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FY 2005
NAMIBIA COP
PRINCIPAL'S REVIEW VERSION
NOVEMBER / DECEMBER 2004

Condensed COP Report

Namibia

2005

Country Operational Plan (COP)

Country Name: Namibia
Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1 National Response

Recognizing the increasing severity of the HIV/AIDS epidemic in Namibia and its devastating impact on all sectors and levels of society, the GRN recently expanded its commitment to providing a full range of prevention, care, support and treatment services and programs for the general population, people living with HIV/AIDS (PLWA), their families, and Orphans and Vulnerable Children (OVC) infected or affected by the epidemic. In March 2002, largely using its own resources, the Ministry of Health and Social Services (MoHSS) began a pilot PMTCT project and in May 2003 launched its ART program. In April 2004, the Ministry of Women Affairs and Child Welfare (MWACW), by Cabinet mandate, established an OVC Permanent Task Force, developed a National OVC Policy (one of only five countries in the world to do so) and established and funded an OVC Trust Fund to strengthen and maintain the capacity of families and community networks to support OVC. The GRN is highly cognizant of the need to sustain these programs over the long term while reaching out to development partners in the short term.

The USG has been working in HIV/AIDS in Namibia since 2000. Initially, its programs and activities focused in three technical areas - behavior change, focusing on youth and the workforce, capacity building of HIV/AIDS FBO/NGOs, providing home-based care (HBC), for both technical and organizational strengthening, and comprehensive care and support for orphans and vulnerable children at the national and community levels -, primarily implemented in three regions working with five major municipalities having the highest prevalence. With PMTCT Initiative and Emergency Plan funds, the USG has expanded these activities nationally and has broadened its program focus to include PMTCT, VCT and ART services, support for the establishment of New Start VCT centers, a significant increase in coverage for OVC and HBC programs, a strong prevention program for high risk populations, and assistance to the MoHSS with pharmaceutical and commodity management and logistics and safe injection practices.

In 2002, the USG opened an office within the MoHSS with an initial focus of establishing the technical foundations for new VCT (voluntary counseling and testing), PMTCT, ART, and TB/HIV services. USG initial support to MoHSS also included strengthening HIV and TB/HIV surveillance and providing Peace Corps Volunteers for distance education and community mobilization. The recent collaborative efforts of the respective USG agencies, which include the Department of Defense (DoD), Department of State, HHS/CDC, Peace Corps and USAID under the leadership of the Ambassador, has led to rapid scale up of U.S. assistance through the Emergency Plan. USG-supported HIV/AIDS activities complement those supported by an array of development partners including the Global Fund.

1.1.1 National HIV/AIDS Action Framework

The Government of Namibia launched The National Strategic Plan on HIV/AIDS – Third Medium Term Plan (MTPIII) for 2004-2009 in April 2004. This plan is the guiding framework for all donors working on HIV/AIDS in Namibia. It is multi-sectoral, encompasses civil society, the NGO and FBO sector and embraces the private sector. The USG team is working closely with the GRN to assist in the MTP III implementation and all 2005 COP activities fall within this framework.

1.1.2 National HIV/AIDS Coordinating Authority

Within the MTPIII, the GRN has outlined the coordinating authority for HIV/AIDS in Namibia. The National AIDS Committee (NAC) provides the national leadership and below the Cabinet, is the highest policy decision making body on matters related to HIV/AIDS. The Directorate of Special Programmes, based at the MoHSS, houses the National AIDS Coordination Programme (NACOP), which is the secretariat for the NAC. In addition, reporting to the NAC is the National Multi-sectoral AIDS Coordinating Committee (NAMACOC), which is responsible for the coordination and overall implementation of the national multi-sectoral response. The USG program has offices at the MoHSS to assist the Directorate of Special Programmes and is working fully to ensure national coordination of HIV/AIDS in Namibia.

1.1.3 National HIV/AIDS M&E System

A unified national M&E plan and information system has been developed, as outlined in the MTP III, supporting national programmatic and indicator databases including and synthesizing MoHSS, USG, UNGASS, GFATM, and UNAIDS indicators. The USG and development partners actively provide technical assistance for M&E activities. With USG support, information systems have been developed by the MoHSS and for New Start VCT Centers and are being implemented to monitor uptake of PMTCT, ART, and VCT services, including program performance. HIV and TB/HIV surveillance is also being supported with USG technical assistance. MoHSS has made costing of ART services a priority and USG support is being provided to complete a cost analysis. The new Directorate of Special Programmes will have an M&E and research unit, supported in part by a 10% levy on the current GFATM Individual Recipient partners by the Principal Recipient (MoHSS). Planning for the 2005 DHS and facility surveys is underway, along with the development of guidelines as to how all partners will contribute to the process. National surveys are institutionalized with antenatal sero-surveys every two years since1992; the DHS is scheduled every 5-6 years, and facility surveys carried out on a regular basis.

1.2 Network Model

Namibia has invested heavily in the development of a comprehensive public health network, which features one national referral hospital, 3 regional hospitals, and 30 district hospitals (5 of which are managed by faith-based organizations). A total of 37 health centers serving 244 local clinics form the next levels in the network. Hospitals have also established outreach services to provide primary health care in rural areas. ART and PMTCT services are available at 17 hospitals, including all 5 faith-based hospitals. PMTCT services alone are available at an additional 7 hospitals. There are 12 freestanding NGO and FBO managed VCT centers. While the health network is impressive, access to services remains limited for some population groups, particularly those living in sparsely populated areas. For example, while an estimated 25% of households are within 6 miles of a health facility (and 41% are within 12 miles of a hospital), 16% of households must travel more than 60 miles to reach a hospital.

1.3 **Human Capacity Development**

The shortage of human resources is the most critical challenge facing the Emergency Plan in Namibia. After only 14 years of independence, Namibia has had a relatively brief period in which to begin redressing the human resource capacity limitations brought about by apartheid. HIV/AIDS is also exacerbating shortages of skilled workers in certain sectors, such as education and health. In 2002, it was estimated that one in seven educators was infected with HIV , and by 2005 it is projected that the cumulative number of the workforce lost to AIDS will be 95, 900, or about 11 percent of the total workforce. The MoHSS has developed a revised staffing plan taking HIV/AIDS into account. Approximately 2,000 vacancies exist out of a total workforce of 10,000 in the MoHSS. HIV/AIDS is aggravating pre-existing human resource shortfalls throughout the workforce, including social service, health care, and education sectors. There are no training programs in Namibia for doctors, pharmacists, or laboratory technologists, so the vast majority of these professionals are expatriates on time-limited contracts. The output of registered nurses, enrolled nurses, pharmacy assistants, laboratory assistants, teachers, and management and accounting staff from local training institutions has been inadequate to meet the demand in all sectors.

The USG, therefore, must foster innovation and allocate sufficient resources for developing human capacity in all prevention, care and treatment program areas in order to realize Emergency Plan goals. The USG will employ the full range of human capacity development interventions available under the Emergency Plan including: support for national human resources planning and management; development of innovations and application of best practices in staff recruitment and retention; short-term personnel support to GRN; organizational development of local NGOs; FBOs and community entities; short-term training; development of training institutions; institutional twinning; and deployment of volunteers.

1.4 USG Partners

The USG team in Namibia includes the Department of State, Department of Defense, Health and Human Services/Centers for Disease Control, Peace Corps and USAID. Currently, the USG works with key government partners including the MoHSS, MWACW, Ministry of Information and Broadcasting (MIB), Ministry of Defense (MOD), Ministry of Basic Education, Sports and Culture (MBESC), the Ministry of Higher Education, Training and Employment Creation (MHETEC), the National Planning Commission, and the Regional AIDS Committees for Education (RACE). The USG works nationally with over 30 nongovernmental organizations including 12 faith-based organizations, and with the private sector.

1.4.1 Public-Private Partnerships

Namibia has a strong private sector that recognizes that prevention, treatment, care and support are good for business. Namibia's private sector is seriously engaged on the issue of HIV and AIDS and has recently established the Namibian Business Coalition on AIDS (NABCOA) which has developed a training guide for HIV/AIDS management in small and medium enterprises. The USG has seen a dramatic increase in the number of private sector and parastatal companies requesting the development of on-site workplace policies, prevention and care programs in the past four years. NamDeb, DeBeers' Namibian subsidiary, has had an HIV/AIDS workplace program since 1989, and recently announced that it would provide ART to its workers and their families. Coca-Cola/Namibia has also instituted a treatment program for its employees and other large companies are seriously exploring treatment options. The Chamber of Mines, representing the mining and affiliated industries, has an excellent prevention and peer education program in place for its members. In partnership with the Namibian Chamber of Commerce and Industry and UNAIDS, NamDeb is providing small grants to various HIV/AIDS organizations and programs to help build the capacity of small community groups to implement activities. In addition, a group of young Namibian physicians has formed a network of private clinicians to provide managed primary health care, counseling and testing and treatment services to the working poor.

1.4.2 Local Partner Capacity for Health Care Delivery

The USG partners in the GRN, private sector, FBO and NGO sectors have a strong commitment but capacity that needs to be strengthened. While the GRN health network is impressive, access to services remains limited for some population groups, particularly those living in sparsely populated areas. For example, while an estimated 25% of households are within 6 miles of a health facility (and 41% are within 12 miles of a hospital), 16% of households must travel more than 60 miles to reach a hospital. Additionally, certain aspects of the existing system require attention including: building capacity of health workers down to the primary health care (PHC) level to manage HIV/AIDS, strengthening linkages with the community, expanding outpatient infrastructure to accommodate new services, providing transport to follow-up defaulters and provide community sensitization, increasing accessibility to services in the most rural areas, and ensuring quality services at all levels of the network. The human capacity crisis contributes to these access issues.

Namibia has a very strong FBO sector through its many churches and faith-based organizations; 75% of Namibians are church members. The NGO sector outside the faith-based community, however, is still in its adolescence. Most NGOs were established after independence in 1990 and those implementing HIV/AIDS programs are just getting started. Although the USG has been working with the FBOs and NGOs since 2000, these FBOs and some newly operational NGOs still require considerable capacity building in order to effectively manage and implement their programs.

The private sector is geared up to contribute towards programs to mitigate the HIV/AIDS epidemic in Namibia and will continue to expand its reach over the next few years.

1.5 Gender

Gender-based violence and gender inequality are serious and interrelated problems in Namibia. It has been estimated that a woman is raped every ½ hour in Namibia , and there is a high correlation between violence against women and children and alcohol abuse . Women's unequal social and economic status places them at risk for earlier infection, leads to their stigmatization, and allows them to be unfairly blamed for transmission of the disease. Through the PMTCT program women may be the first in their families to be identified as HIV positive. Their disclosure of their HIV status may place them at risk of violence and discrimination within their families and communities. The USG will support sensitization on these issues among PMTCT providers and train them to counsel women and their partners to prevent potential violence. USG-supported behavior change interventions will address high-risk gender norms and behaviors that undermine HIV/AIDS interventions on an interpersonal level, within the family, health care providers and the community. In particular, positive gender norms and role models will be promoted within youth-focused programs—for youth directly and also among teachers and parents. The USG-supported community network approach and Community Action Forums will facilitate broader attention to alcohol abuse, gender violence, and discrimination and provide opportunities for community wide intervention, for example, through education and training of law enforcement personnel and establishment of "safe havens" for women who are victims of violence. Men and boys will be a focus of the CAF activities to change gender discriminatory behavior.

