p> <p><u>USG strategy:</u></p> <p><u>Work with The National Blood Transfusion Service to develop a proposal under Track 1 Contribution to The Emergency Plan Targets:</u></p> <p>New activities will update and expand safe blood collection and testing services at the Windhoek center and establish a new center in Erongo region. These activities are expected to result in the collection and testing of an additional 4,000 safe blood units per year for a total of 22,000 units (which will meet the estimated need).</p> <p><u>Linkages to other activities:</u> MOHSS is a primary source of support to NAMBTS. Local NGOs assist with promotion of regular voluntary blood donation.</p> |
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|--|-----------------------|------------------------------|--------------------------|----------------------|-----------------------------|-----------------------------|
| <p>4.3.3 Existing activities (initiated prior to EYP)</p> | <p>Partner</p> | <p>FY04 Objective</p> | <p>Activities</p> | <p>Agency</p> | <p>Budget Amount</p> | <p>Budget Source</p> |
|--|-----------------------|------------------------------|--------------------------|----------------------|-----------------------------|-----------------------------|

| 4.3.3 Existing activities (initiated prior to FY04) | | | | | |
|---|--|--|--------|---|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| None | | | | | |
| 4.3.4 Proposed new activities in FY04 | | | | | |
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> New Partner? YES | Increase the collection of safe/useable blood by 2,000 units by April 2005 Maintain or reduce the low percentage of reactive transfusion transmitted infections (TTIs) among blood donors (current loss due to all donation variables is 0.02%) | <ul style="list-style-type: none"> • Build a new collection facility with laboratory in Erongo region (Swakopmund) • Recruit and support new staff: Public Relations Officer (1), Lab technologist (2), Donor Counselor (2), Sisters/Clinical Nurses (2), Clinic Assistant (2), Finance Controller (1), Cleaner (1) • Strengthen implementation and monitoring of national guidelines; train staff on existing SOPs • Develop training programs on safe transfusion practices for health care providers and the public • Purchase equipment, reagents, and transport vehicles including a mobile blood collection unit • Implement new blood banking software • Develop a pool of regular, safe blood donors • Organize peer review committees for the use of blood and blood products | CDC | <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Track T submission Award is pending | |

| 43.4 Proposed new activities in FY04 | | | | | |
|--|----------------|------------|--------|---------------------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | |
| Centrally-funded organization - TBD New partner? YES | TBD | TBD | CDC | (\$ TBD) Track 1 | |
| Total Budget: | | | | | |
| Total Partners: | 2 | | | | |
| New Partners: | 2 | | | | |
| FBOs: | 0 | | | | |

Table 4.4 Safe Injections and Prevention of Other Medical Transmission of HIV

| <p>4.4.1 Current status of program in country</p> <p>Safe Injections and Prevention of Other Medical Transmission of HIV in Namibia: The MOHSS Occupational Health Unit and the Immunization Program are responsible for safe medical injections in government facilities. Most injections are administered by nurses, who are the responsibility of Nursing Services within MOHSS.</p> <p>Current USG support:</p> <p>There is no current USG program with Safe Injections</p> | | | | | |
|---|----------------|------------|--------|---------------|---------------|
| <p>4.4.2 How (new activities) will contribute to the EMERGENCY PLAN targets, linkages to other activities</p> <p>USG strategy:</p> <p>Working with URC under the Track 1 award, details of the current situation will be obtained from an assessment to be carried out as one of the first USG-supported activities in this area, followed by the development of a collaborative work plan.</p> <p>Contribution to The Emergency Plan target:</p> <p>New activities will contribute to prevention targets through decreasing the use of unnecessary injections and increasing the use of safe medical injections. Additional information will be provided once the contractor, URC, has met with USG in-country staff and MOHSS.</p> <p>Linkages to other activities: There are no other activities in this sector</p> | | | | | |
| <p>4.4.3 Existing activities (initiated prior to FY04)</p> | | | | | |
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| None | | | | | |

Table 4.5 Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high-risk groups)

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| <p>4.5.1 Current status of program in country:</p> <p>Other prevention initiatives in Namibia:</p> <p>The key prevention initiative that the USG program in Namibia is supporting is a program of behavior change interventions, known as the Military AIDS Prevention Program (MAPP), with the National Defense Forces and has been in place since 2001. The program has reached 23 bases and bush camps and over 7000 soldiers have participated in MAPP team education events and peer education activities. A VCT/drop-in center was established in Rundu funded by the European Community. In 2002, the USG commenced a partnership with the regional Corridors of Hope program targeting truckers, border officials and CSWs along southern Africa transportation routes.</p> <p>Current USG support: See above</p> | <p>4.5.2 How new activities will contribute to the Emergency Plan targets; linkages to other activities:</p> <p><u>USG strategy:</u></p> <ul style="list-style-type: none"> • Development of workplace HIV/AIDS policy for bases • Expansion of peer education program • Support newly formed MOD HIV/AIDS committee • Support for and expansion of counseling and testing centers in two regions • Condom provision to uniform services, truckers, border officials and CSWs <p><u>Contribution to The Emergency Plan target:</u></p> <ul style="list-style-type: none"> • 7,000 soldiers reached through 23 base and bush camps • 700 military personnel counseled and tested • Consistent condom use with regular and casual partners increased by 10% over baseline • 200,000 male and 2,000 female condoms procured and distributed to NDF canteens <p><u>Linkages to other activities:</u></p> <p>The USG program coordinates with the Ministry of Defense in its prevention program, the Regional HIV/AIDS Program, Corridors of Hope targeting truckers along southern Africa transportation routes and DFID's Cross Border program.</p> |
|--|--|

| 4.5.3 Existing activities (initiated prior to FY04) | | | | | |
|---|---|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Social Marketing Association/PSI (SMA) in collaboration with Ministry of Defense (MOD)/Namibian Defense Force (NDF) | 7,000 soldiers reached through 23 base and bush camps | <ul style="list-style-type: none"> • Development of workplace HIV/AIDS policy for bases • Training for 35 female peer educators • Sensitization workshop for newly formed MOD HIV/AIDS committee • Support to VCT and drop-in center (in Rundu) | DOD | | Track 1.5 |

| 4.5.3 Existing activities (initiated prior to FY04) | | | | | |
|---|--|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Social Marketing Association/PSI (SMA) in collaboration with Ministry of Defense (MOD)/Namibian Defense Force (NDF) | <p>By March 31, 2005:</p> <ul style="list-style-type: none"> 700 military personnel counseled and tested Consistent condom use with regular and casual partners increased by 10% over baseline (as measured by follow up KAP survey in FY04) | <ul style="list-style-type: none"> Rundu counseling and testing drop-in center activities continued Grootfontein counseling and testing center opened in Feb 2004 2 counselors, 1 nurse/technician and 1 receptionist recruited and hired for counseling and testing center at Grootfontein 12 Education programs conducted at bases 50 New Peer Educators recruited and trained in partnership with Namibian military and RSA military 23 bases visited by MAPP team and 8,000 soldiers reached 200,000 male and 2,000 female condoms procured and distributed to NDF canteens (increasing the number of bases with canteens stocking condoms from 7 to 22) Printing and production of promotional items ART/compliance booklet developed in partnership with JHU and MOHSS and 4,000 copies distributed | DOD | | Track 2 |

| 4.5.3 Existing activities (initiated prior to FY04) | | | | |
|--|--|---|----------------|--------------------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount Budget Source |
| Corridors of Hope/PSI in partnership with the RHAP No | 40,000 custom, immigration and port workers, truckers, hawkers and CSWs along cross border sites reached with BCC messages, condoms and STI treatment counseling and testing and treatment referrals Note: These interventions are part of a regional approach and are replicated along transport routes and in other countries (with different funding sources). | <ul style="list-style-type: none"> Prevent HIV transmission among high risk Namibian truck drivers, port workers and sex workers at 2 border sites Caprivi (4 countries border), Oshikongo (Angola border) and the port of Walvis Bay. Condom distribution Referrals for STI treatment, counseling and testing and treatment Implement a behavior change strategy that includes workplace approaches, peer education and communication materials development. | USAID/ RHAP | Track 2 |

| 4.5.4 Proposed new activities in FY04 | | | |
|---------------------------------------|----------------|-------------------|---------------|
| Partner | FY04 Objective | Activities | Budget Amount |
| | | No new activities | |
| Total Budget: | | | |
| Total Partners: | 9 | | |
| New Partners: | 1 | | |
| FBOs: | 0 | | |

Table 4.6 Counseling and Testing

4.6.1 Current status of program in country

HIV Counseling and Testing in Namibia:

HIV testing has been available through some health facilities and the private sector on a limited basis, but a network of freestanding community-based VCT centers was not launched in Namibia until February 2003. A total of 6 freestanding New Start Counseling and Testing Centers were launched during 2003, testing 4,085 clients, of whom 2292 were women (56%) and 649 (male and female) were HIV-positive. Recent data shows an increase in testing but also an increase in prevalence from 16% in 2003 to 20% for 2004 to date. The current number of clients being tested in the free-standing clinics is approximately 600 per month across the 6 centers. The announcement of ART availability in mid-2003 was associated with a 41% increase in monthly attendance at these sites. In FBO hospitals infrastructure to provide VCT has been created, in conjunction with ANC services, and counseling staff has been recruited and trained. The expansion of Counseling and Testing services in MOHSS facilities is urgently needed. USG support during 2003 contributed to the development of MOHSS Counseling and Testing guidelines, a training curriculum on VCT, a rapid testing curriculum, and a MIS for community-based VCT centers. The MOHSS has recently approved (March 2004) the formal introduction of community counselors to be trained by MOHSS/NGOs and placed into health facilities to serve in Counseling and Testing units which would also supply ANC and other departments in the hospital. The first phase of rapid HIV testing by the Namibia Institute of Pathology (NIP) showed excellent results in 2003 and the second phase is ready to begin. The MOHSS has not yet developed a policy on rapid testing, but it is anticipated that non-laboratory staff (especially nurses) will be authorized to test where supported by training and supervision from the NIP and a quality assurance program. The MOHSS has recognized the importance of HIV testing for prevention, care, and treatment in its new national medium term plan.

Current USG Support:

USG support to counseling and testing has been substantial, including support for an evaluation of Counseling and Testing services, development of national Counseling and Testing guidelines and training curriculum, first phase validation of rapid HIV tests, building counseling and testing training capacity, hiring of staff, advocacy of routine testing with the right of refusal in clinical settings, development of a communications strategy, strategic information support, renovations, and direct financial support to FBO/NGO services. USAID is the major partner for support to the community-based free-standing centers and in the clinical setting to mission hospitals and CDC is the major partner with the MOHSS and NIP for testing in the clinical setting. USAID supports FHI and PSI's technical assistance to the following FBO/NGO partners in Counseling and Testing: Catholic Health Services, Lutheran Medical Services, Catholic AIDS Action, Evangelical Lutheran Church AIDS Program, Lifeline/Childline, the Council of Churches of Namibia and Walvis Bay Multipurpose Center.

4.6.2 How/new activities will contribute to The Emergency Plan targets: linkages to other activities

The USG strategy:

- To support an additional 9 New Start Counseling and Testing Centers to be launched in 2004, including 4 in mission hospitals and 4 freestanding; and 1 that serves the military.
- To strengthen the existing counseling and testing services, including routine opt-out testing in certain clinical settings (ANC, TB, STI) in all 35 hospitals including mission hospitals, 35 health centers, and 200+ clinics
- To assume financial support on a graduated basis for 5 EU community-based free-standing centers as the EU program phases out
- Increase the number of those tested in the health system through the introduction of community (lay) counselors, rapid testing, improved referral to clinical services (for OI prophylaxis, HAART, PMCT, counseling on risk reduction, and CBOs and support groups of positive persons.
- To expand clinic and community partnerships with FBO/NGOs to provide more counseling and testing to underserved areas of Namibia and to increase coverage in existing hospitals/centers/areas.
- Quality services at the existing facilities will be maintained through refresher training, regular supervision and mystery client surveys.

Contribution to The Emergency Plan target:

- Nine additional Counseling and Testing centers are planned to be opened this year, including 1 supported in conjunction with the military program
- Expansion from 5 to 8 of regions with freestanding Counseling and Testing services
- 100,000 additional clients will be tested at MOHSS and FBO/NGO facilities (100 counselorsx5/day x200 days=100,000)

Linkages to other activities:

An estimated 17% of Counseling and Testing clients will be eligible for referral to existing and planned USG-supported care and treatment services including ART, clinical and home-based care, and social support. (Note: This % is going to be much higher in hospitals when we start). Other partners in Namibia that are supporting Counseling and Testing services include GFATM, which is planning to add 4 Counseling and Testing free-standing centers and 2 mobile units. These will be New Start facilities. SMA/PSI will be implementing these activities—and they are also USG partners. Assuming financial support on a graduated basis for the 5 EU community-based free-standing centers as the EU program phases out.

| 4.03 Existing Activities (Initiated prior to FY04) | | | | | |
|---|--|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Evangelical Lutheran Church AIDS Program (ELCAP) in partnership with FHI FBO? YES | Expansion of Counseling and Testing services in Hardap region. Counseling and Testing center and counseling services available for Mariental, catchment area of 25,000 | <ul style="list-style-type: none"> Recruitment of staff: Finance manager (1), regional manager (1), support staff (2) Training Facility renovation | USAID | | Track 1.5 |
| Evangelical Lutheran Church AIDS Program (ELCAP) and Council of Churches of Namibia in partnership with Social Marketing Association of Namibia (SMA)/PSI FBO? YES New Partner? YES | Expansion of Counseling and Testing services with faith-based organizations in 2 regions (Hardap and Khomas); 2,000 clients tested; 180 PLWHAs receiving nutritional supplements | <ul style="list-style-type: none"> Additional supervision (35 supervisory visits) and refresher training for 4 centers Procurement of testing services and medical consumables Development of social marketing campaign for Counseling and Testing (i.e., TV and radio campaign) Pilot program for provision of nutritional supplements for PLWHAs identified as requiring treatment and/or care and support | USAID | | Track 1.5 |

| 4.6.3 Existing activities (initiated prior to FY04) | | | | | |
|--|--|---|---------------|---|----------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| <p>ELCAP, CAA, and Council of Churches in Namibia in partnership with Social Marketing Association of Namibia (SMA)/PSI</p> <p>FBO? YES</p> | <p>Expansion of counseling and testing services: 6,400 additional clients tested by March 31, 2005</p> | <p>Ongoing support for 5 original EC funded sites on a graduated basis as EU funding is phased out, and support for another 4 centers in hospitals and 1 freestanding in Hardap, and the addition of 3 freestanding sites (2 in Karas region by May 2004; 1 in Oljondjupa region by Nov 2004):</p> <ul style="list-style-type: none"> • Support for 8 staff for supervision, training, and retraining including a staff psychologist on-call on a 24/7 hotline for counselors • Procurement of testing services (until rapid testing is in place) for 5 existing EC funded centers and 4 freestanding • 3 trainings for 70 new counselors; 3 refresher trainings for 70 staff • Quarterly "mystery client" surveys for program monitoring and improvement | <p>USAID</p> | <p>[] (includes direct funding to the FBOs in the amount of [])</p> | <p>Track 2</p> |
| <p>ELCAP, CAA, and Council of Churches in Namibia and MoHSS in partnership with Social Marketing Association of Namibia (SMA)/PSI and JHU</p> | <p>A social marketing program reaching an estimated 552,000 people in the, FBO/NGO, MoHSS and mission hospital catchment areas</p> | <ul style="list-style-type: none"> • Develop and implement communication and education campaigns (print, radio, TV) to promote counseling and testing within catchment areas of all sites (approximately 552,000 people) | <p>USAID</p> | <p>[]</p> | <p>Track 2</p> |

| 4.6.3 Existing Activities (Initiated prior to FY04) | | | | | |
|--|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Walvis Bay Multi Purpose Center (MPC) Workplace Program and Community Outreach in partnership with FHI and SMA/PSI | Reach 800 additional clients with counseling and testing services by March 31, 2005 | Support to the Walvis Bay New Start counseling and testing center (which is jointly funded with EU): <ul style="list-style-type: none"> • Support for 1 staff counselor • Retraining of 3 counselors and 1 receptionist • Support "Positive, but Confident" support group to include referrals from the counseling and testing center | USAID | | Track 2 |
| MOHSS and mission hospitals | Provide rapid testing services to 15,000 clients at counseling and testing facilities in 35 hospitals by March 31, 2005 | Procure 30,000 rapid test kits (2 kits per client) | CDC | | Track 2 |
| ITECH | Curriculum developed by September 30, 2004 | Develop curriculum in support of new strategy for systematic HIV testing of STI patients and their partners | CDC | | Track 2 |

| 4.6.4 Proposed new activities in FY 04 | | | | |
|---|--|--|--------|---------------|
| Partner | FY 04 Objective | Activities | Agency | Budget Amount |
| NIP, MOHSS and mission hospitals, and FBO/NGO Centers in collaboration with CDC FBO? YES | By March 31, 2005: <ul style="list-style-type: none"> Establish rapid HIV testing in 35 hospitals and 10 free-standing Counseling and Testing centers Establish rapid testing QA system | <ul style="list-style-type: none"> Train 20 rapid test trainers Train 100 nurses in rapid testing Develop QA protocol Train NIP staff in QA Provide technical assistance to NIP Procure 30,000 rapid test kits | CDC | |
| CDC in partnership with MOHSS | HIV counseling and testing for increasing testing among STI patients and their partners developed and agreed upon by MOHSS by July 15, 2004 | <ul style="list-style-type: none"> Technical assistance to the STI program to develop strategy for systematic HIV testing of STI patients and for partner notification | CDC | |
| MOHSS in partnership with CDC | Conduct Namibia's first National HIV Testing Day | <ul style="list-style-type: none"> Provide technical assistance to plan and conduct a national HIV testing day | CDC | |
| Total Budget | | | | |
| Total Partners | 11 | | | |
| New Partners | 1 | | | |
| FBOs | 5 | | | |