1.6 Stigma and Discrimination

Silence and denial regarding the scale of the epidemic among the general population is widespread, e.g., only a few well-known Namibians have publicly announced their positive HIV status and actively campaign against stigma and discrimination. In a recent baseline study of six communities where the USG is providing support, 39% of respondents said they would want it kept a secret if a family member has HIV/AIDS, and 68% of respondents said that they do not think that OVC should go to school with children whose families are not infected. Anecdotally, the advent of ART appears to be reducing the silence as evidenced by more people seeking counseling and testing services. The USG will continue to work assiduously through the Community Action Forums, media, FBOs and NGOs to identify and dispel beliefs that reinforce stigma and to implement behavior change programs that promote individual and community acceptance of PLWA. The USG will involve PLWA in every aspect of its program from design and planning to implementation and monitoring and evaluation to ensure that the perspectives and expertise of infected and affected individuals are placed high on the national agenda. Meaningful, active involvement of PLWA groups such as Lironga Eparu, the national positive living organization and community affiliates improve programs and policies and empower vulnerable groups.

Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	National 2-7-10	USG Direct Support Target End FY05	USG Indirect Support Target End FY05	Total USG Support Target End FY05
Prevention	**Target 2010: 71,951**			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		1,981	1,981	1,981
Number of pregnant women who received PMTCT services in FY05		10,822	10,822	10,822
Care	**Target 2008: 115,000**	55,891	126,210	148,810
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		6,401	6,401	6,401
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		590	2,249	2,249
Number of individuals who received counseling and testing in FY05		22,600	32,500	55,100
Number of OVCs being served by an OVC program at the end of FY05		26,300	85,060	85,060
Treatment	**Target 2008: 23,000**	7,500	7,750	7,750
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		0	0	0
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		7,500	7,750	7,750

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID: 1,377
Mech Type: Unallocated
Mech Name: Unallocated
Planned Funding Amount:
Agency:
Funding Source:
Local:

Mech ID: 1,523
Mech Type: Unallocated
Mech Name: Unallocated
Planned Funding Amount:
Agency:
Funding Source:
Local:

Prime Partner: ***Academy for Educational Development***
Mech ID: 1,334
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: *USAID*
Funding Source: Deferred (GHAI)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,583
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: **Blood Transfusion Service of Namibia**
Mech ID: 1,455
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 310
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: **Development Aid from People to People, Namibia**
Mech ID: 1,058
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:

Prime Partner: Development Aid from People to People, Namibia
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 238
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Family Health International
Mech ID: 1
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Catholic AIDS Action Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Catholic Health Services of Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Church Alliance for Orphans, Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Development Aid from People to People, Namibia
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Diamond Health Services
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Evangelical Lutheran Church in Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: **Family Health International**

Sub-Partner Name:	Evangelical Luthern Church AIDS Program, Namibia
Sub Partner Type:	FBO
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Legal Assistance Center AIDS Law Unit
Sub Partner Type:	NGO
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Lifeline-Childline Namibia
Sub Partner Type:	FBO
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Lutheran Medical Services, Namibia
Sub Partner Type:	FBO
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Namibia Chamber of Mines
Sub Partner Type:	NGO
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Namibian HIV Clinicians Society
Sub Partner Type:	Private Contractor
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Namibian Youthpaper
Sub Partner Type:	Private Contractor
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Philippi Trust Namibia
Sub Partner Type:	NGO
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Sub-Partner Name:	Sam Nujoma Multi Purpose Center, Namibia
Sub Partner Type:	NGO
Planned Funding Amount:	
Local:	Yes
New Partner:	No

Prime Partner: Family Health International

Sub-Partner Name: TKMOAMS, Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Walvis Bay Multi Purpose Center, Namiba
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 2
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: YouthNet
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Change of Lifestyle Homes Project
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: World Lutheran Federation
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 1,519
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Apostolic Church
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Rhennish Church, Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Mech ID: 1,575
Mech Type: Headquarters procured, centrally funded (Central)

Prime Partner: Family Health International
- **Mech Name:** Track 1
- **Planned Funding Amount:** [redacted]
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 180
- **Prime Partner Type:** NGO
- **Local:** No
- **New Partner:** No

Prime Partner: Fresh Ministries
- **Mech ID:** 1,309
- **Mech Type:** Headquarters procured, centrally funded (Central)
- **Mech Name:**
- **Planned Funding Amount:** [redacted]
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 742
- **Prime Partner Type:** FBO
- **Local:** No
- **New Partner:** Yes

Prime Partner: International Training and Education Center on HIV
- **Mech ID:** 1,065
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:**
- **Planned Funding Amount:** [redacted]
- **Agency:** HHS
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 190
- **Prime Partner Type:** University
- **Local:** No
- **New Partner:** No

- **Mech ID:** 1,320
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** Deferred
- **Planned Funding Amount:** [redacted]
- **Agency:** HHS
- **Funding Source:** Deferred (GHAI)
- **Prime Partner ID:** 190
- **Prime Partner Type:** University
- **Local:** No
- **New Partner:** No

Prime Partner: Johns Hopkins University Center for Communication Programs
- **Mech ID:** 1,146
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** Health Communication Partnership
- **Planned Funding Amount:** [redacted]
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 481
- **Prime Partner Type:** Private Contractor
- **Local:** No
- **New Partner:** No

Prime Partner: Macro International
- **Mech ID:** 1,388
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** MEASURE DHS
- **Planned Funding Amount:** [redacted]

Prime Partner: Macro International
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 429
- **Prime Partner Type:** Private Contractor
- **Local:** No
- **New Partner:** Yes

Prime Partner: Management Sciences for Health
- **Mech ID:** 1,149
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** Rational Pharmaceutical Management, Plus
- **Planned Funding Amount:**
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 194
- **Prime Partner Type:** NGO
- **Local:** No
- **New Partner:** No

Prime Partner: Namibia Institute of Pathology
- **Mech ID:** 1,314
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** Deferred
- **Planned Funding Amount:**
- **Agency:** HHS
- **Funding Source:** Deferred (GHAI)
- **Prime Partner ID:** 1,955
- **Prime Partner Type:** Host Country Government Agency
- **Local:** Yes
- **New Partner:** No

- **Mech ID:** 1,404
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** GAC
- **Planned Funding Amount:**
- **Agency:** HHS
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 1,955
- **Prime Partner Type:** Host Country Government Agency
- **Local:** Yes
- **New Partner:** No

Prime Partner: Namibia Ministry of Health and Social Services
- **Mech ID:** 1,068
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:**
- **Planned Funding Amount:**
- **Agency:** HHS
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 557
- **Prime Partner Type:** Host Country Government Agency
- **Local:** Yes
- **New Partner:** No

- **Mech ID:** 1,520
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** Deferred
- **Planned Funding Amount:**
- **Agency:** HHS
- **Funding Source:** Deferred (GHAI)
- **Prime Partner ID:** 557

Prime Partner: Namibia Ministry of Health and Social Services
- **Prime Partner Type:** Host Country Government Agency
- **Local:** Yes
- **New Partner:** No

Prime Partner: Namibian Social Marketing Association
- **Mech ID:** 1,152
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** Corridors of Hope
- **Planned Funding Amount:** [redacted]
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 198
- **Prime Partner Type:** NGO
- **Local:** Yes
- **New Partner:** No

- **Mech ID:** 1,378
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:** Military Action and Prevention Program (MAPP)
- **Planned Funding Amount:** [redacted]
- **Agency:** Department of Defense
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 198
- **Prime Partner Type:** NGO
- **Local:** Yes
- **New Partner:** No

- **Sub-Partner Name:** Drew University
- **Sub Partner Type:** University
- **Planned Funding Amount:** [redacted]
- **Local:** No
- **New Partner:** No

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- **Mech ID:** 1,396
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:**
- **Planned Funding Amount:** [redacted]
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 198
- **Prime Partner Type:** NGO
- **Local:** Yes
- **New Partner:** No

Prime Partner: Namibian Social Marketing Association

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: No

Sub-Partner Name: Catholic AIDS Action Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Council of Churches of Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Evangelical Luthern Church AIDS Program, Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Lifeline-Childline Namibia
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 1,403
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Military Action and Prevention Program (MAPP)
Planned Funding Amount:
Agency: Department of Defense

Prime Partner: Namibian Social Marketing Association
- **Funding Source:** Deferred (GHAI)
- **Prime Partner ID:** 198
- **Prime Partner Type:** NGO
- **Local:** Yes
- **New Partner:** No

- **Sub-Partner Name:** Drew University
- **Sub Partner Type:** University
- **Planned Funding Amount:**
- **Local:** No
- **New Partner:** No

Prime Partner: Organization for Resources and Training
- **Mech ID:** 1,336
- **Mech Type:** Locally procured, country funded (Local)
- **Mech Name:**
- **Planned Funding Amount:**
- **Agency:** USAID
- **Funding Source:** Deferred (GHAI)
- **Prime Partner ID:** 1,957
- **Prime Partner Type:** NGO
- **Local:** Yes
- **New Partner:** Yes

- **Mech ID:** 1,584
- **Mech Type:** Locally procured, country funded (Local)
- **Mech Name:**
- **Planned Funding Amount:**
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 1,957
- **Prime Partner Type:** NGO
- **Local:** Yes
- **New Partner:** Yes

Prime Partner: Potentia Namibia
- **Mech ID:** 1,064
- **Mech Type:** Headquarters procured, country funded (HQ)
- **Mech Name:**
- **Planned Funding Amount:**
- **Agency:** HHS
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 463
- **Prime Partner Type:** Private Contractor
- **Local:** Yes
- **New Partner:** No

Prime Partner: Project HOPE
- **Mech ID:** 1,505
- **Mech Type:** Headquarters procured, centrally funded (Central)
- **Mech Name:** Project HOPE
- **Planned Funding Amount:**
- **Agency:** USAID
- **Funding Source:** GAC (GHAI account)
- **Prime Partner ID:** 1,827
- **Prime Partner Type:** NGO
- **Local:** No
- **New Partner:** No

Prime Partner: Royal Netherlands Tuberculosis Association
- **Mech ID:** 1,067

Prime Partner: Royal Netherlands Tuberculosis Association
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 211
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: University Research Corporation, LLC
Mech ID: 1,317
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 437
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: US Agency for International Development
Mech ID: 1,376
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,522
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: deferred
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 1,155
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,157
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:

Prime Partner: US Centers for Disease Control and Prevention

Agency:	HHS
Funding Source:	GAC (GHAI account)
Prime Partner ID:	528
Prime Partner Type:	Own Agency
Local:	No
New Partner:	No

Mech ID:	1,387
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	Deferred
Planned Funding Amount:	
Agency:	HHS
Funding Source:	Deferred (GHAI)
Prime Partner ID:	528
Prime Partner Type:	Own Agency
Local:	No
New Partner:	No

Mech ID:	1,484
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	
Planned Funding Amount:	
Agency:	HHS
Funding Source:	Base (GAP account)
Prime Partner ID:	528
Prime Partner Type:	Own Agency
Local:	No
New Partner:	No

Prime Partner: US Department of State

Mech ID:	1,161
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	
Planned Funding Amount:	
Agency:	Department of State
Funding Source:	Deferred (GHAI)
Prime Partner ID:	531
Prime Partner Type:	Own Agency
Local:	No
New Partner:	No

Mech ID:	1,162
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	
Planned Funding Amount:	
Agency:	Department of State
Funding Source:	GAC (GHAI account)
Prime Partner ID:	531
Prime Partner Type:	Own Agency
Local:	No
New Partner:	No

Prime Partner: US Peace Corps

Mech ID:	599
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	
Planned Funding Amount:	
Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Prime Partner ID:	536
Prime Partner Type:	Own Agency

Prime Partner: US Peace Corps
Local: No
New Partner: No

Mech ID: 1,384
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: Deferred (GHAI)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: World Health Organization
Mech ID: 1,485
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 523
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: No

Program Area:

Mechanism ID: 1,377

Mechanism Type: Unallocated

Planned Funds:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

Result 1:	\n
Result 2:	The USG will provide support for training, supervision, test kits, supplies and equipment for provision of an opt-out approach for PMTCT. \n
Result 3:	All ART sites will provide PMTCT and non ART sites will have established referral mechanisms for eligible women, their children and their partners to receive ART.
Result 4:	Quality PMTCT sercices expanded to the entire national network of hospitals, health centers, and clinics where ANC and maternity care are provided.
Result 5:	A strong information system for monitoring program performance established.
Result 6:	Use of PMTCT services will increase.

Total Funding for Program Area ($):

Current Program Context:

An estimated 4,600 newborns in Namibia acquire HIV each year as a result of mother to child transmission. In 2002, the MoHSS introduced services for the Prevention of Mother to Child Transmission (PMTCT) in two public hospitals. This was expanded to five additional hospitals in 2003 and 17 more hospitals in 2004, bringing the total to 24 of 35 hospitals in Namibia offering PMTCT services, including all five faith-based hospitals (government and faith-based hospitals follow the same program guidelines). Boeringher-Ingelheim has agreed to donate nevirapine for PMTCT through 2006. The MoHSS strategy is to introduce PMTCT with antiretroviral treatment (ART) services into all hospitals by 2005, as well as PMTCT-only services for selected high-burden health centers and clinics; however, only seven of the 24 current PMTCT sites will start ART in 2005. The USG will assist in meeting the challenge that remains to consolidate PMTCT services at existing sites and to roll out through the entire clinic network wherever antenatal care (ANC) is provided. The PMTCT infant feeding policy, technical guidelines, training curricula, and health information system (HIS) have been developed, largely with USG support. The need now is to support Namibia to take these into full-scale implementation. Capacity also has been developed to decentralize PMTCT training to the regions and ongoing support will be provided to further accelerate rollout. \n\nThe MoHSS, with support from the USG, UNICEF, French Cooperation, and other partners, has developed a strong technical approach to PMTCT in order to maximize program effectiveness. Uptake of counseling and testing was low but an opt-out approach has been adopted and is beginning to reverse that trend. Utilization of rapid HIV tests and a new cadre of lay counselors in antenatal clinics, supported by the USG, have been approved recently and promise to increase uptake even further. While single-dose nevirapine is the primary MoHSS regimen, women with CD4 counts <300 or WHO Stage III, IV disease also are eligible for ART in the 2nd trimester, which will improve the efficacy of PMTCT and provide appropriate care to the mother.\n\nOnce services have been strengthened, knowledge of when, where and how to access services needs to be increased among the catchment population(s). The USG will support quality assurance activities that enhance patient education and counseling and develop the capacity of intermediary groups, such as PLWA and other lay counselors, to serve as a bridge between health facilities and their constituent communities and to increase awareness, demand and access for services among community members. \n\nThe GRN funds the overall running of their own health facilities, including faith-based facilities, of which PMTCT services are one part. Beginning in 2005, the Global Fund is expected to contribute [redacted] to PMTCT at the service delivery level through 2009.\n

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative:

Mission hospitals provide routine counseling and testing for 2,800 women attending ANC services at 5 district hospitals and accepting to be tested. Clinical staging and CD4 testing will be offered to all pregnant women testing HIV positive (estimated at 800 based on current prevalence rates). HAART will be offered for those eligible according to national guidelines. For pregnant women who are not eligible for treatment, a highly effective short-course regimen will be provided for PMTCT. Moreover, these women will be enrolled in a palliative care program that includes regular follow-up counseling and medical monitoring.

To facilitate early and abrupt weaning after exclusive breastfeeding by HIV positive mothers, support will be for appropriate complementary feeding including training of 20 PMTCT staff in feeding counseling. To monitor the effectiveness of the PMTCT program, virological testing will be made available for early diagnosis of HIV infection of infants after early weaning. To implement these activities successfully, additional staff will be hired and support will be provided for training, laboratory testing, supervision and monitoring.

A local USG supported training NGO (Lifeline Childline) is implementing an integrated counseling program to ensure effective VCT and PMTCT services by supporting the training and supervision of 300 community counselors in PMTCT counseling, including 200 staff and volunteers from FBOs, CAA, ELCAP, ELCIN, using the training manual developed under Track 1.5. This will ensure a pool of trainers/community counselors in VCT and PMTCT using standardized guidelines. Health facility and FBO/NGO staff and trained volunteers will conduct community outreach to increase the demand for, and the utilization of VCT in support of PMTCT+, services by at-risk and HIV+ community members. This will be conducted via 62 community-outreach activities, the mobilization of community mainly through religious and traditional leaders. Referral and follow-up mechanisms will be established between health facilities and the community programs. Community-based counseling and educational programs will also focus on issues of adherence, positive living, nutrition and exclusive-breast-feeding, and the reduction of stigma.

Activity Category	% of Funds
☑ Commodity Procurement	1%
☑ Community Mobilization/Participation	3%
☑ Human Resources	57%
☑ Information, Education and Communication	1%

- ☑ Local Organization Capacity Development 16%
- ☑ Quality Assurance and Supportive Supervision 7%
- ☑ Strategic Information (M&E, IT, Reporting) 5%
- ☑ Training 10%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	250	☐ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	800	☐ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	2,500	☐ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	14	☐ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *Government workers*
- ☑ *Health Care Workers*
- ☑ *HIV+ pregnant women*
- ☑ *Infants*
- ☑ *Pregnant women*
- ☑ *Religious/traditional leaders*
- ☑ *Women of reproductive age*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Development Aid from People to People, Namibia
Planned Funds:

Activity Narrative:

The USG has previously supported DAPP for youth activities, but the introduction of this new community population-based approach represents new USG support in 2005. "Total Control of the Epidemic" (TCE) is an innovative grassroots, one-on-one communication and mobilization strategy for prevention and behavior change that has been implemented in several countries in southern Africa (National Association of State and Territorial AIDS Directors, Botswana, 2004). TCE groups communities into areas of approximately 100,000 people. Each group of communities is designated a TCE Area and is organized along logical geographical, cultural and linguistic modalities. TCE will recruit train and employ 150 local community members as "Field Officers" (FOs) in half of Ohangwena and Oshikoto, and all of Kavango Regions. These areas have been chosen because they are contiguous with neighboring regions where TCE is being introduced with funding from the Global Fund. Thus new USG support to DAPP in 2005 will leverage Emergency Plan funds with those of the Global Fund. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) in the 2001 DHS. Approximately 24% of deliveries occur at home in Namibia, particularly in the areas covered by the TCE project.

TCE utilizes a standardized monitoring system for each Field Officer's activities and population reached. Targeted evaluations in other countries have demonstrated significant differences in KABP between individuals who have gone through the TCE program and those who have not. (NASTAD, Botswana, 2004). The Field Officers will go house to house / person to person to conduct a comprehensive HIV/AIDS prevention and care campaign, reaching each and every family member, opening discussions about HIV/AIDS, including how to prevent mother-to-child transmission. They will also be trained to engage community volunteers to help mobilize local communities to take a lead in the fight against HIV/AIDS and to identify traditional birth attendants in their community in need of PMTCT training. 150 Traditional Leaders will be trained in the first year and 150 Field Libraries will be established. In addition, mass media activities will be conducted through local radio, news and printed media.

The Field Officers will receive comprehensive and professional education in the PMTCT program from trained health personnel to be able to support the PMTCT service provided in the target areas to reach all pregnant women, their partners, and HIV-exposed newborns. The TCE Field Officer is responsible for the 2,000 persons in his/her Field generally and for each person to reach TCE Compliance (taking a stand and behave responsible according to their HIV status). The TCE Field Officer will identify and register all pregnant women in his/her area, inform them about PMTCT, promote HIV testing and will visit them and their partner on a regular basis. Approximately 2,200 pregnant mothers and their spouses will be reached in 2005 and the number will double in 2006, significantly increasing the number of HIV+ pregnant women who use a complete course of ARV prophylaxis.

Activity Category	% of Funds
☑ Community Mobilization/Participation	1%
☑ Human Resources	42%
☑ Information, Education and Communication	3%
☑ Infrastructure	5%
☑ Logistics	20%
☑ Policy and Guidelines	11%
☑ Quality Assurance and Supportive Supervision	11%
☑ Strategic Information (M&E, IT, Reporting)	1%
☑ Training	6%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	☑ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	☑ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	☑ Not Applicable

Target Populations:

- ☑ *HIV+ pregnant women*
- ☑ *Pregnant women*
- ☑ *Sex partners*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area:

State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Oshikoto	ISO Code: NA-OT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV –
Planned Funds:

Activity Narrative:

Antenatal care is provided at all levels of the vast health care network in Namibia. Therefore, in order to reach all pregnant women and their families with PMTCT services, essentially all health care personnel who provide care to pregnant women need to be trained in PMTCT services. MoHSS is rolling out PMTCT services to the regions at a very rapid pace, making the need for training that much more urgent. The National Health Training Center, and its four Regional Health Training Centers, have been tasked by MoHSS to provide all in-service training to health care workers on HIV/AIDS. Meeting the massive training needs of MoHSS in a timely and quality manner through the NHTC network is a major challenge and will continue to require substantial USG support in FY05.