Table 4.7 HIV Clinical Care and Support; Prevention and Treatment of TB and Other Opportunistic Infections

4.7.1 Current status of program in country

HIV Clinical Care in Namibia:

The health care system in Namibia is based on a network model centered on 31 distinct hospitals which refer to one of 4 regional or national referral hospitals in Rundu, Oshakati, and Windhoek. The remaining 35 public health centers and >200 clinics operate within the catchment area of hospitals using a primary health care strategy. NGO groups providing HBC and other supportive care interact mostly at the clinic level in the community, but also at the hospital level. The 30 MOHSS hospitals provide ~85% of HIV/AIDS public care and the 5 Mission hospitals provide the remaining 15%. In 2002, over 13,000 people were reported to be hospitalized for HIV disease and more than 8,500 were reported to have received ambulatory care for HIV in public health facilities. Mission hospitals are fully subsidized by MOHSS, but operate under separate management. Prior to the establishment of Infectious Disease Care Clinics (IDCCs) for ART in 7 MOHSS and mission hospitals, HIV clinical care was mostly related to episodic opportunistic infections. Cotrimoxazole prophylaxis and isoniazid preventive therapy were recommended, but have not been systematically provided. The introduction of ART in mid-2003 has changed the perspective of many health care providers that continuity of HIV care is indeed important. It is anticipated that ART will have a positive impact on the quality of HIV care in public facilities. A Diltucan donation program with Pfizer exists, but probably is underutilized. The TB case rate of 628 cases per 100,000 in Namibia is among the highest in the world and HIV co infection is estimated at 50%. TB remains the leading killer of persons with HIV/AIDS in Namibia. HIV testing has been considered by clinicians to be important but has not been routinely implemented due to lack of ART, costs of testing, and lack of counselors, but that is soon to change with the rollout of ART, community counselors, and rapid testing. Guidelines for the clinical management of HIV/AIDS were developed in 2001, but much more training is needed in non-ART clinical care in order to ensure that these guidelines are implemented. The availability of HAART has resulted in a dramatic increase in the demand for clinical staging and laboratory assessment (including CD4 testing) and is expected to continue to increase. With few exceptions, most clinicians have been reluctant to establish chronic care for HIV/AIDS due to the limited access to ART, but that situation is rapidly changing. Program challenges include staff shortages and lack of knowledge/skills, and no systematic chronic care program for HIV/AIDS patients not on ART.

Current USG support:

The current USG support has been to strengthen prevention, care, and treatment services nationwide (for treatment beginning at the regional hospital level, followed by district hospitals, health centers, and clinics—based on the epidemiology of HIV infection in the country, geographical distribution, and patient flow patterns and for care and support beginning at the community level with FBO/NGOs with increasing integration and outreach and referral by and between clinical and community providers).

4.7.2 How new activities will contribute to the Emergency Plan, as regards linkages to other activities

USG Strategy:

- The clinical follow-up of asymptomatic HIV-infected patients referred from Counseling and Testing centers and PMTCT, as well as HIV-infected TB and STI patients will be strengthened through a continuum of care leading eventually to ART.
- USAID and CDC will coordinate their efforts in support of the health system by assuming responsibility along functional lines at the national and community level – support to pharmaceutical management at the national, regional and facility level to the MOHSS, community mobilization, counseling training, IEC, public/private partnerships with health providers, and direct support to mission facilities is primarily through USAID; and laboratory support, health worker training, health information systems, national program management, and direct support to MOHSS facilities is primarily through CDC.

Contribution to The Emergency Plan target:

- It is now estimated that 2 patients for every patient who is placed on ART will require ongoing HIV care and support.
- USG-supported facilities and FBO/NGO organizations will provide non-ART clinical care to 3, 000 HIV/AIDS patients in mission facilities, 5,000 by FBO/NGO facilities and to 8,000 patients in MOHSS facilities by March 31, 2005.
- New activities in TB/HIV will improve care of persons with HIV/AIDS who are not yet eligible for ART through the provision of isoniazid preventive therapy. Cotrimoxazole prophylaxis to patients with TB/HIV will improve survival in those who are not eligible for ART.
- The enrollment of TB/HIV patients into ongoing care will strengthen the linkage with ART services. Counseling and Testing referral for sexual contacts of these patients will also contribute to prevention, care, and treatment efforts.

Linkages to other activities: HIV clinical care services are linked with Counseling and Testing, PMTCT, and ART services at Mission, their FBO affiliates and MOHSS medical facilities, and are supported by home-based care programs in the communities. FBO and NGO activities in the community will provide an interface with both mission and MOHSS facilities. The collaboration with Peace Corps includes placement of volunteers at the MOHSS regional health training centers and in the community catchment areas around Mission and MOHSS hospitals.

| 4.7.3 Existing activities (initiated prior to FY04) | | | | | |
|--|---|---|--------|---|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| MOHSS supported by FHI in partnership with a local personnel services agency | Strengthened human resource capacity to deliver clinical care services to provide non-ART clinical care to 8,000 patients | Provide and administer compensation packages to 9 doctors, 6 nurses, 6 pharmacists, and 6 medical records clerks to work in MOHSS Infectious Disease Care Clinics (IDCCs) in Windhoek, Oshakani, Rundu, Walvis Bay, and Keetmanshoop Activities are repeated in Table 4.10 | CDC | <input type="text"/> This amount is ½ of Track 1.5 allocation; remaining amount is attributed in Table 4.10 | Track 1.5 |
| MOHSS supported by FHI in partnership with a local personnel services agency | See above objective | Additional funds needed to carry out above activity due to MOHSS salary increases for above positions (announced after the award of the contract) Activities are repeated in Table 4.10 ART | CDC | <input type="text"/> This amount is ½ of the Track 2 request for this activity; remaining amount is attributed in Table 4.10 | Track 2 |

| 4.7.3 Existing activities (initiated prior to FY04) | | | | | |
|--|---|--|--------|--|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| MOHSS supported by FHI in partnership with a local personnel services agency | By March 31, 2005: <ul style="list-style-type: none"> Strengthened human resource capacity to deliver clinical care services to provide ART at 4 new MOHSS hospitals to 2,000 patients Increase HIV testing of TB patients from 20% to 50% at Katutura Hospital Objectives and activities repeated in Table 4.10 ART | Provide and administer compensation packages to 4 doctors, 4 nurses, 2 pharmacists, and 4 medical records clerks to work in Infectious Disease Care Clinics in 4 new MOHSS ART sites (probably Outapi, Eenhana, Ojivarongo, Grootfontein) | CDC | [] This amount is 1/2 of the Track 2 request for this activity; remaining amount is attributed in Table 4.10 | Track 2 |
| Catholic Health Services (CHS) and Lutheran Medical Services in partnership with FHI FBO? YES | Provide OI care to 2,600 patients at CHS hospitals and LMS hospitals by March 31, 2005 | Improve regular clinical follow-up of asymptomatic persons with HIV referred by C&T and those referred by TB, STI and other services treating symptomatic patients: <ul style="list-style-type: none"> Training of clinical staff in management of opportunistic infections (OIs) Support for diagnostic services Establish a computerized monitoring system | USAID | [] | Track 2 |
| ITECH in partnership with MOHSS | Strengthen capacity of health professionals to care for 2,000 HIV-infected TB patients by March 31, 2005 | <ul style="list-style-type: none"> Develop MOHSS TB/HIV and OI case management training curriculum and distance learning material Conduct 6 NHTC/IRHTC trainings for 180 health professionals on TB/HIV care, which includes the provision of isoniazid preventive therapy | CDC | [] | Track 2 |

| 174 proposed new activities in FY04 | Partner | FY04 Objective | Activities | Agency | Budget Amount |
|---|---|--|--------------|-------------------|---------------|
| <p>in partnership with [redacted] in collaboration with PSI</p> <p>New partner? YES</p> | <p>Strengthen infrastructure and human resources capacity to deliver counseling and testing, treatment, care and support to an estimated 700 military personnel by March 31, 2005</p> | <ul style="list-style-type: none"> Form MOD/Military Action and Prevention Program (MAPP) Action Team Needs assessment of HIV medical services for MOD focusing on main military referral hospital in Groton/Lebanon including evaluation of infrastructure for Counseling and Testing, psychological care, HIV, STI and OI diagnosis and treatment, and laboratory infrastructure (recommendations by July 1, 2004) Training for military medical service providers on counseling and testing; HIV, STI, OI diagnosis and treatment; lab use and maintenance (as needed) for 120 medical services staff by October 2004 Based on assessment results: procure lab equipment or purchase lab services from NIP Staff recruited and supported: hospital program manager, physician master trainer | <p>DDO</p> | <p>[redacted]</p> | |
| <p>Royal Netherlands TB Association (KNCV) in partnership with MOHSS and [redacted]</p> <p>New partner? YES</p> | <p>Update of the national TB policy to incorporate HIV testing and linkages to ART and complete the strategy for fixed dose combination TB drugs by March 31, 2004</p> | <ul style="list-style-type: none"> Strengthen national program management Hire HIV/AIDS TB Officer for MoHSS Provide 60 days technical assistance to the national TB program to supervise the HIV/AIDS TB officer; update the national TB policy; and, complete the strategy for introduction of fixed dose combination TB drugs | <p>USAID</p> | <p>[redacted]</p> | |
| <p>Total Budget:</p> | | <p>[redacted]</p> | | | |

| 47.4 Proposed new activities in FY04 | | | | |
|--------------------------------------|----------------|------------|--------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| Total Partners: | 11 | | | |
| New Partners: | 2 | | | |
| FBOs: | 2 | | | |

Table 4.6 Palliative Care (defined as all care and support activities not given in Table 4.7)

4.8.1 Current status of program in country

Palliative Care in Namibia:

There are an estimated 250,000 HIV+ Namibians (MOHSS modeling data, April 2002) at varying stages on the care and support continuum. Due to extreme poverty and a lack of good nutrition in many of the most populous but also highest prevalence regions in Namibia, people have become ill and died sooner than would be normally expected. Prior to the launch of ART in July 2003, there was little hope for those becoming symptomatic other than palliative care (referral for Ols, GRN support grants and other benefit services, bathing, minor pain relief, sporadic provision of nutrition, and psychosocial support) provided by community FBO/NGOs. Catholic AIDS Action, the Evangelical Lutheran Church AIDS Program, and the Evangelical Lutheran Church in Namibia are the largest and most established FBOs with a cadre of approximately 3,000 volunteers who provide home-based care services and training (HBC) to approximately 50,000 PLWHA and their families in virtually all regions of Namibia. However, the programs have been under-funded and the volunteers are often HIV+ themselves and due to the burgeoning need for home-based care are leaving the program either through death or burnout at an increasing rate.

Current USG support:

Strengthening the management and programmatic capacity of the FBO/NGOs currently providing service through new training, refresher training, development of curricula and manuals for uniform and quality service provision. Development of a national and sustainable incentive program to reduce attrition.

4.8.2 How new activities will contribute to The Emergency/Plan targets/linkages to other activities

USG strategy:

- Continue to strengthen community response to home-based care through current FBO/NGOs
- Strengthening of the management capacities of FBOs/NGOs providing palliative care at national, regional and local (diocese, congregation, and constituency) level.
- Seek to identify new community organizations to help increase coverage
- To develop a program to transfer skills and best practices from current FBO/NGOs to new partners
- Support the development of a national curriculum for HBC including expansion of pain relief such as morphine mist.
- Developing national consensus regarding the upgrading of contents of HBC kits,
- Procurement of HBC kits

Contribution to The Emergency Plan targets:

- 9,000 additional HIV+ people will be receiving home-based care by March 31, 2005.

Linkages to other activities: Continued collaboration by and between the USG and German Federal Cooperation for HBC training and supervision programs, capacity building for mutual USG and Global Fund partners and coordination with Global Fund to increase coverage and avoid duplication.

| 4.8.3 Existing Activities (Initiated prior to FY04) | | | | | |
|---|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Catholic AIDS Action in partnership with FHI FBO? YES | Home-based care provided to an additional 3,500 people living with HIV/AIDS by March 31, 2005 in 3 regions | <ul style="list-style-type: none"> Ongoing support for staff hired under PMTCT funding 4 training-of-trainers in HBC for 80 volunteers/staff by December 2004 1,500 community volunteers trained in HBC 1,500 HBC kits procured Procure 1 vehicle for follow-on training, supervision and monitoring | USAID | | Track 2 |
| Evangelical Lutheran Church AIDS Program in partnership with FHI FBO? YES | Home-based care provided to an additional 1,500 people living with HIV/AIDS by March 31, 2005 in three regions | <ul style="list-style-type: none"> Upgrade 3 regional offices in Khomas and Erongo regions Hold 4 HBC TOTs for 40 trainers 620 community volunteers trained in HBC 620 HBC kits procured Procure 1 vehicle for follow-on training, supervision and monitoring | USAID | | Track 2 |
| Evangelical Lutheran Church in Namibia (Eastern and Western dioceses in northern rural Namibia) in partnership with FHI FBO? YES | Home-based care provided to 1,200 people living with HIV/AIDS by March 31, 2005 in 5 mission hospital catchment areas | <ul style="list-style-type: none"> Hiring and training of 1 program manager, 2 Coordinators, 2 half-time chaplains, 3 admin staff, and 2 trainers and 2 regional officers 300 community volunteers trained in HBC 300 HBC kits procured Training of pastors and volunteers in 60 congregations JHU??? Purchase 1 vehicle for HBC follow-on training, supervision and monitoring for Western Diocese | USAID | | Track 2 |

| 4.18.4 Proposed/new activities in FY04 | | | |
|--|-------------------|------------|---------------|
| Partner | FY04 Objective | Activities | Budget Amount |
| | No new activities | | |
| Total/Budget | | | |
| Total Partners: | 4 | | |
| New Partners: | 0 | | |
| FBOs: | 3 | | |

Table 4.9 Support for Orphans and Vulnerable Children

4.9.1 Current status of program in country

Orphans and Vulnerable Children in Namibia:

According to the MoHSS and UNICEF Situational Analysis of OVC in Namibia (April 2002), it was estimated that as of 2004 there are 131,120 OVC of which 93,100 are attributable to HIV and AIDS. The first OVC National Conference was held in Namibia in May 2001 with the support of USAID and UNICEF in collaboration with the MoHSS after which a multi-sectoral national committee was formed to guide the development of a 5-year national strategy, development of an OVC policy and the definition of an OVC. The responsibility for OVC was transferred from the MoHSS to the newly constituted Ministry of Women's Affairs and Child Welfare in the Spring of 2002. In December of 2002, after consultation with the Minister of WACW, the Cabinet established a standing OVC Permanent Task Force, commissioned the establishment of an OVC Trust Fund that has been funded by the GRN for N\$10,000,000 and adopted the revised definition of an OVC extending the age from 15 to 18 years. In the Spring of 2003 Namibia identified in an UNICEF report as being the only country out of 22 sub-Saharan countries reviewed to have met all of the Lusaka protocols for a comprehensive national OVC program and was recognized in August 2003 by the United Nations as one of only 5 countries in the world to have developed an OVC policy. Although the groundwork has been laid at the national level and capacity supported at community levels, much remains to be done in order to reach all OVC and their care-takers with a comprehensive care and support program in all 13 regions.