Thus far, ITECH has successfully trained a group of PMTCT trainers in order to decentralize and accelerate the training process. A total of 283 nurses and doctors from MoHSS and faith-based hospitals have been trained thus far. The NHTC training calendar for FY05 includes 12 PMTCT regional workshops to train an additional 240 health care providers on how to implement PMTCT services according to the national guidelines. The regional workshops utilize level I (didactic) and II (skill-building) training techniques. Additional in-service PMTCT outreach activities will utilize level III (preceptorship) techniques. These trainings will ensure that sufficient numbers of trained staff are available to deliver PMTCT services at the new hospital, health center, and clinic sites The USG program will support NHTC's PMTCT monitoring and evaluation plan at district level to ensure that quality PMTCT services are integrated into routine maternal and child health services. PMTCT curriculum review will be ongoing. Support will also be given to incorporate HIV/AIDS into the existing pre-service curriculum through continuing contracts for local tutors.

In response to a request from MoHSS, the USG program will continue to provide a PMTCT Technical Advisor to the national PMTCT program in MoHSS. The technical advisor will support a counterpart to help build capacity for national program management. The PMTCT Technical Advisor will also collaborate with the NHTC to train nurses throughout the country in PMTCT service provision, support NHTC's PMTCT monitoring and evaluation plan, co-facilitate training for nursing staff in PMTCT HIS data collection and analysis, and conduct supervisory visits and technical backstopping to the regions.

Activity Category	% of Funds
☑ Human Resources	8%
☑ Infrastructure	3%
☑ Logistics	22%
☑ Quality Assurance and Supportive Supervision	16%
☑ Strategic Information (M&E, IT, Reporting)	2%

☑ Training 49%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	240	☐ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	☑ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Private health care providers*
- ☑ *Host country national counterparts*
- ☑ *Trainers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

...ode: (MTCT)
...tion of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services

Planned Funds:

Activity Narrative:

The MoHSS provides 85% of antenatal (ANC) and maternity care in Namibia through 30 of the 35 public hospitals and the vast majority of the 35 public health centers and 200+ clinics. PMTCT services were initially rolled out at the hospital level, however, for many women ANC care is provided at the clinic level and deliveries are done at the hospital level. Therefore, expanded support at the clinic level will be provided in 2005 to increase the effectiveness of the PMTCT program. Most ANC clinics have insufficient space to provide adequate and quality counseling. During 2004, the MoHSS gave approval to the introduction and use of rapid HIV test kits by health workers and community counselors in health facilities. This will be a major boost to PMTCT services, but up until now the USG has been the supplier of test kits. Capacity needs to be developed for MoHSS to procure and distribute test kits along with the quality assurance program. Also during FY04, support was given to develop a policy on the introduction of "lay" or community counselors into health facilities to provide pre and post-test counseling for PMTCT and other programs. Working as an aid to doctors and nurses, community counselors will also be a major boost to the ability of health care services to test patients in need for HIV. A manual for reference, reinforcement and referrals has been developed. Ultimately all 35 hospitals and selected high-burden health centers and clinics will need more counselors, but the program is new and needs consolidation before further roll out is feasible.

Under COP2004; 150 community counselors will be provided with an "incentive" by their NGO after being trained in basic counseling skills, VCT and testing, HIV risk reduction, PMTCT, ART, adherence and the health care system (for proper referrals). Through the new DHHS Cooperative Agreement, the MoHSS will fund local NGOs to provide the incentive to counselors using FY04 funds. This will also be supported in FY05. As PMTCT and ART are rolled out, an additional 50 community counselors will need to be trained and contracted in 2005 through the same mechanism. They will be deployed in different settings in the health facility and supervised by health workers in charge of ANC, PMTCT, VCT, ART clinic, TB and/or clinical diseases. A USG-funded VCT Advisor will support the Directorate for Special Programmes and the assistant SHPAs in the regions to manage the programme. Community counselors will work full-time in the health facilities with their time apportioned as follows: 20% PMTCT, 20% abstinence/be faithful, 20% condom use, 20% counseling and testing and 20% treatment adherence. Thus, community counselors will be 60% in prevention, including PMTCT, with an emphasis on counseling PLWHA on abstinence, faithfulness and safe and consistent condom use. The counselors will encourage couple counseling. The other 40% will be spent in care, including rapid HIV testing, and counseling for psychosocial support and ART adherence.

In 2005, funding will be provided to renovate 5 high-burden ANC clinics to provide additional space for counseling and testing and to purchase equipment and furniture. Funding will also be provided for MoHSS to purchase rapid test kits through the Cooperative Agreement. Finally, a computer and projector will be purchased for the national PMTCT program to use in presentations to the regions. By the end of 2005, these activities will enable an estimated 16,000 pregnant women to be tested for HIV and able to receive quality PMTCT services.

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Activity Category	% of Funds
☑ Commodity Procurement	15%
☑ Human Resources	26%
☑ Infrastructure	59%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	50	☑ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	16,000	☑ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	35	☑ Not Applicable

Target Populations:

- ☑ *HIV+ pregnant women*
- ☑ *Pregnant women*
- ☑ *Sex partners*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic
Planned Funds:

Activity Narrative:

Expanding the use of the HCP Interpersonal Communication (IPC) Curriculum:
Results from the FY 04 participatory community analyses revealed generally poor relationships between community members and health care workers. Community members perceived health care worker as being unsupportive, the USG program will build communication capacity among health care workers, strengthen these relationships and establish better referral systems between communities and health facilities. In FY 04, ans an initial step to address this problem, the USG program developed an Interpersonal Counseling and Communication (IPC/C) curriculum to train health care workers in counseling and communication skills. 300 hundred health care workers at 5 Mission Hospitals have already been trained. The MoHSS has adapted the curriculum to train health care workers in government PMTCT sites.

In FY 05, the USG will support IPC training in both the existing and new sites but with a broader audience. In collaboration with the Ministry of Health and Social Services, the USG will identify other health care workers who are the entry point for referring clients for VCT or PMTCT (e.g., nurses at TB, Family Planning and Ante-natal clinics to train). The USG expects to train 150 trainers of trainers in IPC/C who will in turn train 100 health care workers each, totaling 15,000 health care workers trained in IPC/C in FY05. The USG will collaborate with local implementing partners who are training community counselors to incorporate the IPC/C curriculum into their training to ensure the quality of counseling is consistent within the health facilities and in the community outreach programs: For FY 04, the first set of 30 community counselors have already been trained, with a goal of training another 30 before the end of 2004 and 120 in FY05. In FY 05, 120 community counselors and 120 nurses will be trained and the IPC curriculum incorporated into community outreach program training curricula

Development of Communication Resources
In FY04, and in collaboration with the MoHSS and USG implementing partners, 22,000 VCT and PMTCT materials were printed and distributed.

In FY 05, the USG program will continue to develop HIV/AIDS, VCT, PMTCT and ART job aids and client materials to ensure that the information and messages that health care workers are giving their clients are accurate and consistent.

These materials will be developed with technical input from the MOHSS, community AIDS organizations, and health care workers. Ten thousand copies of each new tool/job aids/materials will be printed and distributed with additional print runs made on request. In addition to the print materials, , 6 public service announcements are planned for late FY04, which will help to educate the public generally on the types of and need for available services. Another two PSAs in FY05 will provide specific information on where services can be accessed. It will be important to ensure that sites are well equipped to handle an increased patient load, thus close collaboration and integration with service delivery partners will be essential. These resources will be developed with input from relevant partners through a message design workshop described in more detail under the Capacity Building section.
6 distinct tools/job aids/materials will be produced and 1 additional PSA

Activity Category	% of Funds
☑ Information, Education and Communication	60%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	240	☐ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	☑ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Nurses*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Ministry of Health staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *People living with HIV/AIDS*
- ☑ *Volunteers*
- ☑ *General population*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing women's access to income and productive resources
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)
Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

Namibia began PMTCT services in early 2002 at two public hospitals. In late 2002, CDC started new operations in Namibia, beginning with support to MoHSS to expand PMTCT, VCT, and ART services. Due to severe shortages of staff in MoHSS, no full-time coordinator for the new national PMTCT program could be identified. Responsibility for establishing, coordinating, and rolling out of PMTCT services were assigned to a manager in the Reproductive Health Unit, who was already tasked with the national program for maternal mortality and family planning. With ongoing TA to MoHSS to help formulate a national program, an additional five hospitals were added in 2003 and 17 more hospitals were added in 2004. The staffing situation, however, at the national level has not changed and there is no capacity to effectively support the large scale rollout that is needed to reach the remaining 11 hospitals, 35 health centers, and 200+ clinics with quality PMTCT services. USG support to PMTCT also includes training, information systems, infrastructure, and technical assistance to the national program as covered in other sections.

The USG is now well placed to continue to work closely with the MoHSS at the national and regional level to provide technical expertise during the roll-out process of PMTCT and to monitor the implementation at existing service delivery sites. In FY05, CDC will hire at least two PMTCT supervisors for MoHSS to support the rollout process by providing field supervision for facilities in the northern regions and in the southern and central regions. Funding will also be provided to support them with transport and travel costs to visit sites and the regions during alternate weeks. Support will also be provided for selected Namibian staff involved with the PMTCT program to attend relevant informational meetings in the southern Africa region on PMTCT to better learn from best practices in neighboring countries.

The extended coverage is anticipated to provide an additional 16,000 pregnant women with access to quality PMTCT services in 2005, and result in an estimated 2720 women receiving a complete course of ARV prophylaxis.

Activity Category	% of Funds
☑ Human Resources	61%
☑ Quality Assurance and Supportive Supervision	39%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	☑ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,720	☐ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	16,000	☐ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	30	☐ Not Applicable

Target Populations:

- ☑ *HIV+ pregnant women*
- ☑ *Host country national counterparts*
- ☑ *Infants*
- ☑ *National AIDS control program staff*
- ☑ *Pregnant women*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province: ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / Namibia Institute of Pathology
Planned Funds:

Activity Narrative:

The current standard for diagnosis of pediatric HIV infection postpartum is to wait until 18 months of age and perform an ELISA test. To date, this was rarely performed on the estimated 15,400 HIV-exposed newborns each year because the vast majority of women who delivered were unaware of their HIV status. That is quickly changing as PMTCT services along with community counselors, rapid testing, an opt-out strategy, and ART are being rolled out. In the past few months, 92% of new ANC attendees were tested for HIV at three of the largest hospitals in Namibia compared to just 10-20% just over a year ago. As a result, clinical services are becoming congested with follow-up of all HIV-exposed newborns for 18 months. Collecting information on HIV status at 18 months is also difficult because most children are lost to follow-up at that point. Now that PCR technology has been added to the NIP with USG support, it would be cost-effective to carry out diagnostic PCR on children in high-volume centers at 5-6 months of age for purposes of diagnosis but also for purposes of evaluating overall effectiveness of PMTCT services.