Current USG support:

In FY 03, 29% of needy OVC in three regions were provided with comprehensive care and support through the USAID program. Long-term technical assistance has been in the past and continues to be provided to the Ministry of Women Affairs and Child Welfare to build the capacity of key staff to support ministry programs and regional outreach and the OVC Permanent Task Force to support the development of an OVC identification system and a national OVC Trust Fund, and to finalize and present the national OVC policy to Cabinet for its approval. A number of local FBO/NGO implementing partners are receiving technical assistance and funding to provide comprehensive care and support to OVC and their families through education, psychosocial and legal advocacy support. Those activities provide: access to education (uniforms, books, waiver of school fees and tutoring programs), psychosocial support (grief and bereavement counseling, strengthening self-worth and responsible decision making, etc), and information and training for writing wills and establishing guardianships, access to government benefits and rights of PLWHAs.

4.9.2 How/new activities will contribute to the Emergency Plan targets; linkages to other activities

USG Strategy:

- To continue to provide long-term assistance to the Ministry of Women's Affairs and Child Welfare
- To continue to build the capacity of FBO/NGO partners to deliver uniform and quality services
- Develop the capacity of two new partners to support new programs by transferring skills and best practices from current FBO/NGOs
- Continue to strengthen community response for OVC and their families through current FBO/NGOs
- Seek to identify new community organizations to help increase identification and coverage for needy OVC

Contribution to The Emergency Plan targets:

- 28,000 needy OVC and their families will receive comprehensive care and support services through the existing program,
- An additional 6,200 OVC reached through new activities by March 31, 2005.

Linkages to other activities: Participation and support for the joint national OVC situation analysis in partnership with MWACW, UNICEF, UNAIDS and WFP will help to inform future programming and particularly the development of targeted feeding programs for OVC. Collaboration with the private sector providing food or funding for feeding programs through the Waivis Bay and Sam Nujoma Multi-purpose centers will continue. Two newly identified partners, the Church Alliance for Orphans (CAFO) and TKMOAMS, will link with the current activities of the USG, and its partnership with the OVC Permanent Task Force and its members and will be complementary to the national OVC strategy. The USG will continue its active partnership with UNICEF

| 4.9.3 Existing activities (Initiated prior to FY04) | | | | | |
|---|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| FHI in partnership with Ministry of Women Affairs and Child Welfare (MWACW) | Benefit education for 16,000 OVC and their caretakers; better assessment of needs, and better access to grants and allowances (from the GRN National OVC Trust Fund) by OVCs and their caretakers | <ul style="list-style-type: none"> • Printing and distribution of 5,000 copies of the National OVC Policy to MWACW, MOHSS, and Ministry of Basic Education, Sports and Culture (MBESC) regional and district offices and schools by April 2004) • 16 regional training workshops on the policy and its implementation (e.g., regarding rights and benefits for OVCs and their caretakers) for 400 MWACW, MBESC and NGO/FBO officers and community workers • Finalization of the national/regional MIS to identify OVCs requiring comprehensive care and support | USAID | | Track 1.5 |

| 4.9.3 Existing activities (initiated prior to FY04) | | | | |
|---|---|---|--------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Source |
| Ministry of Women Affairs and Child Welfare (MWACW) in partnership with FHI | 16,000 additional OVC and their caretakers receiving benefit education by March 31, 2005; continued improvements in assessment of needs, and better access to grants and allowances (from the GRN National OVC Trust Fund) by OVCs and their caretakers | <p>Continuation of above activities:</p> <ul style="list-style-type: none"> Conduct an additional 16 workshops in concert with the AIDS Law Unit for 200 line ministries staff and FBO and NGOs to cover all 13 regions of the country MIS system in place and functional at MWAWC and regional level Key staff of the national Task Force on OVC managing MIS database and OVC Trust fund Participate with MWACW, UNICEF, UNAIDS and WFP in a national OVC situation analysis by August 2004 to help inform activities for FY 05 including feeding programs Establish Foster Care Program by March 31, 2005 | USAID | Track 2 |
| Catholic AIDS Action in partnership with FHI FBO? YES | 2,200 OVC (in Jan/Feb) and 1,500 PLWHAS provided with comprehensive care and support services (including psychosocial support) in rural regions (Oshana, Kavango, and Hardap) | <ul style="list-style-type: none"> Recruitment and hiring of staff: regional manager (1), social worker (1), regional coordinator (1), trainer (1), support (2) Renovation Translation of psychosocial and HBC training manuals into local languages Training and transportation for outreach and community mobilization, assessment and follow-up: 1 master TOT training (for 15 trainers), 8 trainings over 4 months for 120 volunteers | USAID | Track 1.5 |

| 4.9.3 Existing activities (initiated prior to FY04) | | | | | |
|--|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Catholic AIDS Action in partnership with FHI FBO? YES | Provide educational assistance to 5,000 additional OVC by March 31, 2005 Provide psychosocial care and support to 8,000 OVC and their families by March 31, 2005 | Continuation of the expanded Schooled for Success program. <ul style="list-style-type: none"> • Ongoing support for previously hired 5 full- and 3 part-time program and admin staff • Hire 1 additional support staff in September 2004 • Translate "Building Resilience" manual for parents, teachers, and community volunteers in 3 more national languages. • Train 300 additional community volunteers by April 2005. • Advocacy programs developed to educate volunteers and community on OVC rights to education and school fund exemptions as outlined in the National HIV Education Act | USAID | | Track 2 |
| Walvis Bay Multi-Purpose Center in partnership with FHI and private sector companies | 100 registered OVC fed one meal daily 3 times a week for 12 months | <ul style="list-style-type: none"> • Conduct feeding program for 100 registered OVC (attending other programs) 3 times per week for 12 months—leveraging funds from the private sector | USAID | | Track 2 |
| Philippi Namibia in partnership with FHI FBO? YES | 780 OVC provided with psychosocial support through Youth Camps and OVC Clubs by March 31, 2005 | <ul style="list-style-type: none"> • 6 experiential learning Youth camps organized in partnership with other FBO/NGOs involving 150 youth • 120 youth leaders trained • 14 kids clubs established in local communities • Psychosocial support provided to 630 OVC • Partial support to 3 full-time and 4 part-time staff | USAID | | Track 2 |

| 4.9.4 Proposed/new activities in FY04 | | | | |
|--|--|--|--------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| TKMOAMS in partnership with FHI New partner? YES | Provide care and support at the community level to 2,000 OVC in Oshana and Omusati regions by March 31, 2005 | Building the capacity of TKMOAMS: <ul style="list-style-type: none"> Identify 5 new CBOs Provide small capacity-building grants to the identified CBOs Track program performance to ensure ongoing program improvement | USAID | |
| Church Alliance For Orphans (CAFO) in partnership with FHI New partner? YES FBO? YES | Provide care and support at the community level to 500 OVC by March 31, 2005 | Strengthened capacity of CAFO to provide technical assistance and support to local congregations and faith-based groups for care and support of OVC in their communities: <ul style="list-style-type: none"> Recruit and train 2 national and 1 regional staff Support the direct work of the CAFO membership organizations by providing local small grants for OVC care and support Conduct 2 workshops to build capacity of CAFO and its member FBOs | USAID | |
| Total Budget | | | | |
| Total Partners: | | 12 | | |
| New Partners: | | 7 | | |
| FBOs: | | 3 | | |

Table 4.10 Anti-Retroviral Therapy (non PMTCT plus)

4.10.1 Current status of program in country

ART in Namibia:

Namibia is on the threshold of rapid expansion of ART services in the public sector. With USG support, national ART guidelines were launched in May 2003, training commenced in June 2003, and the first 6 MOHSS Infectious Disease Care Clinics (IDCCs) in hospitals started patients on ART from July to September of 2003. The first Mission facility, St Mary's Hospital in Rehoboth, started ART in September 2003. As of March 2004, approximately 1000 patients had been started on ART in the 7 sites. However, the main sites in Oshakati and Windhoek have become severely congested. MOHSS procures generic and brand-name drugs through the government tendering process, Oshakati hospital receives support from the French Cooperation for ARV procurement and CHS has received a donation in for St. Mary's hospital in Rehoboth through a German NGO. The GFATM and other sources (USDA monetized wheat sales) will provide approximately [redacted] for drug procurement in FY04, which has been estimated to be sufficient to purchase drugs under Namibia governments tender for nearly 10,000 patients during 2004. Major challenges to the ART program include insufficient personnel to manage the patients at the facility level and to support the program at the national level, inadequate outpatient infrastructure, lack of IEC materials, high laboratory costs, lack of transport, and a high percentage (estimated at ~50%) who are in need of food supplements and lack sufficient resources to meet those needs. Bristol Myers Squibb entered into an agreement with the MOHSS to provide ARVs and other technical support for the Caprivi Region, the region with highest prevalence.

Current USG Support::

Current USG support includes training, infrastructure renovations, MIS development, technical assistance, hiring of personnel, and laboratory and pharmaceutical management support. An assessment of the pharmaceutical sector and the 11 treatment facilities was conducted by Rational Pharmaceutical Management Plus completed in November 2003 and the findings and recommendations were used in the development of USG work plans. The computerized inventory control system of the CMS has been reviewed and recommendations for upgrading developed. USAID base funds have been used to leverage private sector and Government of the Netherlands resources (approximately [redacted] for a prevention and treatment program to be developed for a Namibia business consortium with 25,000 employees and dependents in such diverse sectors as fishing, manufacturing, bottling, agriculture, tourism, etc by funding Commercial Market Strategies and Pharm Access international to provide technical assistance.

4.10.2 How/new activities will contribute to the Emergency Plan targets; linkages to other activities

USG strategy:

PMTCT-plus services will be available in health facilities providing both PMTCT services and ART. Patients found to be HIV-positive through counseling and testing services will be linked with a network of clinical staging sites in health facilities which can refer eligible patients to ART sites for treatment. The USG is committed to leveraging resources for activities in support of improving the quality of treatment and care in the private sector. It will continue to support gradual, but ambitious expansion of ART services within existing and expansion to new MOHSS and mission hospitals.

- 4 more mission hospital ART sites and 4 more MOHSS hospital ART sites will be added bringing the total sites to 15 of 35 hospitals by March 31, 2005
- An assessment of the HIS system by Measure/Evaluation is proposed for 2004
- The MoHSS information system for ART, which was designed in late 2003, will be consolidated during 2004 to provide more reliable monitoring of service utilization.
- A national communications strategy will be developed and implemented.
- Capacity to provide clinical services will be increased and program management at the national and regional level will be strengthened.
- Pharmaceutical management and laboratory services will receive expanded support to be able to respond to the growing demand for ART.
- MOHSS ART training for MoHSS, mission and private sector providers and support for a private sector managed care system will continue to improve the quality of ART services provided by the public and private sector

Contribution to The Emergency Plan target:

- Expanding ART to 8 additional hospitals for a total of 15 ART sites will result in approximately 4,000 to 6,000 persons receiving ART by March 31, 2005.
- National guidelines will be documented for a 1,000 people receiving treatment in the private sector.

Linkages to other activities:

See section 4.10.1

| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
|--|--|---|--------|--|---------------|
| International Training & Educational Center on HIV (ITECH) | 200 in-service health workers trained in VCT, 500 in PMTCT, and 200 in ART; intake of new students will increase from 170 to 380 for enrolled nurses (124% increase), and from 60 to 120 for registered nurses (100% increase) Objective and activities are repeated in Tables 4.11 PMTCT Plus and 4.13 Cross-Cutting | Working with MOHSS network of 7 Health Training Centers and University of Namibia(UNAM): <ul style="list-style-type: none"> • Skills transfer, adaptation of existing materials, and development of new materials for video teleconferencing technology to improve the effectiveness of training through the national network of 6 regional health training centers • Hiring of 13 tutors for Regional Health Training Centers and 2 for UNAM to boost both pre- and in-service training • Provision of 24 person-months of external technical assistance to conduct and support training sessions and transfer skills on distance learning and video teleconferencing • Provision of 2 doctors for ART and non-ART clinical care training in the 2 main referral hospitals (Windhoek and Oshakati) • Funding support for 40 in-service sessions on VCT, PMTCT Plus and ART at the 6 Regional Health Training Centers • Follow-up field support by mentors to trainees in the health facilities • Monitoring and evaluation of training activities | HRSA | This amount is 1/3 of Track 1.5 allocation; remaining amount is attributed in Tables 4.11 and 4.13 | Track 1.5 |

| 4.10.3 Existing activities (Initiated prior to FY04) | | | | |
|--|---|---|--------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount Budget Source |
| Catholic Health Services in partnership with FHI FBO? YES | 2,500 individuals tested, counseled, and screened resulting in 700 on ART; 300 on PMTCT Plus; and 2,500 referred for care and support Objective and activities are repeated in Table 4.11 | <ul style="list-style-type: none"> Recruitment of staff: Hospital administrators (2), district coordinators (2), medical officer (1), counselors (6), support staff (2) Equipment procurement Renovation and construction of facilities (expansion of VCT/ANC and STI facilities, housing for new personnel on hospital grounds in remote/rural areas) Training and transportation to provide VCT, PMTCT Plus, and treatment services and activities including community outreach and support | USAID | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> This amount is 1/2 of Track 1.5 allocation; remaining amount is attributed in Table 4.11 |
| Catholic Health Services in partnership with FHI FBO? YES | Provision of ART to 600 patients (including PMTCT Plus) that qualify for enrollment according to national guidelines- in the 4 FBO hospitals, by March 31, 2005 Objective and activities are repeated in Table 4.11 PMTCT+ | <ul style="list-style-type: none"> Ongoing support for staff listed above Recruitment, training and support of additional staff: 7 registered nurses, 2 medical officers, 1 pharmacy assistant, 2 support staff, 1 ART counselor Purchase 3 computers and 3 printers for Andara and Nyangana; 1 photocopier for Nat. Office Purchase 1 vehicle for Nyangana Hospital to provide supervision and community outreach for VCT/PMTCT/ARV Construction of 4 Andara staff houses to accommodate hospital staff in rural area of Namibia (Kavango Region) | USAID | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> This amount is 1/2 of Track 2 allocation; remaining amount is attributed in Table 4.11 |

| 4.10.3 Existing activities (initiated prior to FY04) | | | | | |
|---|--|--|--------|---|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Lutheran Medical Services in partnership with FHI FBO? YES | 2,000 individuals tested, counseled, and screened resulting in 700 on ART; 450 on PMTCT Plus, and 2,500 referred for care and support. Objective and activities are repeated in Table 4.11 PMTCT Plus | <ul style="list-style-type: none"> Recruitment of staff: ARV physician (1) and nurses (2), pharmacist and assistant (2), support staff (1) Equipment procurement Renovation and construction of facilities (expansion of VCT/ANC and STI facilities, housing for new personnel on hospital grounds in remote/rural areas) Training and transportation to provide VCT, PMTCT Plus, and treatment services and activities including community outreach and support | USAID | <p>[Redacted]</p> <p>This amount is 1/2 of Track 1.5 allocation; remaining amount is attributed in Table 4.11</p> | Track 1.5 |
| Lutheran Medical Services in partnership with FHI FBO? YES | Provision of ART to 300 patients (including PMTCT Plus) that qualify for enrollment according to national guidelines- in 1 FBO hospital, by March 31, 2005 Objective and activities are repeated in Table 4.11 PMTCT+ | <ul style="list-style-type: none"> Ongoing support for staff listed above Recruitment, training and support of 2 additional support staff | USAID | <p>[Redacted]</p> <p>This amount is 1/2 of Track 2 allocation; remaining amount is attributed in Table 4.11</p> | Track 2 |

| 4.10.3 Existing Activities (initiated prior to FY04) | | | | | |
|---|---|---|--------|--|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| MOHSS through FHI in partnership with a local personnel services agency - | Strengthened human resource capacity to deliver clinical care services to provide ART to 4,000 patients | Provide and administer compensation packages to 9 doctors, 6 nurses, 6 pharmacists, and 6 medical records clerks to work in Infectious Disease Care Clinics (IDCCs) in Windhoek, Oshakati, Rundu, Walvis Bay, and Keetmanshoop Activities also listed in Table 4.7 | CDC | This amount is 1/2 of Track 1.5 allocation; remaining amount is attributed in Table 4.7 | Track 1.5 |
| MOHSS through FHI in partnership with a local personnel services agency - | See above objective | Additional funds needed to carry out above activity due to MOHSS salary increases for above positions (announced after the award of the contract) Activities are repeated in Table 4.7 HIV Clinical Care and Support | CDC | This amount is 1/2 of the request for this activity; remaining amount is attributed in Table 4.7 | Track 2 |

| 4.10.3 Existing activities (Initiated prior to FY04) | | | | | |
|--|---|---|--------|---|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| TBN in partnership with a local personnel services agency - in support of MOHSS | By March 31, 2005: <ul style="list-style-type: none"> Strengthened human resource capacity to deliver clinical care services to provide ART at 4 new MOHSS hospitals to 2,000 patients Increase HIV testing of TB patients from 20% to 50% at Katutura Hospital Objectives and activities repeated in Table 4.7 | Provide and administer compensation packages to 4 doctors, 4 nurses, 2 pharmacists, and 4 medical records clerks to work in Infectious Disease Care Clinics in 4 new MOHSS ART sites (probably Outapi, Eenhana, Ojiwarongo, Grootfontein) | CDC | [] This amount is 1/2 of the request for Track 2. The remaining amount is attributed in Table 4.7 | Track 2 |
| NIP in support of MOHSS and mission facilities | | Perform 20,000 CD4 tests, 1,000 viral load tests (viral load tests in Windhoek, Oshakati only) | CDC | [] | Track 2 |
| MOHSS in support of MOHSS and mission facilities New partner? YES | By March 31, 2005: <ul style="list-style-type: none"> Provide the necessary laboratory monitoring tests for 4,000-6,000 patients on ART | <ul style="list-style-type: none"> Procure services from NIP for routine baseline and monitoring laboratory tests (blood counts, liver function, pregnancy tests, lipids, Hepatitis B) for 4,000 patient years of ART | CDC | [] | Track 2 |
| FHI in partnership with Medical Association of Namibia, HIV Clinicians Society, Namibian Association of Medical Aid Funds, and MOHSS | Documented ART treatment according to guidelines for 1,000 patients in private sector by March 31, 2005 | <ul style="list-style-type: none"> Hold quarterly meetings and trainings to include private sector to increase the quality of ART services by March 2005 Assessment of private sector use of guidelines | USAID | [] | Track 2 |

| 4.10.3 Existing activities (initiated prior to FY04) | | | | | |
|--|--|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Social Marketing Association/PSI (SMA) | Provide clinical nutritional supplements through local NGOs to 200 needy patients enrolled in ART at one faith-based hospital and 2 MOHSS hospitals (Katutura, Oshakati, and Oshikuku) by March 31, 2005 | Pilot test program: <ul style="list-style-type: none"> Procure and distribute food supplement (12 months) Monitor program | USAID | | Track 2 |
| RPM Plus | No objectives were required under IP | <ul style="list-style-type: none"> Assessment of national capacity for overall pharmaceutical and supply chain management and logistics in general and specifically of Central Medical Stores and PMTCT+ and ART hospitals completed Comprehensive Management and capacity building plan and MIS developed for Central and Regional Medical Stores and PMTCT+ and ART hospitals Two staff members recruited and fielded to Central Medical Stores for overall management and information systems (MIS) of drugs and commodities required for PMTCT+ National Program Develop program for enhanced training and rapid skills upgrade of Pharmacists Assistants Develop a Procurement and Supply Plan and Policy for the Global Fund | USAID | | PMTCT |

| 4.10.3 Existing activities (initiated prior to FY04) | | | | | |
|--|--|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| RPM Plus in partnership with MOHSS, Central Medical Stores, Catholic Health Services, and Lutheran Medical Services FB07 YES | Capacity strengthened at CMS, regional medical stores, and at 11 treatment facilities; human resource availability and capacity improved; work plan with MOHSS and Central Medical Stores (CMS) developed; financial management system strengthened; | <ul style="list-style-type: none"> Hiring of 3 pharmacists, 1 IT specialist, 1 logistics specialist, 1 distribution pharmacist, 4 storekeepers, 8 pharmacy assistants Audit of CMS Trade Account, clarifying financial status of CMS and evaluation of financial management system Establishment of local RPM+ office | USAID | | Track 1.5 |

| 4.10.3 Existing activities (Initiated prior to FY04) | Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
|--|--|---|------------|--------|---------------|---------------|
| RPM Plus in partnership with MOHSS/ Division of Pharmacy | Strengthen policy and legal framework and national management support systems for HIV/AIDS-related pharmaceuticals and commodities | <ul style="list-style-type: none"> 6 Pharmacists' Assistants recruited, hired and seconded to MOHSS for one year Review and propose revisions to the National Drug Policy, related laws and regulations and implementation plan and obtain consensus of stakeholders Review human resource policy for pharmaceutical management and make recommendations for formulating long term solutions Develop and implement a pharmaceutical management information system at all levels of the system Develop and implement an M&E system for pharmaceutical management Develop and implement a scholarship scheme for training Namibian pharmacists Support training for CMS, MoHSS and mission pharmacy staff in relevant local & international training programs, conferences, seminars and meetings Review and/or develop a condom policy to ensure that condom requirements are appropriately quantified and an efficient supply management system for condoms is maintained | USAID | | Track 2 | |

| 4.103 Existing activities (initiated prior to F(04)) | | | | |
|---|---|---|--------|-------------------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount / Budget Source |
| RPM Plus in partnership with MOHSS, Central Medical Stores, and Regional Medical Stores | Pharmaceutical and HIV/AIDS commodity management procedures of Central Medical Store, 2 Regional Medical Stores, and 11 treatment facilities strengthened | <ul style="list-style-type: none"> Pharmaceutical Management Advisor and Information Systems Associate recruited, hired and seconded to CMS Develop and implement appropriate systems for quantification of ARV, testing kits and other HIV/AIDS commodities needs at all levels Develop a scheduled delivery system for distribution of pharmaceuticals from CMS/RMS to 2 Regional medical stores and 11 treatment facilities, including an appropriate transport management system Review and make recommendations for modifications to existing stores infrastructure to accommodate increased throughput and new ware house management system | USAID | Track 2 |

| 4.10.3 Existing activities (Initiated prior to FY04) | | | | |
|---|--|---|--------------|----------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| <p>RPM Plus in partnership with MOHSS, Catholic Health Services (CHS), and Lutheran Health Services (LHS)</p> <p>FBO? YES</p> | <p>Strengthen HIV/AIDS-related pharmaceutical care and commodity management in 11 treatment facilities in support of the provision of comprehensive PMTCT and ART services</p> | <ul style="list-style-type: none"> • 3 pharmacists recruited, hired and seconded to MOHSS • Provide training to Pharmacy and Therapeutics Committee members and health care workers to ensure rational use of medicines • Provide training to pharmacy personnel in patient counseling, adherence and confidentiality • Develop SOPs for pharmaceutical management for ART, PMTCT and VCT programs and provide training • Review and strengthen documentation procedures for patient selection, monitoring and ARV registers to facilitate pharmaceutical management • Review and improve tools for data collection, analysis and dissemination to support determination of needs • Provide hardware and software to support pharmaceutical management at selected treatment facilities • Develop drug information leaflets in partnership with JHU in local languages to support PMTCT and ART programs • Provide pharmacy equipment to assure quality service delivery and provide security for pharmaceuticals. • Provide adequate storage facilities for ARVs and commodities for management of treatment | <p>USAID</p> | <p>Track 2</p> |

| 4.10.4 Proposed new activities in FY04 | | Agency | Budget Amount |
|--|---|---|--|
| Partner | FY04 Objective | Activities | |
| <p>Diamond Health Services in partnership with [redacted] collaboration with [redacted]</p> <p>New Partner? YES</p> | <ul style="list-style-type: none"> Improved quality of HIV care in the private sector at 2 pilot sites Pilot test a longitudinal patient record and comprehensive patient management information system that could be used by private and public sector | <p>USAID</p> <ul style="list-style-type: none"> Initiate a private pilot project for management of clinical care and support (including ART) for HIV/AIDS patients in the private sector to improve the quality of HIV care according to national guidelines in the private sector; <ul style="list-style-type: none"> Assessment of site capacity Develop design and specifications for comprehensive HIV patient management system, which will include a database to enroll positive patients; management and decision support processes; and link to pharmaceutical management Pre-test system Train health care providers in use of system Install the system at 2 sites by August 2004 Evaluate pilot project and submit recommendations | <p>It is expected that the contribution from the private sector will be at least two to three times the investment of the USG and the system developed will be the property of the Namibian and US governments to be used in other sites in Namibia or shared with other The Emergency Plan countries.</p> |
| Total Budget: | | | |
| Total Partners: | | | 14 |
| New Partners: | | | 3 |
| FBOs: | | | 2 |

Table 4.11 PMTCT Plus (access to care and treatment by women and families through PMTCT)

4.11M Current status of program in country**PMTCT Plus in Namibia:**

PMTCT was commenced as PMTCT Plus in Namibia because of MoHSS commitment to stem the tide of OVC and to provide incentive for partner testing and as PMTCT was introduced at around the same time as ART services in the public sector. According to MOHSS ART and PMTCT guidelines, pregnant women who have a CD4 count <200 or WHO Stage IV disease are to be referred to the Infectious Disease Care Clinic in hospitals where ART exists and started on AZT-3TC-NVP during the second trimester. However, access to ART for pregnant women has been very limited. The severe shortage of human resources in the ART clinics has created a bottleneck in the process and long delays in initiating ART to eligible patients, including pregnant women. Moreover, PMTCT and PMTCT Plus has not yet been rolled out to the clinics and health centers where most ANC is provided, leading to low numbers of HIV-positive pregnant women being identified in some ART sites before they deliver. See Tables 4.1 and 4.10.

Current USG support:

Since July 2003, with USG support (including hiring of staff, training, renovations and procurement of testing services) 6 MOHSS and 1 mission hospital have begun to provide PMTCT Plus services

4.11.2 How new activities will contribute to THE EMERGENCY PLAN targets; linkages to other activities**USG strategy:**

PMTCT Plus services are highly linked with counseling and testing, prevention, care, and treatment. Expanded PMTCT Plus services involving MOHSS and mission hospitals will contribute to prevention of HIV infections and care of HIV/AIDS in children, women, and their partners. Increased demand for PMTCT Plus services will be created as a result of community mobilization campaigns. The low uptake for PMTCT plus is likely to improve as PMTCT is rolled out to clinics within the catchment area of hospitals with ART, as the "opt-out" strategy is implemented, additional health professionals are hired, rapid testing is introduced, and as more training is completed.

Contribution to The Emergency Plan target::

Comprehensive PMTCT services will be offered to 4,000 women attending ANC services by March 31, 2005; quality of service delivery and care is expected to improve in at least 5 mission and 6 MOHSS hospitals

Linkages to other activities:

As the Namibian government is the sole partner for PMTCT Plus there are no other activities with which to link.

| 4.11.3 Existing activities (initiated prior to FY04) | | | | | |
|--|--------------------------------------|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| International Training & Educational Center on HIV (ITECH) | No objectives were required under IP | <ul style="list-style-type: none"> • Fund/support training specialist based at CDC/Namibia office to support MOHSS training and NHTC capacity building • Finalize curricula and training aids for PMTCT Plus and PMTCT Plus TOT; develop 2-year training plans for NHTC • Provide clinical training to staff in infectious Disease Care clinics, ANC clinics, and maternities in 7 hospitals • Train staff at NHTC and MOHSS on distance learning to conduct refresher training, case conferencing, meetings for PMTCT Plus • Facilitate and organize training of an additional 500 health care providers in PMTCT Plus (in collaboration with MOHSS and CDC/Namibia) • Recruit and hire 6 training staff for the 7 training sites • Recruit and hire 2 management support staff for training activities • Recruit and hire a long-term advisor to coordinate the northern office (Oshakati Hospital) and provide services. | CDC | | PMTCT |

| 4.1.3 Existing activities (Initiated prior to FY04) | | | | | | |
|---|--------------------------------------|---|--------|---------------|---------------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source | |
| CDC/Namibia for MOHSS, NHTC | | <ul style="list-style-type: none"> Produce (design, production, printing) training materials for PMTCT Plus training Train an additional 500 health care providers in PMTCT Plus and ARV guidelines (in collaboration with MOHSS and ITECH) | CDC | | PMTCT | |
| Crown Agents | No objectives were required under IP | <ul style="list-style-type: none"> Purchase an additional 3,000 rapid test kits for PMTCT Plus (this is contingent on MOHSS approval of rapid tests) | CDC | | PMTCT | |
| Namibia Institute of Pathology (NIP) | No objectives were required under IP | <ul style="list-style-type: none"> Provide laboratory services for patient monitoring: 20,000 CD4 counts; 2,500 viral load counts | CDC | | PMTCT | |
| CDC/Namibia for NIP | No objectives were required under IP | <ul style="list-style-type: none"> Equipment purchased for CD4 and viral load monitoring—completed September 2003 | CDC | | PMTCT | |
| CDC/Atlanta for MOHSS | No objectives were required under IP | <ul style="list-style-type: none"> Purchase an additional 6 computers for the PMTCT Plus program at MOHSS (central level) | CDC | | PMTCT | |
| CDC/Namibia for MOHSS | No objectives were required under IP | <ul style="list-style-type: none"> Purchase TV/VCR systems for 6 ANC clinics | CDC | | PMTCT | |

| 4:113 Existing activities (Initiated prior to FY04) | | Agency | Budget Amount | Budget Source |
|---|--------------------------------------|---|---------------|---------------|
| Partner | FY04 Objective | Activities | | |
| Local contractor | No objectives were required under IP | <ul style="list-style-type: none"> Assess 6 PMTCT Plus service delivery sites for renovations in Katutura, Windhoek Central, Rundu, Oshakati, Walvis Bay, Keetmanshoop Complete architectural drawings for renovations to counseling and clinical space at the 6 hospitals above Complete renovations at Windhoek and Oshakati hospitals Assess 5 PMTCT Plus training sites for renovations at regional training centers in Windhoek, Oshakati, Rundu, Keetmanshoop and Ojjiwarongo Initiate renovations at 5 training centers; complete renovations at 2 training centers | | PMTCT |

| 4.11.3 Existing activities (initiated prior to FY04) | | | | |
|--|---|---|--------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount Budget Source |
| International Training & Educational Center on HIV (ITECH) | 200 in-service health workers trained in VCT, 500 in PMTCT, and 200 in ART; intake of new students will increase from 170 to 380 for enrolled nurses (124% increase), and from 60 to 120 for registered nurses (100% increase) Objective and activities are repeated in Tables 4.10 ART and 4.13 Cross-Cutting | <p>Working with MOHSS network of 7 Health Training Centers and University of Namibia (UNAM):</p> <ul style="list-style-type: none"> • Skills transfer, adaptation of existing materials, and development of new materials for video teleconferencing technology to improve the effectiveness of training through the national network of 6 regional health training centers • Hiring of 13 tutors for Regional Health Training Centers and 2 for UNAM to boost both pre- and in-service training • Provision of 24 person-months of external technical assistance to conduct and support training sessions and transfer skills on distance learning and video teleconferencing • Provision of 2 doctors for ART and non-ART clinical care training in the 2 main referral hospitals (Windhoek and Oshakati) • Funding support for 40 in-service sessions on VCT, PMTCT Plus and ART at the 6 Regional Health Training Centers • Follow-up field support by mentors to trainees in the health facilities • Monitoring and evaluation of training activities | HRSA | <p>This amount is 1/3 of Track 1.5 allocation; remaining amount is attributed in Tables 4.10 and 4.13</p> <p>Track 1.5</p> |

| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
|---|--------------------------------------|---|--------|---------------|---------------|
| FHI implementing through sub-agreements with local FBO/NGOs | No objectives were required under IP | <ul style="list-style-type: none"> Recruit and train 25 new staff at the 5 PMTCT+ referral Centers (National and regional PMTCT coordinators, pharmacists, counseling and administrative staff) In-service training and continuing professional development of 100 public/private health care providers in PMTCT+ | USAID | | PMTCT |
| FHI implementing through sub-agreements with local FBO/NGOs | No objectives were required under IP | <ul style="list-style-type: none"> Purchase ARV drugs for 500 patients Provide laboratory services for antenatal HIV testing (4,000), patient monitoring (900 CD4 counts) | USAID | | PMTCT |
| FHI implementing through sub-agreements with local FBO/NGOs | No objectives were required under IP | <ul style="list-style-type: none"> Renovations and upgrading completed and operational for 5 PMTCT+ ANC Referral Centers for confidential testing, care and support and treatment for ANC women, their children and families Renovations for training Center for counselors completed and operational Upgrading of 4 Faith-based community facilities to support community mobilization completed Recruit and train 9 Regional Coordinators and 9 administrative staff at 3 FBOs to support community mobilization for PMTCT+ in 9 regions. | USAID | | PMTCT |
| FHI implementing through sub-agreements with local FBO/NGOs | No objectives were required under IP | <ul style="list-style-type: none"> Audi-visual equipment installed and operational at 5 PMTCT+ referral centers and 3 Faith-based organizations for community mobilization and support for PMTCT+ | USAID | | PMTCT |

| 4.1.3 Existing activities (initiated prior to FY04) | | | | | |
|--|--|---|--------|---|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| FHI implementing through sub-agreements with local FBO/NGOs | No objectives were required under IP | <ul style="list-style-type: none"> Additional furniture, 10 Air cons and 2 photocopiers for PMTCT+ offices and counseling rooms installed at 5 PMTCT+ referral centers and 3 Faith-based community organizations | USAID | | PMTCT |
| FHI implementing through sub-agreements with local FBO/NGOs | No objectives were required under IP | <ul style="list-style-type: none"> At least 1600 community volunteers trained in VCT and PMTCT+ mobilization, community support and referral 8 regional trainings conducted for 700 hospital staff on basics of VCT and PMTCT+ Standard Operating Procedures for PMTCT+ developed and implemented at each PMTCT+ referral centers 80 lay counselors trained according to approved guidelines | USAID | | PMTCT |
| Catholic Health Services in partnership with FHI FBO? YES | 2,500 individuals tested, counseled, and screened resulting in 700 on ART; 300 on PMTCT Plus, and 2,500 referred for care and support Objective and activities are repeated in Table 4.10 ART | <ul style="list-style-type: none"> Recruitment of staff: Hospital administrators (2), district coordinators (2), medical officer (1), counselors (6), support staff (2) Equipment procurement Renovation and construction of facilities (expansion of VCT/ANC and STI facilities, housing for new personnel on hospital grounds in remote/rural areas) Training and transportation to provide VCT, PMTCT Plus, and treatment services and activities including community outreach and support | USAID | <p>This amount is 1/2 of Track 1.5 allocation; remaining amount is attributed in Table 4.10</p> | Track 1.5 |

| 4.1.13 Existing activities (initiated prior to FY04) | Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
|--|--|--|------------|--|---------------|---------------|
| Catholic Health Services in partnership with FHI FBO? YES | Provision of ART to 600 patients (including PMTCT Plus patients) that qualify for enrollment according to national guidelines in the 4 FBO hospitals, by March 31, 2005 Objective and activities are repeated in Table 4.10 ART | <ul style="list-style-type: none"> Ongoing support for: Hospital medical administrators (2), district coordinators (2), medical officer (1), counselors (6), support staff (2) Recruitment, training and support of additional staff: 7 registered nurses, 2 medical officers, 1 pharmacy assistants, 2 support staff, 1 ART counselor Purchase 3 computers and 3 printers for Andara and Nyangana; 1 photocopier for Nat. Office Purchase 1 vehicle for Nyangana Hospital to provide supervision and community outreach for VCT/PMTCT/ARV Construction of 4 Andara staff houses to accommodate hospital staff in rural area of Namibia (Kavango Region) Upgrade Rehoboth IDCC to provide comprehensive ART services by September 2004 | USAID | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> This amount is 1/2 of Track 2 allocation; remaining amount is attributed in Table 4.10 | Track 2 | |

| 4.1.3 Existing activities (initiated prior to FY04) | | | | | |
|---|---|--|--------|--|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Lutheran Medical Services in partnership with FHI FBO? YES | 2,000 individuals tested, counseled, and screened resulting in 700 on ART; 450 on PMTCT Plus, and 2,500 referred for care and support Objective and activities are repeated in Table 4.10 ART | <ul style="list-style-type: none"> Recruitment of staff: ARV physician (1) and nurses (2), pharmacist and assistant (2), support staff (1) Equipment procurement Renovation and construction of facilities (expansion of VCT/ANC and STI facilities, housing for new personnel on hospital grounds in remote/rural areas) Training and transportation to provide VCT, PMTCT Plus, and treatment services and activities including community outreach and support | USAID | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> This amount is 1/2 of Track 1.5 allocation; remaining amount is attributed in Table 4.10 | Track 1.5 |
| Lutheran Medical Services in partnership with FHI FBO? YES | Provision of ART to 300 patients (including PMTCT Plus) that qualify for enrollment according to national guidelines- in 1FBO hospital, by March 31, 2005 Objective and activities are repeated in Table 4.10 PMTCT+ | <ul style="list-style-type: none"> Ongoing support for staff listed above Recruitment, training and support of 2 additional support staff | USAID | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> This amount is 1/2 of Track 2 allocation; remaining amount is attributed in Table 4.10 | Track 2 |

| 4.1.5 Existing activities (initiated prior to FY04) | | | | | |
|--|--|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| MOHSS and ITECH in partnership with Johns Hopkins University | 4000 pregnant women receiving improved provider-client communication on issues surrounding VCT, PMTCT, ART by March 31, 2005- as measured through direct observation, supervision, and mystery client surveys. | <p>Quality assurance of service delivery through communications training is synergistic with CDC clinical training and hospital standardized operating procedures. Services are being strengthened prior to community mobilization activities:</p> <ul style="list-style-type: none"> • Train 300 health care providers at 6 government hospitals in effective communication skills to deliver information and education surrounding VCT, PMTCT, ART • Conduct TOT for 7 MOHSS trainers <p>Targeted evaluation of the intervention</p> | USAID | | Track 2 |

| 4.11.4 Proposed new activities in FY 04 | | | | |
|---|-------------------|------------|--------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| | No new activities | | | |
| Total Budget | | | | |
| Total Partners: 10 | | | | |
| New Partners: 0 | | | | |
| FBOs: 2 | | | | |

Table 4.12 Strategic Information: Surveillance, Monitoring, Program Evaluation

| 4.12.1 Current status of program in country |
|---|
|---|

Strategic Information, Monitoring and Program Evaluation in Namibia:

HIV sentinel surveillance surveys are performed every two years with the next survey planned for 2004. Demographic and Health Surveys (DHS) with and HIV/AIDS module were conducted in 1992 and 2000, with the next DHS scheduled for 2006. No behavioral surveillance surveys have been conducted, but a BSS was being planned for 2004. The MOHSS operates a decentralized national health information system (HIS), which provides information on user statistics in health facilities. With USG assistance, a management information system (MIS) for PMTCT based on aggregated ANC and maternity data has been developed by MOHSS and is being rolled out. Also with USG assistance, a patient-based MIS for ART has also been drafted by MOHSS and is undergoing field-testing. A MIS for VCT in the New Start centers has been established, but will need modification for MOHSS facilities. A set of indicators for the Global Fund has been adopted by MOHSS. A new M&E unit will be established under the new Directorates for Special Programs, which will subsume the National AIDS Coordination Program (NACOP) in April 2004. However, MOHSS has no Namibian staff dedicated to M&E, HIV, TB, or STI surveillance. Human resource capacity in this area is very limited. No surveillance or survey data exists for high risk groups such as truckers, commercial sex workers, migrant workers, uniformed services, etc.

The USG program also supports a number of successful multisectoral activities linked with existing programs to maximize results, capacity and sustainability. Areas of focus include community mobilization to increase uptake of and support for counseling and testing, PMTCT and treatment, quality assurance support to MoHSS and mission hospitals, support to IEC Unit of MoHSS and national HIV/AIDS communication program of the Ministry of Information and Broadcasting, development of mass and multi media education campaigns, development of print and audio/visual materials for health care providers and communities, legal assistance and benefit education and the production and dissemination of best practices to ensure effectiveness. All programs will be scaled up under track 2. All cross cutting activities are targeted for the benefit of USG partners. They also include capacity building activities.

Current USG support:

Surveillance - The USG provided funding and technical assistance in the implementation and analysis of the 2002 national sero-survey among ANC women, and will continue to provide this support under Track 2.

Population and facility surveys - A facility survey in 5 FBO hospitals in the northern, central and southern regions was conducted in November 2003 using a survey instrument developed by FHI and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Results from this survey are being used to identify further capacity building needs, improve facility management and procedures, prepare for the roll out of PMTCT services to all 35 hospitals, and monitor program progress over the lifespan of the Emergency Plan.

HMIS - The USG program has been providing technical and financial support for upgrading of the national HMIS system since 2002. ANC and MCH logs that are part of the existing MOHSS HMIS used at all public hospitals have been revised to capture PMTCT and PMTCT+ data (including Emergency Plan indicators) and new logs have been printed and disseminated to all hospitals. Draft forms for collecting ART data have been designed and are being piloted in the facilities currently providing ARV treatment. An HMIS for VCT has been established in all New Start counseling and testing centers, and the USG program is working to integrate this system with that of the national HMIS.

Program monitoring and reporting – A joint USG coordinator for SI has been designated as the contact for overall coordination of USG Namibia strategic information activities under the Emergency Plan. Johns Hopkins University is responsible for much of the overall USG program monitoring, reporting, and evaluation, and the Johns Hopkins lead and the USG SI coordinator work closely to ensure that all monitoring and reporting activities are coordinated and fulfill Emergency Plan programming and reporting needs. The USG has provided technical assistance and financial support to the MoHSS and the Global Fund for the development of a national M&E framework, development of indicators for the Global Fund and preparation of the UNGASS report. Long term technical assistance for M&E has also been provided to NACOP through placement of a seconded M&E staff position at the MOHSS. Systems for monitoring and reporting of program data, indicators and cost data have been developed for use of all USG partners. At the 5 FBO hospitals computers for tracking PMTCT and PMTCT+ service indicators have been installed and monthly reporting forms have been designed and are in use. A baseline survey for the Trusted Partner national mass-media campaign is underway, as is a health literacy study which will be used to identify measures for improving ART adherence. The Trusted Partner campaign focuses on being faithful and getting tested, both of which are key components in achieving the 2-7-10 targets. Baselines surveys have been conducted in the catchment areas of three hospitals and results will be used to track program progress and inform program design.

4.12.2 How new activities will contribute to Emergency Plan targets; linkages to other activities

USG strategy

Surveillance – Continued support for the 2004 HIV sentinel surveillance at ANC facilities. Support will also be provided to conduct HIV/TB sentinel surveillance. Results from the TB/HIV surveillance will be used to inform HIV/TB co-infection treatment guidelines for Namibia. Technical assistance will be provided to the Namibia National Planning Commission to ensure the availability of strategic information for USG reporting, including producing HIV epidemic estimates and projections at the national and regional levels. In addition to enhancing capacity to conduct surveillance activities in Namibia, these activities will provide essential data on HIV prevalence and impact on demographic indicators to be used for evaluation of USG programs.

Population and Facility surveys - An AIDS Indicator Survey (AIS) is planned to provide the baseline data necessary for reporting Emergency Plan service and outcome indicators. After the first round of AIS in Namibia, the USG program will review and compare the data elicited from of the AIS and those of the ongoing baseline surveys being conducted in the catchments areas of the 11 USG program focus sites (see paragraph below), to determine whether the two instruments and methodologies can/shoud be adapted or one of the other replaced to ensure meeting all of the USG program baseline data needs.

Guidance from SIGAC would be appreciated to determine whether the facility-based surveys conducted to date are sufficient or should be conducted in additional sites in MOHSS hospitals to fulfill the baseline facility-based survey strategic information requirement.

HMIS – Conduct an HMIS assessment with technical assistance from MEASURE/Evaluation. Based on the results of that assessment, the USG plans to continue expansion of the national ARV, VCT, and PMTCT MIS through technical assistance, procurement of equipment, and hiring and training of HMIS staff for the MOHSS. The program will also work towards ensuring that as ARV and PMTCT activities are scaled up at the national level that HMIS systems grow and adapt to meet growing needs for efficient systems for collecting and reporting service data. Centrally funded assessments are also planned to examine human resource capacity needs and construction/renovation needs that will ensure the staffing and infrastructure needed to make rapid progress towards the 2-7-10 goals are in place.

Program monitoring and reporting - The results of the first several months of the cost tracking system will be analyzed and shared with all USG partners, so that program managers can make better informed decisions about how to make resource allocations to achieve the 2-7-10 targets, and ensure that programs are efficient. This system will enable Namibia to assess the efficiency of its programs, services, and delivery mechanisms by being able to estimate the cost per infections averted, cost per year saved, etc., by each program and service. All other routine program monitoring activities will also continue.

Targeted evaluations – A post-campaign survey and rapid assessments will be used to determine the effectiveness of the Trusted Partner national media campaign, and the results used to improve and expand the program. A cost analysis assessment of the public ART program will facilitate planning and resource mobilization and utilization within the Namibian government and support efforts to establish a sustainable program.

Contribution to Emergency Plan targets: All new strategic information activities will serve to either expand or establish management information systems (MIS) in order to accurately count number of people on ARVs and women receiving PMTCT. Changes in HIV prevalence found from sentinel surveillance can serve as a measure of USG program success. SI interventions will improve local capacity to monitor progress towards reaching the 2-7-10 goals, as well as monitoring progress towards the achievement of national program goals. The HMIS is essential for collection Emergency Plan indicators.

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linkages to other activities. As additional government and faith-based hospitals begin providing ARVs and PMTCT all of the service data will flow into a centralized MIS system as a result of the proposed new activities. The USG program is working to ensure that all strategic information activities are also in line with MOHSS and National Planning Commission (Central Bureau of Statistics) information and reporting needs. The existing and proposed USG activities will contribute overall to increased capacity and improved infrastructure for the Government of Namibia and other international partners and donors. Having technically sound and well-planned strategic information activities are essential for tracking the indicators and service data that will be used to measure progress towards Namibia's 2-7-10 targets.