In 2005 the USG will continue to support the NIP in the expansion of molecular methods for HIV laboratory testing. To evaluate program effectiveness and to improve the early diagnosis of HIV infection in HIV-exposed newborns, the USG will support the NIP to introduce diagnostic PCR testing for 2,500 HIV-exposed newborns as selected clinical sites.

Activity Category	% of Funds
☑ Commodity Procurement	70%
☑ Strategic Information (M&E, IT, Reporting)	30%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	☑ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	☑ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers*
☑ *Implementing organization project staff*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

Result 1:	Knowledge of A/B information will increase.\n
Result 2:	A/B outreach programs through NGOs, FBOs and schools will be expanded throughout the country.
Result 3:	A/B curricula, developed by NGOs and FBOs in Namibia, will be scaled up and implemented throughout the country.
Result 4:	A/B prevention behaviors among youth improved.
Result 5:	A/B prevention messages in public health and community networks strengthened.

Total Funding for Program Area ($):

Current Program Context:

Programs focusing on prevention, stressing abstinence and being faithful, designed within the context of Namibia's National Strategic Plan. The USG prevention program is based on a strong community network of local government authorities and FBOs and NGOs, supported by national and community media campaigns, with linkages to health facilities. Through this approach to behavior change at the grassroots level, the USG recognizes that behaviors and practices in relation to HIV/AIDS are not framed by individual choices but are influenced strongly by real and perceived access to resources and services, economic factors, gender/violence, requiring a community-driven response. The GRN recognizes these institutions and groups as playing a critical role in prevention, care and support and has significantly involved them through the Global Fund. Critical to the success of prevention are age-appropriate materials and messages to reinforce the range of risk reduction behaviors, from abstinence and faithfulness among youth to ABC practices among high-risk adults.\n\nYouth: The USG youth-focused program in Namibia is based on the A&B model. 11% of pregnant 13-19 year olds are HIV positive. Reaching this population and younger children before they become sexually active with materials and messages for delay of sexual debut is vital for the long-term success of the prevention program.\n\nAbstinence and Be Faithful curricula and outreach programs are being developed and used by FBOs and NGOs. These programs target delay of sexual debut among youth ages 8-13 and promote secondary virginity, being faithful, reducing partners, and condom use for sexually active youth, ages 14 to 24 years. The goal is that young people should delay their sexual debut for as long as possible -- ideally until marriage with a mutually uninfected partner (determined jointly through VCT) -- to be followed by mutual faithfulness. \n\nIn- and out-of-school curricula, e.g., "Windows of Hope" and "My Future is My Choice," are being integrated into life skills education nationally. HIV/AIDS and life skills curricula in primary schools have already been introduced by the MBESC. Schools, churches and community organizations also are being supported to provide peer education for youth, establish AIDS clubs, and provide training for parents, teachers, church leaders, and lay counselors. \n\nWorkplace programs have been funded in Namibia for four years, now reaching a total of 50 private sector companies, parastatals and government ministries. Assistance is provided for HIV/AIDS workplace policies, peer education programs, advocacy programs for being faithful and reducing partners, referrals for counseling and testing, STI treatment and training programs in home-based care. With the assistance of the USG, a comprehensive Peer Education Package has been developed and is widely used by the private sector both within and outside of USG-supported programs. \n"Prevention through positives": Approximately 15,000 HIV-positive pregnant women, 6,000 HIV-positive TB patients, and many thousands more HIV-positive patients pass through the public health care system each year. In the past, the vast majority would not have been tested for HIV but that is rapidly changing as the availability of ART stimulates the demand for testing. Support has just begun to VCT sites to strengthen AB prevention in the community setting, through counseling and testing of partners and family members of HIV-positive patients, risk reduction counseling, and being faithful to a partner of known HIV status.\nThe USG programs will link and coordinate with the efforts of other USG education initiatives working with the MBESC and other development partners, such as UNICEF's support for the development and roll-out of age appropriate school programs for 8-14 year olds and UNFPA's support for out-of-school youth programs coordinated with the Ministry of Higher Education, Training and Employment Creation.

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

The USG comprehensive youth prevention program uses mass and multi media; participatory drama, peer education and youth-focused Christian family life education programs with A&B focused messages.

In FY 05 and continuing the FY 04 program, at the national level, youth are being targeted through a nationally disseminated Youth Paper. Funding from a private sector newspaper and three other development partners has been leveraged to provide prevention messages to youth. The Free Press of Namibia subsidizes to a large extent the cost of the Youth Paper by providing staff salaries, printing and communication costs as well as office space. The Namibian publishes a 12-page weekly youth supplement focusing on a wide range of life issues affecting young people. Health issues, particularly HIV/AIDS, feature prominently. The USG supports the HIV/AIDS related health page and its additional free distribution to over 500 school libraries country wide. A total of 800,000 copies (40 editions of 20,000 copies each) are printed and distributed each year, reaching approximately 100,000 young readers across the country.

In FY 05 and continuing and expanding the FY 04 program, the USG will support a school-based program (Lifeline Childline) presently operating in 8 regions, to increase the knowledge and skills of younger children, grades 3&4 and 7&8 through participatory drama regarding HIV/AIDS, sexual abuse, domestic violence and to improve the access of HIV/AIDS affected vulnerable and/or abused children to specialized counseling and other services. This is achieved by sensitizing children to issues and enabling them to ask for help, teaching them what sexual abuse is, to recognize risk situations for sexual abuse, and by informing them about persons or existing services available for further information or support. Additionally, young children are taught to have a supportive attitude towards other children infected or affected by HIV. Teachers and community members are trained to recognize trauma in children so that children can be referred to professional services, if necessary. A weekly radio call-in program has been introduced on the Katutura Community Radio station in support of the program, and will be expanded to other regions of the country. An estimated 16,000 children and teachers in over 35 schools will be reached through this program.

In FY 04, the USG has identified an international NGO, Development AID from People to People (DAPP), which has been in operation since Namibia's independence in 1990 working in a people to people context in HIV/AIDS, community mobilization and education It is a grass-roots community organization that works through community and traditional leaders to mobilize the community for counseling and testing, and to adopt safer-sex practices while providing linkages to both government and USG-supported services within regions of northern Namibia that are otherwise underserved.

In FY 05, the USG will continue support to the DAPP to implement evidence based A&B plus C as appropriate, Youth Peer Education program targeting in-school youth. The program aims to reach 6,500 15-19 year old youth in 65 schools in the Omusati region over 3 years. This funding period, the Hope Youth Program will train 140 youth, teachers and program volunteers as peer educators through14 trainings/refresher trainings in 25 participating schools, and will reach 3,000 youth with HIV prevention information focusing on A&B.

In FY 05, the USG will continue to support faith-based youth programs using churches or their faith-based affiliates to implement A&B focused programs. The USG Youth Education Program (YEP) implemented by CAA, offers two Life-skills prevention programs throughout Namibia, using abstinence only curriculum; Adventure Unlimited adapted from Zambia targeting 8-13 year olds. Its nine sessions provide behavior-forming exercises, role-plays, and games to help children deal with issues of communication, decision-making, peer pressure, and HIV. For older youth, 14 and up, it utilizes the Stepping Stones curriculum adapted from Uganda, which also focuses on abstinence for younger youth who are not sexually active, and adds faithfulness and partner reduction for those in long term relationships. Stepping Stones spans 14 sessions of 90 minutes each The program

uses trained peer educators/youth facilitators (ages 18 to 25), and adds health-education and referral around VCT, PMTCT, and treatment where appropriate. As part of a holistic approach, the program is being adapted for use in after-school programs and experiential learning camps for orphans and other children made vulnerable by HIV/AIDS, community leaders, and caregivers.

During FY 05, the YEP program expects to train 100 Stepping Stones peer educators and 100 Adventure Unlimited Facilitators. A total of 220 Stepping Stones and 170 Adventure Unlimited courses will be conducted for about 7,900 youth (Stepping Stones: 4500 and Adventure Unlimited: 3,400).

Providing psychosocial support and well-being for OVC are the primary goals of the FBOs Church Alliance for Orphans (CAFO) and Philippi Trust Namibia. They also take advantage of their interactions with OVC to include abstinence and faithfulness-focused prevention messages in their programs. More details on the activities of these organizations can be found under the EHI/IMPACT activity under OVC.

The Rhennish Church will focus its youth prevention and care program on youth aged 10-18, by working through the schools. With the approval of the Regional Director for Education and the involvement of local principals, church staff and volunteers will conduct short outreach programs, from which they will recruit high-risk youngsters to participate in weekend camps for a high-intensity immersion in prevention activities drawn from Stepping Stones, Adventure Unlimited, the Window of Hope, and other curricula presently used in Namibia.

The Apostolic Faith Mission (AFM) works at a congregational and/or village (or neighborhood) level, where they take a holistic approach, offering prevention (via street dramas), but also home-based care, counseling/referrals, and OVC support. The goal of this new project is to recruit and train volunteers in AIDS prevention, counseling, HBC and/or psychosocial support for OVC. As they implement what they have learned the USG will provide them with support for congregation-led initiatives addressing prevention, palliative care and the support of OVC, to establish an AFM AIDS ACTION organizational structure; and to link up with the relevant government, NGO, and FBO structures in the area.

Activity Category	% of Funds
☑ Community Mobilization/Participation	3%
☑ Human Resources	46%
☑ Information, Education and Communication	6%
☑ Infrastructure	8%
☑ Local Organization Capacity Development	13%
☑ Quality Assurance and Supportive Supervision	5%
☑ Strategic Information (M&E, IT, Reporting)	3%
☑ Training	16%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	25,000	☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	100,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	14	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	20,000	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	100	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	800	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Boys*
- ☑ *Business community*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Community-based organizations*
- ☑ *Factory workers*
- ☑ *Faith-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Infants*
- ☑ *Infants*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Teachers*
- ☑ *Women of reproductive age*
  - ☑ *Girls*

Key Legislative Issues:

- ☑ Gender
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: YouthNet / Family Health International

Planned Funds:

Activity Narrative:

Change of Lifestyle Homes Project (COLS):
In FY 05, this program seeks to develop and enhance RH and HIV prevention efforts directed at youth ages 8-16 years. To accomplish this goal, the program will continue to strengthen the capacity of churches and FBOs to reach youth with RH and HIV prevention programs and messages. COLS' well-established infrastructure and access to great numbers of adults and youth make it possible to teach and uphold Christian values and beliefs related to sexuality and sexual behavior for youth. The program will, therefore, continue to reach youth with the Christian family life education (CFLE) curriculum through training of trainers and peer educators, with a special focus on, among other things: 1) adolescent development; 2) communication skills (negotiation and conflict resolution); 3) decision-making skills; and 4) delaying sexual activity, remaining faithful to one tested partner, reclaiming one's virginity, and using contraception, when appropriate, to protect against pregnancy, disease, and other associated risks such as MTCT. With the facilitation of ninety (90) CFLE educators, twenty-two (22) CFLE courses will be conducted in 20 churches reaching a target of one thousand (1,000) youth.

The program will also continue to engage religious leaders, parents, communities, and youth in dialogues related to abstinence, youth RH and HIV prevention needs, and other positive health-seeking behaviors through public, church, and youth forums. One thousand (1,000) religious leaders including parents will be reached through public and church forums, while five hundred (500) youth will be reached through parent and youth weekend activities.

Lutheran World Federation:
For FY 05, this program seeks to reduce the prevalence of HIV among 14-25 year old youth through the 210 Lutheran congregations nationwide using their scripture-based Christian Family Life Education Curriculum. Under this program it will continue in selected congregations, to implement strategies that include: peer education on sexuality, youth RH, and HIV prevention; development of communication skills for youth; sensitization of church leaders, congregational mentors, parents, and peer educators on youth RH and HIV/AIDS; promotion of HIV/AIDS awareness for youth; provision of alternative activities for youth; promotion of positive peer support through youth groups, camps, networking opportunities, and training of congregational mentors and parents in the basic course offered to young people

The program will continue to reach youth with the Lutheran Youth HIV Prevention curriculum that includes information and interactive training sessions on, among other things: physical, emotional, and spiritual identity; personal, family, and community values; decision-making skills; interpersonal communication; conflict resolution; sexual health from theological and biological perspectives; STIs, including HIV/AIDS; and spiritual and practical reasons to delay sexual activity, reclaim one's virginity, and remain faithful to one tested partner. The program will also continue to train and sensitize parents and religious leaders on youth RH and other related issues such as VCT, PMTCT, and ARV in collaboration with relevant partners. With the support of church deans, mentors and peer educators, one thousand (1,000) parents and caregivers will be reached with the curriculum in twenty-five (25) congregations. Twenty five (25) curriculum courses will be carried out to reach fifteen hundred (1,500) youth.

Activity Category	% of Funds
☑ Community Mobilization/Participation	8%

☑ Development of Network/Linkages/Referral Systems	5%
☑ Human Resources	18%
☑ Information, Education and Communication	2%
☑ Infrastructure	8%
☑ Local Organization Capacity Development	23%
☑ Quality Assurance and Supportive Supervision	2%
☑ Strategic Information (M&E, IT, Reporting)	12%
☑ Training	22%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	1,000	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	120	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
- ☑ *Community members*
- ☑ *Religious/traditional leaders*
- ☑ *Youth*

Key Legislative Issues:

- ☑ Gender
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Development Aid from People to People, Namibia

Planned Funds:

Activity Narrative:

The USG has previously support DAPP for youth activities, but the introduction of this new community population-based approach represents new USG support in 2005. "Total Control of the Epidemic" (TCE) is an innovative grassroots, one-on-one communication and mobilization strategy for prevention and behavior change that has been implemented in several countries in southern Africa (National Association of State and Territorial AIDS Directors, Botswana, 2004). TCE groups communities into areas of approximately 100,000 people. Each group of communities is designated a TCE Area and is organized along logical geographical, cultural and linguistic modalities. TCE will recruit train and employ 150 local community members as "Field Officers" (FOs) in half of Ohangwena and Oshikoto, and all of Kavango Regions. These areas have been chosen because they are contiguous with neighboring regions where TCE is being introduced with funding from the Global Fund. Thus new USG support to DAPP in 2005 will leverage Emergency Plan funds with those of the Global Fund. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) in the 2001 DHS.

TCE utilizes a standardized monitoring system for each Field Offier's activities and population reached. Targeted evaluations in other countries have demonstrated significant differences in KABP between individuals who have gone through the TCE program and those who have not. (NASTAD, Botswana, 2004). The Field Officers will go house to house / person to person to conduct a comprehensive HIV/AIDS prevention and care campaign, reaching each and every family member, opening discussions about HIV/AIDS, including how to stop spreading the virus through promotion of abstinence and delay of first sexual encounter, and being faithful to a partner of know HIV status. They will also be trained to engage community volunteers to help mobilize local communities to take a lead in the fight against HIV/AIDS. 150 Traditional Leaders will be trained in the first year and 150 Field Libraries will be established. In addition, mass media activities will be conducted through local radio, news and printed media. In the first year, each Field Officer will provide one-on-one education, counseling about HIV/AIDS, promoting A/B messages and changing social and community norms to reduce high risk behavior to 600 people in his or her field; thereby reaching 90,000 (this will increase to each reaching 2000 people per Field Officer over 3 years).

Activity Category	% of Funds
☑ Community Mobilization/Participation	1%
☑ Human Resources	43%
☑ Information, Education and Communication	3%
☑ Infrastructure	5%
☑ Logistics	20%
☑ Policy and Guidelines	11%
☑ Quality Assurance and Supportive Supervision	11%
☑ Strategic Information (M&E, IT, Reporting)	1%
☑ Training	5%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	15,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	90,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	150	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *People living with HIV/AIDS*
- ☑ *Sex partners*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area:

State Province: Caprivi	ISO Code: NA-CA
State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Oshikoto	ISO Code: NA-OT

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services
Planned Funds:

Activity Narrative:

In FY 04, with support from the USG, the MoHSS developed criteria for the recruitment, training and deployment of community counselors from NGOs to serve in health facilities in order to assist doctors and nurses with provision of VCT, and counseling and testing for PMTCT, ART, TB, and STI services. Under the 2004 COP, 150 community counselors were to be trained in basic counseling skills, VCT and testing, HIV risk reduction, PMTCT, ART, adherence and the health care system (for proper referrals). Under the 2004 COP, the MoHSS will fund NGOs to provide community counselors through the new MOHSS-USG Cooperative Agreement. A manual for reference, reinforcement and referrals has been developed.

In FY 05, an additional 50 such counselors will be recruited and trained for a prevention program. Known as "prevention through positives", individualized risk reduction plans will be developed that include secondary abstinence, being faithful to a partner with known HIV status, or use of condoms based on the outcome of the counseling process. Couple counseling and testing will also be reinforced to identify prevention opportunities through discordant couples (approximately 12% of couples in VCT are discordant). The USG-funded VCT Advisor will support the Directorate for Special Programmes and the assistant Senior Health Programme Administrators (SHPAs) in the regions to manage the programme. Thus, 40% of community counselors' time will promote couple counseling and encourage all their clients, but particularly PLWHA, to reduce their high risk behaviors, be faithful to one partner or promote "secondary abstinence" or consistent use of condoms. It is expected that those community counselors who are openly HIV positive will have an influence in reducing stigma and discrimination.

In FY04, the Health Promoters' Program of the Khomas Region MoHSS did not receive support but will be a new activity with MoHSS in FY05 through provision of direct funding to the region. The Health Promoter's Program has been operating since 1998 in Tobias Hainyeko Constituency of Katutura and reaches approximately 72,037 people, but has not previously received USG support. HIV prevalence in Khomas Region was 27% amongst pregnant women in 2002 and an estimated 20% of PLWHA in Namibia reside in this densely populated and impoverished urban area. The current 96 volunteer Health Promoters (HPs) have received 120 hours of training and work for 12 hours/week in the neighborhood, going from door to door, offering information on a range of basic health education issues. Through direct funding to MoHSS, the USG will expand the training of existing HPs to include HIV/AIDS prevention and related issues including behavior change and lay counseling. The feasibility of rapid HIV testing by Health Promoters in the community will also be explored. The HPs will provide linkages to VCT services in the nearby hospital and New Start Centers, link needy patients with home based care provided by local NGOs, promote and refer women and their partners for PMTCT and ART services at the nearby Katutura Hospital, the largest hospital in Namibia.

For those who are reached by HPs through education or counseling, abstinence will be promoted amongst the youth, and being faithful or use of condoms will be promoted amongst members of the public who are already sexually active, especially high risk mobile populations, those who frequent bars and shebeens, and commercial sex workers. Most Namibians who migrate to the capital city in search of work reside in this area of Windhoek. The cost of the Health Promoters Program will be split 50:50 between Prevention-AB and Prevention-other. USG support will also train and support a further 100 HPS to work in two additional Constituencies, Katutura East and Katutura Central, reaching a further estimated 92,711people. Funding for human resources will be provided for 5 volunteer supervisors who will work full-time to support the HPs; a nurse who will train and supervise the volunteer supervisors and supervise the programme; and [redacted] monthly volunteer allowance of each new HP. (The Windhoek Municipality and the Khomas Regional Council will not be able to contribute to the additional allowances as they have already concluded the budget for the 2005/06 financial year). Infrastructure support to the Khomas Regional health team include the purchase of a small van for transporting HPs for training, supervisory meetings

and refresher courses, and a computer/printer and user training for regional coordination. Thus this expanded program, with increased focus on HIV/AIDS prevention practices and services in the highly populated, informal settlements of Windhoek, will reach an estimated 164,748 people (2001 Census).

Activity Category	% of Funds
☑ Human Resources	94%
☑ Infrastructure	5%
☑ Training	1%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	236,700	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	246	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Community members*
- ☑ *Family planning clients*
- ☑ *HIV+ pregnant women*
- ☑ *People living with HIV/AIDS*
- ☑ *Pregnant women*
- ☑ *Sex partners*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Fresh Ministries

Planned Funds:

Activity Narrative:

In FY 05 and under Track 1 funding, the Anglican Church as represented by Fresh Ministries, Inc., the Church of the Province of Southern Africa (CPSA) and the Episcopal Diocese of Washington (EDOW) along with other partners will implement SIYAFUNDISA (Teaching our Children), a five-year project to reduce the incidence of HIV/AIDS by promoting abstinence and being faithful. The Church will begin the multi-year project by targeting children, youth, families and communities throughout South Africa, Mozambique and Namibia. The goal of the SIYAFUNDISA project is to decrease the incidence of HIV/AIDS through increasing abstinence until marriage, faithfulness, and avoidance of unhealthy behaviors affecting youth.

Long-term program objectives include:
1. Increase abstinence until marriage.
2. Increase "secondary abstinence" among youth and young adults who have previously initiated sexual activity but are not yet married.
3. Increase fidelity in marriage and monogamous partnerships.
4. Decrease harmful behaviors.
5. Increase the number of people who know their Sero-status

The following primary strategies will be used in the SIYAFUNDISA project.
• Implement skills-based HIV prevention education through 1) broad-based implementation of youth health and sexual education programs which promote abstinence until marriage and fidelity after marriage; 2) training clergy, lay leaders and youth leaders to educate communities about HIV prevention, reproductive and sexual health and life and parenting skills; and 3) increasing the number of couples participating in pre-marriage counseling.
• Stimulate broad community discourse on stigma reduction, healthy norms, avoidance of risk behaviors, and the importance of HIV testing through 1) theology developed to reduce the stigma and discrimination associated with HIV/AIDS, minimize the transmission of HIV/AIDS, and promote the care of and positive attitudes toward people living with HIV/AIDS (PLHA); 2) assessment of the Church's involvement in voluntary counseling and testing services and implementing appropriate models and 3) increasing effective linkages with other faith and community-based organizations as well as government agencies and private sector organizations.
• Reinforce the protective influence of parents and other primary caregivers through education, training and support.
• Address sexual coercion and exploitation of vulnerable groups, particularly young women through building awareness of the issue, community education and expansion of the Church's system of care for orphans and vulnerable children.
• Strengthen early prevention interventions based on teaching abstinence until marriage for at-risk youth and through voluntary counseling and testing.