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| 4.12.3 Existing activities (initiated prior to FY04) | | | | | |
|--|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| II. Surveillance | | | | | |
| CDC in partnership with MOHSS | Provide technical assistance for HIV sero-surveillance on 5,000 ANC clients, analyze collected data, and disseminate findings by March 31, 2005 | <ul style="list-style-type: none"> TA for preparation of protocol and training (by regional surveillance specialist) Analyze sero-surveillance data and prepare draft report by Dec 1, 2004 Host a dissemination workshop by March 31, 2005 | CDC | | Track 2 |
| Namibia Institute of Pathology | Conduct HIV testing for 2004 antenatal clinic sentinel survey among pregnant women to assess levels and trends in HIV prevalence | <ul style="list-style-type: none"> Conduct HIV testing with approximately 5,000 specimens during Aug-Oct 04 | CDC | | Track 2 |
| III. Population and Facility Surveys | | | | | |
| FHI | NA | Facility survey (using EGPAF instrument) completed at 5 FBO hospitals | USAID | | PMTCT |
| III. HMIS | | | | | |
| CDC/Atlanta | | TA for design of PMTCT and ART MOHSS HMIS-completed February 2004 | CDC | | PMTCT |

| A.12.3 Existing activities (initiated prior to FY04) | | | | | |
|--|---|---|--------|---------------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Local contractor - to be named | | <ul style="list-style-type: none"> Install PMTCT MIS in 6 regions Hire and train counterparts in PMTCT MIS: MIS manager/epidemiologist and 2 data clerks at central level; 6 data clerks (one for each treatment center) Generate reports on service utilization | CDC | | PMTCT |
| CDC/Atlanta for MOHSS | | <ul style="list-style-type: none"> Purchase an additional 6 computers for the PMTCT Plus program at MOHSS (central level) | CDC | | PMTCT |
| U.S. Peace Corps | | <ul style="list-style-type: none"> 7 PCVs placed with regional health training centers and IT support to MIS for PMTCT | CDC | In kind cooperation | PMTCT |
| CDC in partnership with MOHSS | By March 31, 2005: <ul style="list-style-type: none"> Install PMTCT MIS at the central level and in the HIS offices in all 13 regions Install ART MIS in 6 MOHSS and 5 mission hospitals Expand VCT MIS to New Start Centers | <ul style="list-style-type: none"> Purchase computers, UPS, printer for 44 regional and district HIS offices, 6 desktops for MOHSS, 6 laptops for MOHSS HIS Contract for hardware installation, HIS data transfer and maintenance Hire technical personnel to support MOHSS HIS: 3 programmers (1 each for VCT, ARV, and PMTCT), 1 systems analyst, 1 senior systems analyst, 1 IT assistant 2 national training workshops (PMTCT and ART) for 35 HIS staff from central office and regions Hire HMIS specialist (through M&E fellowship) TA from CDC/Atlanta (4 person months) | CDC | | Track 2 |

| 4.12.3 Existing activities (initiated prior to FY04) | | | | | |
|---|--|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| University of Michigan Population Fellows Program | Field position for USG M&E under Emergency Plan (Madaline Feinberg: mfeinberg@usaid.gov) | <ul style="list-style-type: none"> Contact for and overall coordination of Emergency Plan strategic information activities Maintenance of USG Namibia Emergency Plan database for program management and reporting Preparation of reports and other documentation required for Emergency Plan reporting | USAID | | PMTCT |
| FHI implementing through sub-agreements with local FBO/NGOs FBO? YES | | <ul style="list-style-type: none"> 15 Computers and Printers installed with M&E software and database functional at each USAID-supported PMTCT+ Referral Centers and Faith-based community organizations | USAID | | PMTCT |
| FHI implementing through sub-agreements with local FBO/NGOs | | <ul style="list-style-type: none"> 1 continuing M&E staff position seconded to the MOHSS M&E work plan for PMTCT+ services at the 5 PMTCT+ referral centers and 3 Faith-based community organizations developed Facility-based health service assessment at 5 PMTCT referral centers completed to determine gaps for improving ANCMCH and for integrating PMTCT+ interventions 1 M&E and 1 PMTCT+ management position supporting and coordinating with the national PMTCT+ program | USAID | | PMTCT |

| 4.12.3 Existing activities (initiated prior to FY04) | | Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
|--|--|---------|--|------------|---|---------------|---------------|
| Johns Hopkins University | 2 baselines established; health literacy competence of all service providers and selected patients/clients assessed in 5 faith-based health facilities; communication materials developed and produced for service providers, patients, and clients <i>Objectives and activities are repeated in Table 4.13 Cross Cutting</i> | | <ul style="list-style-type: none"> Baseline survey for Trusted Partner national mass media campaign (emphasis on being faithful, reducing stigma, getting tested) Health literacy facility study for health care providers and patients for treatment adherence and community support in 5 faith-based health facilities Development of program M&E and cost tracking systems Communication training for health care providers in 2 faith-based health facilities; 2 trainings for 150 providers Message design and materials workshop for MIB and MOHSS to develop national campaign for VCT, PMTCT, and treatment | USAID | The remaining amount of Track 1.5 allocation is attributed in Tables 4.13 | Track 1.5 | |
| Local implementing partners in collaboration with Johns Hopkins University (JHU) | Finalize a monitoring system and develop tools to track and analyze Emergency Plan budget, expenditures, outputs, and outcomes to inform program decision making regarding optimal approaches for 2-7-10 targets | | <ul style="list-style-type: none"> Partners pilot test system through June 30, 2004 System finalized (August 31, 2004) Ongoing collection and reporting of cost-effectiveness data Analysis of first round of cost-effectiveness and report writing (Dec 2004) | USAID | | Track 2 | |

| 129 Existing Activities (Initiated prior to FY04) | | | | |
|---|---|--|--------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Source |
| MoHSS and mission hospitals in collaboration with Research Facilitation Services and Johns Hopkins University (JHU) | Monitor program outcomes through targeted, periodic community surveys; 7 baselines conducted in government and mission hospital catchment areas | <p>Conduct baseline surveys for hospital catchment areas and capacity-building with local research firm Baseline - MOHSS hospitals (Oshakati, Walvis Bay, Rundu and Windhoek/Katutura); First follow-up - survey for mission hospitals (Oshikuku, Onandjokwe and Rehoboth)</p> <ul style="list-style-type: none"> • Train survey teams (20-70 people) to conduct interviews, collect and analyze data, and write reports • Conduct surveys (2100) • Conduct program performance monitoring workshops for 30 partners each, linking program inputs to outputs and identifying best practices and challenges <p>Baseline results used to inform USG partners' programs and materials design</p> | USAID | Track 2 |
| Targeted Evaluations | | | | |
| Johns Hopkins University in partnership with SMA/PSI | To assess the effectiveness of the Trusted Partner national mass media campaign promoting counseling and testing for young adults | <ul style="list-style-type: none"> • Conduct post-campaign surveys and rapid assessments • Conduct national dissemination workshop • Results shared with USG partners to inform programs for voluntary counseling and testing | USAID | Track 2 |

| 4.12.1 Proposed new activities in FY04 | | | | |
|---|--|---|--------|------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| Surveillance | | | | |
| NIP in partnership with CDC | Conduct HIV/TB sentinel surveillance on 800 TB patients by March 31, 2005 and monitor multi-drug resistant TB to inform HIV/TB treatment/case management guidelines | <ul style="list-style-type: none"> Perform 800 HIV rapid tests on sputum samples of TB clients Culture and susceptibility testing for multi-drug TB resistance TA by CDC TB epidemiologist | CDC | |
| [redacted] in collaboration with UNDP and MOHSS in partnership with FHI | To ensure availability of reliable strategic information for USG reporting such as estimates and projections of the impact of HIV/AIDS on key demographic and health indicators. | <ul style="list-style-type: none"> Technical assistance to NPC Central Bureau of Statistics and the M&E unit of MOHSS | USAID | |
| Population and Facility Surveys | | | | |
| Measure-DHS in partnership with MOHSS New Partner? YES | AIDS Indicator Survey(AIS) results will provide baseline data for key Emergency Plan indicators and monitoring of the national program | <ul style="list-style-type: none"> Conduct AIDS Indicator Survey (pending approval/schedule of MOHSS) | S/GAC | Centrally funded |
| HIV/HMIS | | | | |
| TBD | Competent HIV/AIDS information systems established | <ul style="list-style-type: none"> Conduct assessment of HIV/AIDS program information systems, including HMIS, OVC database, etc. | S/GAC | |
| TBD | Human resource capacity established/developed | <ul style="list-style-type: none"> Conduct assessment of human resource capacity | S/GAC | Centrally funded |

| 4.12.4 Proposed new activities in FY/04 | | | | |
|--|---|--|--------|------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| TBD | HIV/AIDS infrastructure improved | <ul style="list-style-type: none"> Conduct assessment of HIV/AIDS related renovation/construction needs | SIGAC | Centrally funded |
| Targeted Evaluations | | | | |
| CDC in collaboration with MOHSS and mission facilities | Complete a analysis of ART costs in the public sector by March 31, 2005 | <ul style="list-style-type: none"> Develop protocol for cost analysis of ART delivered through the public sector Conduct analysis Training of 10 MOHSS staff in prevention effectiveness for HIV/AIDS program evaluations | CDC | |
| Total Budget | | | | |
| Total Partners: | 12 | | | |
| New Partners: | 1 | | | |
| FBOs: | 2 | | | |

Table 4.13 Cross-Cutting Activities

4.13.1 Current status of program in country

Cross Cutting Activities in Namibia:

The USG program supports a number of successful cross cutting activities that support and link with other activities or institutions to maximize results, to build capacity and to create potential for sustainability. Areas of focus include human resource development, capacity building and technical assistance to the MoHSS and the MIB, community mobilization to increase uptake of clinical services and development of a coordinated community response, mass and multi media behavior change campaigns, advocacy and benefit education and the production and dissemination of best practices to ensure effectiveness. All programs will be scaled up under track 2. Cross cutting activities are to be fully integrated across program areas

Human Resource Development (HRD):

Namibia has a severe shortage of health care professionals, counselors and social workers (social workers have traditionally been relied upon as counselors and are integral to the OVC program). No training programs exist in the country for doctors, pharmacists and medical technologists and the output of training programs in-country is insufficient to meet the need. There are not enough scholarships available to MOHSS from the Ministry of Higher Education and inadequate faculty and classroom space exists in the institutions which train health care workers in-country. The current and severe shortage of doctors and pharmacists has created a tight bottleneck in the enrollment of patients into ART. For example, at Katurura Hospital, the largest hospital in the country, only 1 pharmacist is available to dispense and provide patient education on 1 day of the week. As a result, more than 700 patients in need of ART are waiting to receive their medications. The short-term solution is to fund the hiring of additional staff, but the long-term solution (boosting pre-service training) also needs support for services to be sustainable.

Capacity Building:

Due to the legacy of apartheid there was no tertiary education or professional training available to the vast majority of Namibians. Therefore and after only 14 years of independence, there is still a lack of trained professionals across sectors and consequently limited ability to transfer skills.

Community Mobilization :

Prior to the USG Emergency Plan, there was no concerted and integrated community mobilization effort in Namibia. There was a 3 region pilot effort undertaken by the MoHSS, training older out-of-school youth nominated by elected regional councilors to act as community educators for health and HIV/AIDS which met with some success but did not have sufficient funding to continue.

Advocacy and Benefit education:

The AIDS Law Unit of the Legal Assistance Center is an indigenous NGO that provides advocacy assistance across the board by facilitating the establishment of a legal and social environment that encourages openness about HIV infection and fair and equitable treatment from society for people affected and infected by HIV/AIDS. In December 2000, with assistance from the USG and in consultation and collaboration with the MOHSS, it drafted and launched the Namibian HIV/AIDS Charter of Rights. The AIDS Law Unit has conducted various education and training activities around HIV and AIDS for Namibian workplaces as well as communities. These trainings addressed Mainstreaming HIV/AIDS, Human Rights and Ethics, Policy Development & Implementation and HIV Surveillance. Institutions that received these services included the GIPF (Government Institutions Pension Fund), Ministry of Lands, Resettlement and Rehabilitation, Ministry of Foreign Affairs, NANGOF and NAU.

4.5.3.2 How new activities will contribute to THE EMERGENCY PLAN (targets, linkages) to other activities

USG strategy:**Human Resource Development (HRD):**

The USG approach to HRD is three-fold: to provide health workers in the short-term, support medium-term training programs (e.g., 2 yrs for pharmacy assistants), and to increase the funding available for long-term training programs in medicine, nursing, pharmacy, and social work. A renovation of training centers to accommodate more students. Failure to invest now in the long-term training programs will reduce the prospects for sustainability of HIV/AIDS programs supported under The Emergency Plan over the next 5 years in Namibia.

- Training of 150 MOHSS facility-based community counselors; 100 community counselors for mission facilities and affiliated FBOs; and 300 community volunteers for 11 catchment areas of MOHSS and mission facilities to provide counseling (e.g., pre- and post-testing, treatment adherence) and testing services

Capacity Building:

To increase the capacity for an innovative, evidenced-based, and effective national HIV/AIDS campaign, to develop quality print and audio-visual materials needed in health facilities, FBO/NGOs and community programs, the USG will support the Ministry of Health and Social Services IEC Unit (MOHSS) with long-term technical assistance and training and technical assistance to the Ministry of Information and Broadcasting (MIB) for their National HIV/AIDS media campaign: "Take Control."

- Work in collaboration with UNICEF to build capacity at the Ministry of Information and Broadcasting in their National HIV/AIDS media campaign "Take Control" to educate target audiences about treatment literacy, counseling and testing, care and support and prevention through A, B and C.
- Provide long-term technical assistance to the IEC Unit of the MoHSS to develop appropriate, quality print, and audio-visual materials for use at the national, facility and community levels

Community mobilization:

Community mobilization is based on a three-pillared approach for supporting the national program, which includes: utilizing the resource of opinion leaders and community volunteers in the local government, health, education, religious and traditional sectors to develop community action forums; mass and multi media campaigns; and, the development of print and audio-visual materials. This participatory and collaborative process aims to assist communities to become active partners and promoters at the individual/community level, and to act as catalysts for the social change required to fight the HIV epidemic in Namibia. In this process, the formation of Community Action Forums, creates a reflexive and dynamic mechanism wherein community members, clinic and hospital staff, faith-based and community organizations, and local and regional government agencies meet to create a process of sharing experience, problems and developing solutions and feedback to VCT, PMTCT, ART, palliative care and OVC programs. To date, community mobilization activities (CMA) are being implemented in the catchment areas of 2 mission hospitals.

- Institute community mobilization activities in 8 communities surrounding government and mission health facilities, including the creation of community forums to facilitate sharing experiences, problems, solutions and feedback at the local level to support counseling and testing, PMTCT, and ART programs and addressing the issues of stigma and discrimination
- Peace Corps Volunteers work with Catholic Health Services and Lutheran Health Services to provide outreach and community mobilization services, as well as prevention information, in communities surrounding 5 mission hospitals. Outreach will facilitate uptake and utilization of services including VCT, PMTCT and ART at the health facilities.

Advocacy and benefit education:

- Assist NGOs and FBOs in development of workplace policies (6)
- Conduct 15 workshops on rights of PLWHA and OVC for 600 participants
- Develop IEC materials in support of the workplace and community, e.g., HIV/AIDS insurance and social benefits, inheritance and will, rights of children orphaned by or living with HIV/AIDS
- Provide legal advice to 600 PLWHA and OVC on their rights including subsistence grants
- Train 500 community volunteers and peer educators on rights and benefits

| Y4133 Existing activities (Initiated prior to FY04) | | | | | |
|---|----------------|--|--------|---------------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| U.S. Peace Corps | | <ul style="list-style-type: none"> Train and place in partnership with Peace Corps 15 volunteers commencing 2004 to support the integration of community outreach and mobilization for VCT, PMTCT+ and ART in the faith-based and MoHSS health facilities' catchment communities. | USAID | In kind cooperation | PMTCT |
| CDC/Namibia for MOHSS | | <ul style="list-style-type: none"> Purchase video teleconferencing equipment for a sixth distance learning site in Erongo | CDC | | PMTCT |

| 4.13.9 Existing activities (initiated prior to FY04) | | | | | |
|--|---|---|--------|---|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| International Training & Educational Center on HIV (ITECH) | 200 in-service health workers trained in VCT, 500 in PMTCT, and 200 in ART; intake of new students will increase from 170 to 380 for enrolled nurses (124% increase), and from 60 to 120 for registered nurses (100% increase) <i>Objective and activities are repeated in Tables 4.10 ART and 4.11 PMTCT Plus</i> | <p>Working with MOHSS network of 7 Health Training Centers and University of Namibia (UNAM):</p> <ul style="list-style-type: none"> • Skills transfer, adaptation of existing materials, and development of new materials for video teleconferencing technology to improve the effectiveness of training through the national network of 6 regional health training centers • Hiring of 13 tutors for Regional Health Training Centers and 2 for UNAM to boost both pre- and in-service training • Provision of 24 person-months of external technical assistance to conduct and support training sessions and transfer skills on distance learning and video teleconferencing • Provision of 2 doctors for ART and non-ART clinical care training in the 2 main referral hospitals (Windhoek and Oshakati) • Funding support for 40 in-service sessions on VCT, PMTCT Plus and ART at the 6 Regional Health Training Centers • Follow-up field support by mentors to trainees in the health facilities • Monitoring and evaluation of training activities | HRSA | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> <p>This amount is 1/3 of Track 1.5 allocation; remaining amount is attributed in Tables 4.10 and 4.11</p> | Track 1.5 |
| International Training & Educational Center on HIV (ITECH) | See above objective | Additional funds needed to carry out above activities due to MOHSS salary increases for 15 tutors (announced after Track 1.5 budget request) | HRSA | <div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> | Track 2 |

| 413.3 Existing activities (Initiated prior to FY04) | | | | | |
|---|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Legal Assistance Center/AIDS Law Unit in partnership with FHI | Provide direct legal services or information on rights and benefits for 1,700 PLWHA, OVC and their caretakers by March 31, 2005 | <p>Continued support to the AIDS Law Unit for the prevention and mitigation of HIV/AIDS in the workplace, community, and OVC and their families:</p> <ul style="list-style-type: none"> • Partial support for 6 staff • Assist other NGOs and FBOs in development of workplace policies (6) • Conduct 15 workshops on rights of PLWHA and OVC for 600 participants • Develop IEC materials in support of the workplace and community, e.g., HIV/AIDS insurance and social benefits, inheritance and will, rights of children orphaned by or living with HIV/AIDS • Provide legal advice to 600 PLWHA and OVC on their rights including subsistence grants • Train 500 community volunteers and peer educators on rights and benefits | USAID | | Track 2 |