Activity Category	% of Funds
☑ Community Mobilization/Participation	3%
☑ Human Resources	32%
☑ Information, Education and Communication	6%
☑ Infrastructure	16%
☑ Local Organization Capacity Development	10%
☑ Quality Assurance and Supportive Supervision	5%
☑ Strategic Information (M&E, IT, Reporting)	3%
☑ Training	25%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	30,000	☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	30	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	19,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Teachers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibian Social Marketing Association

Planned Funds:

Activity Narrative:

In FY 05, the USG program proposes a media campaign designed to address the importance of abstinence and being faithful and to tackle the problem of cross-generational sex in Namibia. A rapid and intensive implementation of the program described below will increase adherence to A&B, increase the sense of personal risk perception among girls and young women and reduce the social acceptance of cross-generational sex. This, in addition to advocacy for the respect of statutory rape laws in Namibia, will go far to reduce HIV infection rates among girls and young women, and ultimately in the general population. Messages aimed at the alcohol use leading to high risk behavior will be included. This program will involve a mix of highly targeted communications activities including mass media, interpersonal communications, advocacy, and close collaboration with local faith based and community organizations. Specific interventions are outlined briefly below.

a. Interpersonal Communications
A central component of this program will be the development of Inter Personal Communications (IPC) campaigns which aim to increase risk perception on the part of girls and young
women, and reduce peer pressure for early sexual activity and in cross generational relationships. Research conducted to date has revealed that risk perception on the part of girls and young women is exceptionally low with regard to cross generational relationships. Furthermore, there is considerable pressure among girls and young women to engage in these relationships in order to obtain various material benefit whether necessities (food, clothes, rent, etc) or luxury items (cosmetics, cell phones, etc.).
b. Mass Media
The purpose of the mass media campaign will be to: a) help the general public understand the link between early sexual debut and cross generational sex and tragically high infection rates among girls and young women, and b) reduce societal acceptance for this practice. Mass media, as piloted successfully in Kenya, will include: television, radio and print materials which will be disseminated local languages as appropriate.
c. Collaboration with Faith Based organizations
Communications materials addressing early sexual debut and cross generational sex are included in clerical training and liturgical materials. Participating FBOs will assist in mobilizing communities to challenge and reject cultural and religious practices that render girls and young women vulnerable to early sexual debut and cross generational sex, and subsequently, HIV infection.
d. Advocacy
To the extent feasible and appropriate, The USG will collaborate with local community based and local non-governmental organizations both in the media and with representatives of local Government Authorities to enforce statutory rape laws where they exist, and encourage government to put such legislation in place where it does not exist.

There will be great synergy between these program elements: all of the communications activities described above will work together to reduce social and peer support for early sexual debut and cross generational sex, while at the same time alerting girls and young women to the dangers. This is a new evidence-based activity.

Activity Category	% of Funds
☑ Human Resources	2%
☑ Information, Education and Communication	89%
☑ Infrastructure	2%
☑ Needs Assessment	3%
☑ Quality Assurance and Supportive Supervision	4%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	58,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	90,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Community members*
- ☑ *Students*
  - ☑ *Secondary school*
- ☑ *Youth*
  - ☑ *Girls*

Key Legislative Issues:

- ☑ Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

Result 1:	Quality assurance at the NAMBTS will be strengthened.\n
Result 2:	A national blood safety policy will be established.
Result 3:	The Blood Transfusion Service of Namibia (NAMBTS) infrastructure will be improved.

Total Funding for Program Area ($):

Current Program Context:
The Blood Transfusion Service of Namibia (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 as 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 had been no USG support to the NAMBTS prior to The Emergency Plan. \n\nA recent USG-funded assessment by WHO found a number of strengths within the NBTS but also the following needs and challenges:\n• A national blood policy is needed since 1962 regulations from South Africa for the control of blood services are still in force\n• An expert technical advisory group is needed\n• Current staffing levels are grossly inadequate\n• A number of training needs were identified: quality and quality systems, donor recruitment, blood component production, clinical use of blood, etc\n• In addition to the new BTS being created in Swakopmund, an additional center is needed in Oshakati\n\nIn addition to the USG, the GRN provides all other financial and technical support to the NBTS. There is no support to the NBTS through the Global Fund. \n\n

Program Area: Medical Transmission/Blood Safety
Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Blood Transfusion Service of Namibia

Planned Funds:

Activity Narrative:

There is only one existing blood transfusion center in the country which is operated by the Blood Transfusion Service of Namibia (NAMBTS) in Windhoek. One center in a country as vast as Namibia has proven to be inadequate to meet the safe blood supply needs of the country. NAMBTS has the capacity to supply 18,000 units of blood each year, however, the estimated need is 22,000 units, a shortfall of at least 18%. As a result, the ceiling of 18,000 units results in an annual drastic shortage of safe blood during the malaria and holiday season. The largest population lives in the north of the country, however, higher prevalence of HIV, Hepatitis B, and malaria combine to make the donor pool less safe in this area. As a result, the NAMBTS is receiving USG support to establish a new center in Swakopmund on the west coast to address the current gap in units. In addition, the USG will support NAMBTS to construct or purchase a larger, permanent center in Windhoek that will be owned by NAMBTS instead of leased. USG support will also be continued in 2005 for additional contracted personnel, to purchase needed equipment and supplies, and to provide training in blood donor recruitment and selection as well as management of a safe blood supply.

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	10%
☑ Human Resources	13%
☑ Infrastructure	77%

Targets:

		☐ Not Applicable
Number of individuals trained in blood safety	8	☐ Not Applicable
Number of service outlets/programs carrying out blood safety activities	2	☐ Not Applicable

Target Populations:

☑ *Medical/health service providers*
☑ *General population*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Medical Transmission/Blood Safety
Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Health Organization

Planned Funds:

Activity Narrative: The World Health Organization received Track 1 funding in FY04 to provide technical assistance to the Blood Transfusion Service of Namibia (NAMBTS). A recently concluded assessment and situation analysis identified several technical assistance needs in terms of policy, guidelines, and associated training as described in the country context and which will be support in FY05.

Activity Category	% of Funds
☑ Policy and Guidelines	100%

Targets:

		☐ Not Applicable
Number of individuals trained in blood safety	10	☐ Not Applicable
Number of service outlets/programs carrying out blood safety activities	0	☑ Not Applicable

Target Populations:

☑ *Medical/health service providers*
☑ *General population*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

Result 1:	Reduce needle-stick injury and improve use of post-exposure prophylaxis among health workers\n
Result 2:	Improve sharps waste disposal practices
Result 3:	Reduce demand for unnecessary medical injections through behavior change communications (BCC)
Result 4:	Improved policies for promoting safe injections.

Total Funding for Program Area

Current Program Context:

The MoHSS's Occupational Health Unit and Immunization Program are responsible for ensuring safe medical injections in government facilities. Most injections are administered by nurses, who fall within the responsibility of Nursing Services within MoHSS. The USG supports Medical transmission/injections safety policies, training, waste-management systems, advocacy and other activities to promote (medical) injection safety, including the distribution/supply chain, costs and appropriate disposal of injection equipment, and other related equipment and supplies.\n\nThe USG, working through its Track 1 mechanism with University Research Associates and in partnership with the MoHSS, has established the National Injection Safety Group (NISG), which meets on a monthly basis. It also has conducted a rapid assessment on safe injection practices in partnership with WHO and UNICEF in a representational sample of 31 urban and rural health facilities across all regions. The preliminary findings of the rapid assessmentwere disseminated at a national workshop and adopted by the NISG. Key findings were 1) overuse of antibiotics 2) lack of knowledge about post-exposure prophylaxis (PEP), and 3) lack of access to PEP. Policies and guidelines have been finalized but need to be made operational. There also is a need for policies and standard procedures in waste management, including color coding and sharp waste containers. The USG is currently supporting the procurement of sharps containers.\n

Program Area: Medical Transmission/Injection Safety
Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University Research Corporation, LLC

Planned Funds:

Activity Narrative:

USG will work with MoHSS and other stakeholders to continue improving policies that promote rational use of injections in the healthcare system. This will include revision of infection control policies to cover safe injection practices to prevent spread of HIV, Hep B and C. Also, we will work to improve the policies that promote safe injection use and safe sharps disposal practices among the private sector. USG is using the collaborative methodology for rapidly scaling up safe injection best practices. The key interventions include: behavior change communications to alter provider practices and to reduce patient demand for injectable medicines; job-aids and skills development interventions to increase compliance with national safe injection guidelines; use of supervision and mentoring to promote rational injection use, including substitution of injectable medicine with oral medicines, etc.

USG will provide training to public and private healthcare workers in safe injection practices, including disposal of sharps. The USG will put emphasis on integrating safe injection practices into specific treatment guidelines to ensure program sustainability. USG will target both consumers and health care providers to change demand for medical injections. Mass media will be used to educate consumers about injection safety issues. In addition, the program will utilize posters, job aids, and a host of hierarchy of control mechanisms to promote behavior change among providers to ensure their compliance with safe injection and safe sharps disposal practices. Some of these activities include information posters and charts about treatment: routes and after effects, identification of "star" HCWs for travel tours to influence better practices and attitudes, and development of TV/Radio shows, PSAs, videos, and cassettes about injection safety. USG will work with the IEC unit, JHU/CCP, and others identified to ensure complementarily in current HIV/AIDS and other messages promoted, and tap into local production resources and channels already used by these groups.

USG will develop simple quality assurance systems to promote safe injection and safe sharps disposal practices at the facility level. Health facility staff will be trained to track key indictors to track their performance on various indicators. USG will procure limited amounts of injection equipment and safe disposal bins for the country. Working with other and USG partners health facilities and regional authorities will be assisted in improving rational use of medical injections as well as in improving the commodity procurement and logistics management functions for injectable drugs. USG will work with local communities and their formal and informal leaders to increase their support for safe injection practices. The program will support community-based meetings to increase awareness about safe injection practices and how it can reduce the risk of transmission of various blood-borne pathogens. Regional activities will support involvement of NGOs and CBOs, and will work with the IEC unit to link community awareness days to other SI project activities, as well as implement a National Injection Safety Day/Week.