| 4.13.3 Existing activities (initiated prior to FY04) | | | | | |
|--|----------------|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Johns Hopkins University | | <ul style="list-style-type: none"> • Baseline research analysis and report for 5 PMTCT+ referral centers catchment areas completed • National Communication framework for PMTCT/VCT and HAART developed • Network analysis to identify opinion leaders and the flow of information in catchment communities disseminated and incorporated in community mobilization framework • Community-based research KAPB in 5 PMTCT+ referral centers catchment areas completed • Develop contextual client/patient communication curricula for use by Mission and MoHSS health facility personnel • Conduct trainings in 6 regions for Mission and MoHSS health facilities, 300 personnel trained | USAID | | PMTCT |

| 4.13.3 Existing activities (initiated prior to FY04) | | | | | |
|---|--|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| <p>Catholic Health Services (CHS), Lutheran Health Services (LHS), ELCAP, CAA, mission and government hospitals in partnership with Johns Hopkins University</p> <p>FB0? YES</p> | <p>Reach 300,000 community members with prevention, counseling and testing, PMTCT, OVC, treatment and care, and ART messages and activities that will be included in the community action plans by March 31, 2005. This will target 30,000 people on treatment messages, 110,000 people on prevention and 160,000 on care and support issues</p> | <p>Community mobilization activities include:</p> <ul style="list-style-type: none"> • Initial meetings held with 10 opinion leaders in each of the 10 communities • Training 84 community facilitators to monitor peer group sessions • Participation of 90 community members and 25 community leaders at each site (115 people x 6 sites) for a rapid assessment of social, sexual and other behavioral norms • 2-day community meetings involving 120 participants at each site • Community action plans developed for prevention, VCT, PMTCT, OVC, treatment and care activities <p>Information to inform USG partner message and program design</p> | USAID | | Track 2 |
| <p>JHU in partnership with MIB and in collaboration with the National Take Control campaign members, which include UNICEF, media, NBC, and local NGOs</p> | <p>200,000 TV viewers and 500,000 radio listeners reached with prevention, treatment and care messages</p> | <ul style="list-style-type: none"> • Training and skills transfer with Ministry of Broadcasting and NGO members of Take Control Task force in strategic communication planning and research: 6 seminars (40 participants each) and 4 workshops (25 participants each) • 4 TV and 4 radio PSAs developed and translated into 3 local languages • 2 short programs and 2 entertainment/education programs developed in support of VCT, PMTCT, treatment, PLWHAs and OVC- for broadcast on Namibia Broadcasting station | USAID | | Track 1.5 |

| 4133 Existing Activities (Initiated prior to FY04) | | | | | |
|--|---|--|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| IEC Unit of the MOHSS, MIB in collaboration with the National Take Control campaign members, which include UNICEF, media, NBC, and local NGOs JHU in partnership | See above objective | Continuation of above activities to increase capacity of the MIB Take Control Program and expand to the IEC Unit at MOHSS for national HIV/AIDS communications programs: <ul style="list-style-type: none"> • 2 workshops with MOHSS and Take Control member partners • 4 radio and 2 TV PSAs produced • 3 pamphlets and 3 posters supporting PSAs produced 6-part Education/Entertainment television series produced | USAID | | Track 2 |
| UNAM, MHETEC, MBESC, NBC, and private production houses in partnership with JHU | Reach 300,000 young adults with messages on counseling and testing and prevention through Education/Entertainment Radio Program by March 31, 2005 | <ul style="list-style-type: none"> • Consultative/design meetings to determine content of program • Baseline and CMA results used to help inform content • 3 script writing workshops to train 16 youth scriptwriters • Trans-create the program into 3 local languages • Production of a 15-20 minute, 26-episode radio program in 4 major languages (including English) • Complementary materials produced including inserts in 8 periodic illustrated magazines | USAID | | Track 2 |

| 4.13.3 Existing activities (initiated prior to FY04) | | | | | |
|---|--|---|--------|--|--------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| IEC Unit of MOHSS in partnership with JHU local USG implementing partners | Reach 500,000 people through health facilities and FBO/NGO programs in The Emergency Plan catchment areas with information on VCT, PMTCT, treatment, and care | <ul style="list-style-type: none"> Recruit, hire, and support a health communications advisor for IEC Unit of MOHSS Existing print materials (brochures, pamphlets, etc) on VCT, PMTCT, treatment and care pre-tested in series of 8 focus groups Baseline and CMA results used to help inform/improve content New materials developed or refined as appropriate Health care provider demonstration materials for VCT, PMTCT, and treatment and care developed (as requested) | USAID | | Track 2 |
| Johns Hopkins University | 2 baselines established; health literacy competence of all service providers and selected patients/clients assessed in 5 faith-based health facilities; communication materials developed and produced for service providers, patients, and clients <i>Objectives and activities are repeated in Table 4.12 Strategic Information</i> | <ul style="list-style-type: none"> Baseline survey for Trusted Partner national mass media campaign (emphasis on being faithful, reducing stigma, getting tested) Health literacy facility study for health care providers and patients for treatment adherence and community support in 5 faith-based health facilities Development of program M&E and cost-effectiveness/cost tracking Communication training for health care providers in 2 faith-based health facilities: 2 trainings for 150 providers Message design and materials workshop for MIB and MOHSS to develop national campaign for VCT, PMTCT, and treatment | USAID | The remaining amount of Track 1.5 allocation is attributed in Table 4.12 | Track 1.5 total |

| (13.3) Existing activities (initiated prior to FY04) | | | | | |
|--|--|---|---------------|----------------------|----------------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| Johns Hopkins University in partnership with the University of Namibia (UNAM) | Strengthened capacity at Namibia Institution of higher learning to conduct research and to provide international quality courses in research and communication | <p>Twinning relationship developed with UNAM:</p> <ul style="list-style-type: none"> Fielding of full-time faculty member for the first & second semester commencing Feb to teach 3 courses (research methods, statistics, health communications), 4 faculty seminars; development of longer-term curriculum; mentoring of 5 students | USAID | | Track 1.5 |
| Local contractor - TBD FBO? TBD | | <ul style="list-style-type: none"> Recruit and train new staff positions at MOHSS: 100 lay counselors in first 6 PMTCT regions and their referral networks | CDC | | PMTCT |
| Namibia Red Cross | | <ul style="list-style-type: none"> Train and provide educators for ANC clinics and community treatment adherence supporters in Katutura (20), Oshakati (20), and Rundu (10) | CDC | | PMTCT |
| TBD contractor in support of MOHSS health facilities | 150 MOHSS facility-based community counselors hired by March 31, 2005 | <ul style="list-style-type: none"> Increased costs to cover full incentive package for MOHSS facility-based community counselors | CDC | | Track 2 |
| Lifeline/Childline in partnership with MOHSS, CHS, LMS, FHI, ITECH, and other USG partners | 40% of pregnant women are counseled and tested for HIV by March 31, 2005 | <ul style="list-style-type: none"> Training of 150 MOHSS facility-based community counselors; 100 community counselors for mission facilities and affiliated FBOs; and 300 community volunteers for 11 catchment areas of MOHSS and mission facilities to provide counseling (e.g., pre- and post-testing, treatment adherence) and testing services Provide ongoing supervision and refresher training as appropriate Renovation of training hall in Khomas region and procurement of furniture | USAID | | Track 2 |

| 4.13.4 Proposed new activities in FY 04 | | | | | |
|---|--|--|-------------|---------------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | |
| MOHSS New partner? YES | Upgrade training centers to accommodate 20 additional enrolled nursing students | Renovate Ojiwarongo and Rundu training centers and student accommodations for enrolled nurses. Training facilities are used for both pre-service and in-service training | DOD | | |
| MOHSS in partnership with New partner? YES | | Provide bursaries for additional students to enter health professions: 60 nurses, 25 social workers, 20 doctors, 10 pharmacists | CDC | | |
| MOHSS with support from FHI in partnership with local personnel services agency New partner? YES | Strengthened management capacity of NACOP | Hire 13 Assistant Senior Health Program Administrators for overall HIV/AIDS program management at the regional level | CDC | | |
| MOHSS New partner? YES | Strengthened management capacity of NACOP | Hold 4 national program management meetings (25 people each) | CDC | | |
| Peace Corps | Support community mobilization for counseling and testing, PMTCT, and treatment in mission and MOHSS catchment areas to reach 500,000 people | <ul style="list-style-type: none"> Recruit, hire and support HIV/AIDS program manager/master trainer Support 4 Crisis Corps volunteers for MBESC's regional AIDS Committees on Education | Peace Corps | | |

| 413.4 Proposed new activities in FY 04 | | | | | |
|--|--|--|------------|---------------|--|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | |
| US Embassy HIV/AIDS Self-Help Program | Directly reach an average of 300 community members per project through 15 small community-based HIV/AIDS projects with prevention messages, support services, training, or other resources - by March 31, 2005 | <ul style="list-style-type: none"> Capacity-building for grass-roots and community-based organizations to conduct HIV/AIDS programs: Support for one full-time Self-Help coordinator Develop project guidelines, promotional materials, application and other documents Advertise/market new program to communities Commence acceptance of applications, qualification of projects and dispersal of funds | US Embassy | | |
| UNAIDS Small Grants Program | Directly reach an average of 300 community members per project through 15 small community-based HIV/AIDS projects with prevention messages, support services, training, or other resources - by March 31, 2005 | <ul style="list-style-type: none"> Develop project guidelines, promotional materials, application and other documents Advertise/market new program to communities Commence acceptance of applications, qualification of projects and dispersal of funds | USAID | | |
| USG partners in support of the Partnership Forum | Strengthen the functioning of the Namibia multisectoral body for HIV/AIDS | <ul style="list-style-type: none"> Provide support for The Emergency Plan Steering Committee | USAID | | |
| FHI | Strengthen capacity of local professional staff in OVC, PMTCT, and ART programming | Support for 10 Namibian professionals to attend selected conferences, training and expert meetings on OVC, PMTCT, and ART | USAID | | |
| FHI | Raise awareness of HIV/AIDS issues among general and targeted Namibian populations | Support for in-country HIV/AIDS special events, e.g., World AIDS Day, OVC conference, etc. | USAID | | |
| Total Budget: | | | | | |
| Total Partners: | | 17 | | | |
| New Partners: | | 1 | | | |
| FBOs: | | 4 | | | |

Table 4.14 Laboratory Support

4.14.1 Current status of program in country

Laboratory Support in Namibia:

The Namibia Institute of Pathology (NIP) is recognized by MOHSS as the national reference laboratory and operates a para-statal network of 29 laboratories around the country. NIP facilities are owned by MOHSS, but NIP achieves cost-recovery through charging MOHSS and other users for laboratory tests performed. The NIP has been upgraded in Windhoek and Oshakati to perform automated confirmatory ELISA testing, CD4 counts, and viral load testing. It also performs testing for TB (sputum microscopy), other OIs, and monitoring tests for patients on ART. The NIP conducted the first phase of rapid test validation, will perform the second phase, and will be responsible for rapid testing training and quality assurance. NIP within the next 5 years is facing significant retirement of medical technologists and therefore failure to invest in long term training for lab technologists now may result in significant cut back in lab services. Currently, no lab tech training exists in Namibia. Therefore, training must take place outside the country.

USG current support:

The CDC has been working with the NIP to build human resource capacity and has upgraded equipment and facilities centrally and in the regions.

4.14.2 How new activities will contribute to The Emergency Plan targets, linkages to other activities

USG Strategy:

Support to NIP through The Emergency Plan will improve access to HIV testing (qualitative and quantitative) and, thereby, support targets in prevention, care, and treatment. Based on the initial assessment, a decision will be made as to what extent the capacity of the MOD lab should be upgraded versus linking them into the NIP system which receives substantial USG support. The NIP currently performs most of the MOD laboratory testing, including the HIV/AIDS lab work. See table 4.13.

| 4.14.3 Existing activities (initiated prior to FY04) | | | | | |
|--|--|---|--------|---------------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount | Budget Source |
| CDC/Namibia for NIP | Establish CD4 and viral load testing in Windhoek and Oshakati | <ul style="list-style-type: none"> Equipment purchased for CD4 and viral load monitoring - completed September 2003 Technical assistance from CDC | CDC | | PMTCT Base |
| Namibia Institute of Pathology (NIP) in partnership with CDC, MOHSS, and FBDs | Strengthen the capacity of the national reference laboratory system to provide lab services for VCT, PMTCT, PMTCT Plus, ART, and AIDS care | <ul style="list-style-type: none"> Increase capacity of high-volume reference labs in Windhoek and Oshakati and a network of district-level labs in accordance with the NIP strategic plan: Assess HIV-TB lab services Hire laboratory scientist (molecular biologist) at NIP for qualitative and quantitative HIV analysis | CDC | | Track 2 |
| Namibia Institute of Pathology (NIP) in partnership with MOHSS and CDC (under new cooperative agreement) | Strengthen the capacity of the national reference laboratory system to provide lab services for VCT, PMTCT, PMTCT Plus, ART, and AIDS care | <ul style="list-style-type: none"> Establish high-volume reference labs and a network of district-level labs in accordance with the NIP strategic plan: Hire a logistician to strengthen procurement and management of reagents and specimens at health facilities throughout the country Purchase laboratory equipment (high volume flow cytometer, freezer, Bactec culturing system for TB) Purchase computer equipment Bursaries (10) for medical lab technology training in Zimbabwe | CDC | | Track 2 |

| 4.144 Proposed new activities in FY 04 | | | | |
|---|---|--|--------|---------------|
| Partner | FY04 Objective | Activities | Agency | Budget Amount |
| CDC in partnership with NIP and TBD external laboratory | Establish linkage between NIP and external laboratory for ARV resistance monitoring by March 31, 2005 | <ul style="list-style-type: none"> Genotypic resistance testing from a representative sample of 200 patients Train NIP laboratory scientist in viral resistance testing - at CDC/Atlanta | CDC | |
| Total Budget: | | | | |
| Total Partners: | 4 | | | |
| New Partners: | 1 | | | |
| FBOs: | 0 | | | |

Table 5.1 U.S. Agency Management and Staffing – U.S. Agency for International Development (USAID)

| 5.1 U.S. Agency Management Items and Activities | | Budget |
|---|--|-----------------------|
| 5.1.1a | Administration and management: | |
| 5.1.1b | Program and technical assistance | |
| 5.1.1c | Split-funded Mission Support Costs (proportional split between all sectors/SOs; based on usage for The Emergency Plan support): rent, security guards, utilities, base telephone, parking, warehouse, office maintenance, etc.) | |
| 5.1.1d | Split-funded Mission Support staff-6 (proportional split between all sectors/SOs; based on services accessed by The Emergency Plan office): PSC Executive Officer, General Services Officer, Procurement/Personnel Officer, Driver, Financial Analyst, and Voucher Examiner/Cashier. | |
| 5.1.1e | ICASS Costs (proportional split between all sectors/SOs; based on support staff split funding) | |
| Total | | |
| 5.1.2 U.S. Agency Management and Program Staff: Existing and New, By Category | | Total Number of Staff |
| | Number of Existing U.S. direct-hire TAACS | .5 |
| | Number of New U.S. direct-hire for THE EMERGENCY PLAN | 0 |
| | Number of Existing FSN | 1 |
| | Number of New FSN for THE EMERGENCY PLAN | 1 |
| | Number of Existing International PSC/Fellow | 1 |
| | Number of New International PSC/Fellow for THE EMERGENCY PLAN | 1 |
| Number of Program Staff | | 5 |

| | | | | | | | |
|----------------------------|----|---|---|---|---|---------------------------|------|
| Number of Management Staff | .5 | 0 | 1.35 (5 split-funded Management Staff) | 1 | 0 | .25 (Split-funded EXO) | 2.60 |
| Total Number of Staff | 1 | 0 | 2.35 | 2 | 1 | 1.25 | 7.60 |

Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)

| 5.2 U.S. Agency Management Items and Activities | | Budget |
|---|--|--------|
| Administration and management | | |
| Program and technical assistance | | |
| Track 1.5 management and staffing costs | | |
| Total | | |

| 5.2.2 U.S. Agency Management and Program Staff, Existing and New, By Category | | | | | | | |
|---|---------------------------|---|--------------|--------------------------------|----------------------------|--|-----------|
| | Existing U.S. direct-hire | New U.S. direct-hire for THE EMERGENCY PLAN | Existing FSN | New FSN for THE EMERGENCY PLAN | Existing International PSC | New International PSC for THE EMERGENCY PLAN | Total |
| U.S. Program Staff | 1 | 1 | 5 | 3 | 0 | 1 | 9 |
| U.S. Management Staff | 1 | 0 | 0 | 3 | 0 | 0 | 5 |
| Total, US Staff, existing and new | 2 | 1 | 5 | 6 | 0 | 1 | 15 |

Table 5.3 U.S. Agency Management and Staffing- US, Department of Defense (DOD) (subject to further review and approval by the Office of the secretary General of Defense)

| 5.3 U.S. Agency Management (Plans and Activities) | | Budget | | | | |
|---|------------------------------------|--|------------------------|--------------------------------------|--|-----------------------|
| 5.3.1. a FSN Technical Advisor (for program and financial management): to be recruited April 2004- March 2005 | | | | | | |
| 5.3.1. b ICASS costs | | | \$ 43,000 | | | |
| 5.3.2 U.S. Agency Management and Program Staffing - Existing and New - Background | | | | | | |
| | number of existing U.S direct hire | number of New existing U.S direct hire | Number of Existing FSN | Number of existing international PSC | number of new international PSC for The Emergency Plan | total number of staff |
| Number of program Staff | 1 | 0 | 0 | 0 | 0 | 1 |
| Number of Management Staff | 0 | 0 | 0 | 0 | 0 | 1 |
| Total Number of staff | 1 | 0 | 0 | 0 | 0 | 2 |

6. Budget for the President's Emergency Plan for AIDS Relief

| Program/Area | USAID | HHS | DOD | Other | TOTAL |
|-----------------------------|-------------------|-------------------|-------------------|-------------------|-------|
| | Base Budget FY04 | Base Budget FY04 | Base Budget FY04 | Base Budget FY04 | |
| | PMTCT Budget FY04 | PMTCT Budget FY04 | PMTCT Budget FY04 | PMTCT Budget FY04 | |
| | SGAC Request FY04 | SGAC Request FY04 | SGAC Request FY04 | SGAC Request FY04 | |
| PMTCT | | | | | |
| Abstinence /Faithfulness | | | | | |
| Blood Safety | | | | | |
| Safe Medical Injections | | | | | |
| Other Prevention | | | | | |
| VCT | | | | | |
| HIV clinical care (non-ART) | | | | | |
| Palliative Care | | | | | |
| OVC | | | | | |
| ART (non-PMTCT Plus) | | | | | |
| PMTCT Plus | | | | | |
| Strategic Information | | | | | |
| Cross Cutting Activities | | | | | |
| Laboratory Support | | | | | |
| Management & Staffing | | | | | |
| TOTAL | | | | | |

Annex 1. Track 1.5: Rapid In-Country Obligation and Expected Contribution - Namibia

| President's The Emergency Plan-Funded Partner | Type of Activity | Activity and How Will Contribute to Target | Amount |
|---|---|--|------------|
| <p>through the Health Resources and Service Administration (HRSA), DHHS In support of the Ministry of Health and Social Services and Mission Hospitals</p> <p>(Training and capacity-building in support of prevention, care, and treatment)</p> <p>[HRSA/DHHS]</p> | <p><input type="checkbox"/> New Activity</p> <p><input checked="" type="checkbox"/> On-going Activity</p> | <p>Accelerated Pre-Service and In-Service Training</p> <p>The Ministry of Health and Social Services network of 7 Health Training Centers is responsible for in-service training on HIV/AIDS for all health workers, and pre-service education for 2-year programs to train new pharmacy assistants and enrolled nurses. CDC and ITECH have worked closely with the centers on VCT, PMTCT, and ART training. UNAM trains registered nurses. Activities to be expanded under THE EMERGENCY PLAN will include:</p> <ul style="list-style-type: none"> • skills transfer, adaptation of existing materials, and development of new materials for video teleconferencing technology to improve the effectiveness of training through the national network of 6 regional health training centers • hiring of 13 tutors for Regional Health Training Centers and 2 for the University of Namibia to boost both pre-service and in-service training • provision of 24 person-months of external technical assistance to conduct and support training sessions and transfer skills on distance learning and video teleconferencing • provision of 2 doctors for ART and non-ART clinical care training in the 2 main referral hospitals (Windhoek and Oshanaab) • funding support for 40 in-service sessions on VCT, PMTCT plus, and ART at the 6 Regional Health Training Centers • follow-up field support by mentors to trainees in the health facilities • monitoring and evaluation of training activities <p>The training output will include in-service for 200 health workers in VCT, 500 in PMTCT, and 200 in ART. The intake of new students will increase from 170 to 380 for enrolled nurses (124% increase), and from 60 to 120 registered nurses (100% increase).</p> <p>Contribution to target: From in-service training, 10,000 clients will receive VCT services, 8,000 pregnant women will receive PMTCT services, 4,000 patients with AIDS will be placed on ART, and 8,000 other patients will receive ongoing HIV clinical care in 2004. The intake of enrolled nurses will contribute to 2-7-10 when they graduate in 2006 and registered nurses in 2008.</p> | <p>[]</p> |

| | | |
|--|---|------------|
| <p>Funding to CDC/DHHS for Task Order Contract in Support of the Ministry of Health and Social Services (ART and non-ART clinical care) [CDC/DHHS]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> <p>Provision of Clinical Professionals to Increase Uptake of ART The demand for ART in Namibia in recent months far exceeds the human resource capacity of the public sector to deliver needed services in selected sites. These sites also deliver PMTCT plus services though on a limited scale. The Namibian government provides the ARV drugs. While working on medium to long-term solutions to human resource capacity constraints, short-term solutions such as hiring of external staff are urgently needed. A local personnel services agency in Namibia will be identified, funded, and supported to provide scarce health personnel to care for growing numbers of patients seeking ART at Infectious Disease Care Clinics (IDCC), which recently opened with the support of ITECH in 6 public hospitals around the country. The contractor will provide and administer compensation packages to 9 doctors, 6 nurses, 6 pharmacists, and 6 medical records clerks to work in IDCCs in Windhoek, Oshakati, Rundu, Walvis Bay, and Keetmanshoop. Contribution to target: These health workers will be part of the system which is estimated to provide ART to 4000 patients and ongoing non-ART clinical care to 8,000 patients in 2004.</p> | <p>[]</p> |
| <p>CDC Office in Ministry of Health and Social Services [CDC/DHHS]</p> | <p><input checked="" type="checkbox"/> New Activity <input type="checkbox"/> On-going Activity</p> <p>6-Month Running Costs of Expanded CDC Office in MOHSS The Ministry of Health and Social Services has provided office space in the National AIDS Coordination Program for Namibia-CDC and existing renovations will be completed by February 2004. Funding will support 5 new FSN positions (1 Deputy Director for Programs, 1 Computer Technician, 1 Administrative Clerk, 1 Secretary, and 1 Driver). Moving costs from temporary offices will also be covered. The Namibia-CDC office provides on-site direct support to the NACOP in terms of technical assistance, logistics, transport, procurement, and IT. The NACOP is responsible for national-level coordination of all prevention, care, and treatment efforts in Namibia. Develop detailed work plan with MoHSS and Central Medical Stores (CMS); improve financial management at CMS; strengthen pharmaceutical and commodity management at CMS, regional stores and selected health facilities; and improve human resource availability and capacity. Contribution To Target: Recruit 3 pharmacists, 1 IT specialist, 1 logistics specialist, 1 distribution pharmacist, 4 storekeepers, 8 pharmacy assistants; audit of CMS Trade Account, clarifying financial status of CMS and evaluation of financial management system completed; local RPM+ office established</p> | <p>[]</p> |
| <p>Ministry of Health and Social Services (MoHSS) management/capacity building [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>[]</p> |

| | | | |
|--|---|--|--|
| <p>Ministry of Defense (MOD) [PS/DOD (Prevention/A&B, plus C) [DOD]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>In Namibia's main military town, Grootfontein, the 2002 sentinel study indicates a 30% sero-positive population and 47% of STD patients tested HIV positive. Continuing support to the GRN's "Military Action and Prevention Programme" (MAPP) to intensify behavior change communications and interventions for HIV/AIDS prevention among Namibian Defense Force (NDF) members and Ministry of Defense officials; a sensitization workshop for the newly formed MOD HIV/AIDS committee; VCT and drop-in center functioning. Contribution To Target: NDF HIV/AIDS workplace policy and master management plan developed and drafted; 35 female soldier peer educators trained; 7,000 soldiers reached through 23 base and bush camps.</p> | |
| <p>Johns Hopkins University (Prevention/Communication/Capacity building for National communications program, "Take Control") [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Training and skills transfer with MIB and NGO members of Take Control Task Force in strategic communication planning and research; communication design and implementation; monitoring and evaluating communication interventions; message design; and effective TV and radio program design; production of TV and radio communication materials (video and audio) for use in broadcast and clinic settings. 6 seminars for 40 participants each and 4 workshops for 25 participants each; 4 TV and 4 radio PSA's developed (translated into 3 local languages); 2 short programs and 2 entertainment/education programs developed in support of VCT, PMTCT, treatment, PLWHAs and OVC for broadcast on Namibia Broadcasting station reaching 200,000 viewers for TV and 500,000 listeners for radio. Contribution To Target: 6 seminars for 40 participants each and 4 workshops for 25 participants each; 4 TV and 4 radio PSA's developed (translated into 3 local languages); 2 short programs and 2 entertainment/education programs developed in support of VCT, PMTCT, treatment, PLWHAs and OVC for broadcast on Namibia Broadcasting station reaching 200,000 viewers for TV and 500,000 listeners for radio.</p> | |

| | | | |
|-------------------|---|---|--|
| <p>[Redacted]</p> | <p>Printing and distribution of the National OVC policy, regional work shops conducted to introduce policy and train MWACW OVC officers, other line ministries personnel and community workers on the policy and its implementation by April 2004. Finalize the National/regional MIS system to identify OVC requiring comprehensive care and support in regions and districts nation-wide supporting implementation of GRN National OVC Trust Fund. Contribution To Target: 5,000 copies of the National OVC policy printed and distributed to MWACW, MoHSS and Ministry of Basic Education, Sports and Culture regional and district offices and schools; 16 regional work shops conducted training 400 MWACW, MBESC and NGO/FBO OVC officers and community workers regarding rights and benefits for OVC and their caretakers resulting in benefit education for 16,000 OVC and their caretakers; MIS system in place in Ministry of Woman's Affairs and Child Welfare providing better assessment of and access for OVC and their caretakers to grants and allowances</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>[Redacted] /FHI (Care and support OVC) [USAID]</p> |
| <p>[Redacted]</p> | <p>Twinning relationship developed with only degree issuing institution of higher learning in Namibia; capacity building to conduct research and to provide international quality courses in research and communication. Contribution To Target: A full time faculty member will be fielded for the first semester commencing Feb. with follow-on for second semester. 3 courses will be taught in research methods, statistics and health communication, 4 faculty seminars in advanced techniques and methodologies in research will be conducted, development of longer term curriculum and mentoring of 5 students to be teaching assistants will be accomplished.</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Hopkins University (Twinning and capacity building) [USAID]</p> |
| <p>[Redacted]</p> | <p>Recruitment of staff: Hospital administrators (2), district coordinators (2), medical officer (1), counselors (6), support staff (2); equipment procurement; renovation and construction of facilities (expansion of VCT/ANC and STI facilities, housing for new personnel on hospital grounds in remote/rural areas); training and transportation to provide VCT, PMTCT+ and treatment services and activities including community outreach and support. Contribution To Target: 2,500 tested, counseled and screened resulting in 700 on ART for 2004; 300 on PMTCT for 2004; and 2,500 referred for care and support</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Catholic Health Services//FHI (PMTCT and treatment) [USAID]</p> |

| | | | |
|--|--|--|--|
| <p>Lutheran Medical Services/FHI (PMTCT and Treatment) [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Recruitment of staff: ARV physician (1) and nurses (2), pharmacist and assistant (2), support staff (1); equipment procurement; renovation and construction of facilities (expansion of VCT and STI facilities, ARV pharmacy facility, housing for new personnel on hospital grounds in remote/rural areas); training and transportation to provide VCT, PMTCT+ and treatment services and activities including community outreach and support. Contribution To Target: 2,000 tested, counseled and screened resulting in 700 on ART for 2004; 450 on PMTCT for 2004; 2,500 referred for care and support</p> | |
| <p>Catholic AIDS Action/FHI (Care & support & OVC) [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Expansion of services in rural regions (Oshana, Kavango, and Hardap): recruitment of staff; renovation; translation of psychosocial and HBC training manuals into local languages; training and transportation for out-reach and community mobilization, assessment and follow-up for PLWHAs and OVC; and providing comprehensive support and services, including psychosocial support. Contribution To Target: Staff recruited: regional manager (1), social worker (1), regional coordinator (1), trainer (1) support (2); 1 master TOT training (15 trainers); 8 trainings over 4 months for 120 volunteers; 2200 OVC reached Jan/Feb; 1500 PLWHAs</p> | |
| <p>Catholic AIDS Action/FHI (Prevention/A&B) [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Expansion of youth prevention services in nine regions including recruitment of staff; 9 regional Youth Education Prevention officers; training and transportation; workshops for community out-reach and mobilization, assessment and follow-up. Contribution To Target: 5 workshops for 179 youth officers and 200 peer educators reaching 2,500 youth by April 2004</p> | |
| <p>Evangelical Lutheran Church AIDS (ELCAP) Program/FHI (Prevention/VCT) [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Expansion of VCT services in Hardap region, VCT center and counseling services available for Mariental, catchment area of 25,000; Recruitment of staff; finance manager (1), regional manager (1) support staff (2); training; and facility renovation. Contribution To Target: VCT center and counseling services available for catchment area of 25,000.</p> | |
| <p>PSI (Prevention/VCT) [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Expand VCT services in 2 regions with faith-based organizations, additional supervision and refresher training for 4 centers, procuring testing services and medical consumables, developing social marketing campaign, undertaking pilot program for provision of nutritional supplements for PLWHAs identified as requiring treatment and/or care and support. Contribution To Target: 2,000 clients tested; 160 PLWHAs receiving nutritional supplement; 35 supervisory visits conducted; mass media (TV and radio) campaign supporting VCT developed.</p> | |

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| <p>FHI (Prevention A&B plus C) [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Continuation of the current YouthNet Change of Lifestyles (COLS) project in 2 regions reaching 8 to 14 year olds and expansion of the pilot Christian Family Life Education Curriculum (CFLE) to 9 regions in 2004 working with the Lutheran World Federation/Namibia and the Evangelical Lutheran Church AIDS Program targeting young adults (13-24 olds) by strengthening the capacity of churches and faith-based organizations (FBOs) to support activities that focus on enhancing the knowledge and negotiation skills of youth through development/adaptation of a two-tiered CFLE curriculum for delaying sexual debut, responsible decision making, abstinence, secondary virginity, faithfulness, condom education. Contribution To target: Two workshops for 30 trainers and church leaders for finalization of current CFLE curricula; pre-testing to be conducted in preparation for training 840 pastors, church mentors, parents and youth leaders in 210 congregations nation-wide; projected to reach 20,000 youth by 2005.</p> | <p>[]</p> |
| <p>Johns Hopkins University (Prevention/communication and M&E) [USAID]</p> | <p><input type="checkbox"/> New Activity <input checked="" type="checkbox"/> On-going Activity</p> | <p>Monitoring and Evaluation: Baseline survey for Trusted Partner national mass media campaign (emphasis on being faithful, reducing stigma, getting tested); health literacy facility study for health care providers and patients for treatment adherence and community support in 5 faith-based health facilities; program M&E and cost-effectiveness and cost tracking system set up; Communication: communication training for health care providers in 2 faith-based health facilities; message design and materials workshop for local partners including Ministry of Information and Broadcasting and Ministry of Health and Social Services to develop national communication campaign for VCT, PMTCT and treatment; materials (health guides, flip charts, pamphlets, video and audio cassette education messages, posters) developed and produced for service providers, patients and clients. Contribution To Target: 2 Baselines established; health literacy competence of all service providers and selected patients/clients assessed in 5 faith-based health facilities; 2 communication trainings for 150 providers conducted; materials available for training and for increasing uptake of VCT, PMTCT and treatment developed and produced</p> | <p>[]</p> |
| <p>Total</p> | | | |