Activity Category	% of Funds
☑ Information, Education and Communication	15%
☑ Local Organization Capacity Development	10%
☑ Logistics	10%
☑ Policy and Guidelines	10%
☑ Quality Assurance and Supportive Supervision	30%
☑ Training	25%

Targets:

		☐ Not Applicable
Number of individuals trained in injection safety	780	☐ Not Applicable

Target Populations:

- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Family planning clients*
- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Traditional healers*
  - ☑ *Private health care providers*
- ☑ *High-risk population*
  - ☑ *Injecting drug users*
- ☑ *HIV/AIDS-affected families*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *Media*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Program managers*
- ☑ *Trainers*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

Result 1:	HIV infection risk in vulnerable populations reduced\n
Result 2:	Increased access to HIV/AIDS prevention services for high risk populations
Result 3:	Awareness and knowledge about HIV/AIDS preventive practices increased.
Result 4:	HIV prevention services for high-risk populations will be increased particularly along the borders, in urban high transmission areas and with the uniformed services.
Result 5:	Condom needs will be assessed and procured and made accessible for high risk populations.

Percent of Total Funding Planned for Condom Procurements: 1.5%

Total Funding for Program Area ($):

Current Program Context:

The USG supports the only organization working with the Namibian Defense Force (NDF) and the Ministry of Defense (MOD) on their HIV/AIDS programs, the Social Marketing Association (SMA). The program has reached 23 bases and bush camps and over 7,000 soldiers have participated in MAPP team edutainment events and peer education activities. A VCT/drop-in center was established in Rundu, funded by the European Union, for which the USG is now a partner. In Namibia's Third Medium-Term Plan (MTP III) on HIV/AIDS, this program with the MOD is listed as the first objective in the defense sector's plan, namely: to "prevent HIV and sexually transmitted infections among service members according to the Military Action and Prevention Program (MAPP) through proper female and male condom use and intensive Information, Education and Communication provision."\n\nThe USG has partnered with the Ministry of Defense in Namibia on the MAPP since 2001. Activities include 6-8 hour edutainment events with soldiers on bases countrywide, training of MOD personnel in home based care, peer education and gender sensitivity, policy discussions with higher echelons of the MOD, and provision of materials for information, education, and communication (IEC). In addition, a VCT center is being opened at the main military hospital. \n\nThe USG, through SMA, also supports a regional HIV prevention program targeting border officials, truckers, sex workers and mobile populations in border areas of southern Africa under the banner "Corridors of Hope (COH)." SMA uses interpersonal communication (IPC) and IEC strategies on the borders in the Caprivi region, in northern Namibia at the main border post with Angola (Oshikango), and in Walvis Bay, with port and trucking communities to disseminate effective HIV prevention messages. These activities meet the Ministry of Health's subcomponent on targeting vulnerable populations within the MTP III section on Prevention, where sex workers and mobile workers are specifically listed, and also addresses the objective on expanding condom provision to vulnerable groups (MTP III 2.4.3).\n

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY *FUNDING MECHANISM*

Mechanism/Prime Partner: - / US Peace Corps

Planned Funds:

Activity Narrative: Activities and Linkages

1. Peace Corps Volunteers (PCVs) for Community Mobilization Activities (CMA) .The USG will continue to field PCVs assigned to the Community Mobilization Activities (CMA) program to work with Community Action forums (CAFs), FBOs and NGOs to identify and plan regarding local impact, needs and priorities for services and actions in AB&C prevention for sexually active youth and high risk populations in the communities. The volunteers will work directly with CAF members to facilitate information exchange within the community, provide technical assistance for the design and planning of AB&C prevention activities, and to train community facilitators to implement the CMA model. The PCVs will also help support the implementation of activities to enable CAFs and other local organizations to be proactive in motivating sexually active youth and young adults to reduce risky behaviors and know their status. Thirteen (13) Volunteers will have two-year assignments in FY 2005-07; six more PCVs will be recruited for service in 2006-08.

2. Crisis Core Volunteer (CCV) for the Otjiwarongo Multipurpose Center (MPC). A CCV will provide technical assistance at the MPC for a 12-month period in the underserved high prevalence central region of Otjozondjupa. The CCV skilled in program management and community mobilization will be responsible for working with a counterpart to promote HIV/AIDS awareness; AB&C and behavior change among older youth and assist in coordination of the community OVC program. The Volunteer will help develop and implement activities that concentrate on life skills and responsible decision-making. The CCV's activities will also include the design and facilitation of HIV/AIDS education workshops for the community volunteers at the Center, the development and implementation of strategies and activities to build capacity of local HIV/AIDS trainers and peer educators, and coordinating with local and regional government officials, private sector, and Regional AIDS Coordinating Committees (RACOCs).

3. CCVs for Regional AIDS Committee in Education (RACE). Previously, PCVs have assisted in institutionalizing the coordination and monitoring function of the new RACE committees of the MBESC. The RACE Committees provide local schools and communities with training and forums to deliver accurate information and support for HIV/AIDS prevention. With the number of educational regions recently expanded into thirteen to match the political regions, the need for additional RACE support is evident. Crisis Corps volunteers have been identified as appropriate, timely, and effective input to assist in building capacity of the committees and establishing mechanisms to facilitate good communication, community mobilization, evaluation and systemic programming. Five CCVs who arrived in September 2004 for a 6 month term will support the new regions that have been created as a result of the decentralization and restructuring efforts of the MBESC. Four (4) PCVs who are currently serving the RACE program will complete their service in May 2005. Six (6) additional CCVs will be recruited for six month terms to cover additional regions in preparation for the two-year PCVs to follow-on.

4. Organizational Development Volunteers – 3rd year transfers (2) These Volunteers will be recruited from among currently serving second year SED (Small Enterprise Development) volunteers at existing Peace Corps programs outside of the country for a third year of service in Namibia. These Volunteers will have demonstrated expertise and success in building the organizational and financial capacities of FBO/NGOs and will work in the HIV/AIDS sector with grass-roots organizations and partners who are preparing to "graduate" to direct USG funding to provide HIV/AIDS services under the Emergency Plan. The volunteers will contribute to the programmatic and/or organizational strengthening of an organization.

5. Language materials development. The first language of most Namibians is either a Bantu language, including Ovambo, Kavango, Herero and Caprivian languages or a Khoisan language, including Khoikhoi (Damara/Nama) and San dialects. Program implementation in local communities is challenged by the fact

that few resources have been developed to address HIV/AIDS technical and social/cultural issues in local languages. Resource materials are scarce or non-existent PCVs and their counterparts to specifically address AB&C prevention in the local languages. PCVs are a unique resource because of their training in local languages and the vernacular. PCVs in partnership with the CMA program partners and the Namibia Broadcasting Corporation (NBC) will support the development, production and dissemination of reference materials to enhance the effectiveness of PCVs and local implementing partners in their communities for AB&C prevention. In addition, these materials will strengthen the cultural competency and effectiveness of USG staff and volunteers working with local communities.

6. HIV/AIDS Technical Training of Volunteers. The delivery of technically accurate information/training on AB&C specifically and USG partner/program activities in general for PCVs can be done most effectively through twice-annual trainings. These trainings will also provide a forum to share experiences and best practices among PCVs for specific activities and provide feedback to the USG team on the realities of Emergency Plan implementation in communities. This two-way exchange of information between the PCVs and the USG team will support better monitoring of the impact and appropriateness of programming at the local level.

7. Volunteer Activities Support & Training Program (VAST Program) – HIV/AIDS community projects. [redacted] will be dedicated to support Peace Corps Volunteers' activities related to AB&C prevention and capacity building at the community level. These funds will be made available to PCVs, who apply in conjunction with communities and counterparts, to support community-designed initiatives on AB&C activities for in-school and out-of-school youth, OVC and young adults at risk and capacity building.

Activity Category	% of Funds
☑ Community Mobilization/Participation	45%
☑ Information, Education and Communication	25%
☑ Local Organization Capacity Development	30%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	14	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	585	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *Orphans and other vulnerable children*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Teachers*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Erongo	ISO Code: NA-ER
State Province: Hardap	ISO Code: NA-HA
State Province: Karas	ISO Code: NA-KA
State Province: Kunene	ISO Code: NA-KU
State Province: Okavango	ISO Code: NA-OK
State Province: Omaheke	ISO Code: NA-OH
State Province: Omusati	ISO Code: NA-OS
State Province: Oshana	ISO Code: NA-ON
State Province: Oshikoto	ISO Code: NA-OT

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Development Aid from People to People, Namibia

Planned Funds:

Activity Narrative:

The USG has previously support DAPP for youth activities, but the introduction of this new community population-based approach represents new USG support in 2005. "Total Control of the Epidemic" (TCE) is an innovative grassroots, one-on-one communication and mobilization strategy for prevention and behavior change that has been implemented in several countries in southern Africa (National Association of State and Territorial AIDS Directors, Botswana, 2004). TCE groups communities into areas of approximately 100,000 people. Each group of communities is designated a TCE Area and is organized along logical geographical, cultural and linguistic modalities. TCE will recruit train and employ 150 local community members as "Field Officers" (FOs) in half of Ohangwena and Oshikoto, and all of Kavango Regions. These areas have been chosen because they are contiguous with neighboring regions where TCE is being introduced with funding from the Global Fund. Thus new USG support to DAPP in 2005 will leverage Emergency Plan funds with those of the Global Fund. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) in the 2001 DHS.

TCE utilizes a standardized monitoring system for each Field Officer's activities and population reached. Targeted evaluations in other countries have demonstrated significant differences in KABP between individuals who have gone through the TCE program and those who have not. (NASTAD, Botswana, 2004). The Field Officers will go house to house / person to person to conduct a comprehensive HIV/AIDS prevention and care campaign, reaching each and every family member, opening discussions about HIV/AIDS. They will also be trained to engage community volunteers to help mobilize local communities to take a lead in the fight against HIV/AIDS. 150 Traditional Leaders will be trained in the first year and 150 Field Libraries will be established. In addition, mass media activities will be conducted through local radio, news and printed media. In the first year, each Field Officer will provide one-on-one education, counseling about HIV/AIDS, promoting A/B messages and changing social and community norms to reduce high risk behavior to 600 people in his or her field, thereby reaching 90,000 people.

The 150 Field Officers will be trained on STIs/HIV and better prevention strategies together with the local health professional. The FOs will focus on informing individuals about how one is infected and how to change behavior. They will provide oral information, distribute pamphlets with explanations and photos/drawings of symptoms of STIs, treatment and sights for treatment, how to avoid getting infected and in the correct and consistent use of condoms, including condom demonstration and distribution. FOs move about the community with condoms to distribute and are ideally suited for knowing and reaching high-risk groups in their community, e.g., those at bars and shebeens, CSWs, and mobile populations. When needed the Field Officers will also be able to give counseling to persons, who have the symptoms of HIV/STIs as well as refer them to the relevant clinic or/and hospital in the area for early treatment. The FOs will establish condoms distribution points in the fields so that the sexually active population has access to condoms, when they need them. TCE plans to obtain condoms from the regional mechanisms through MoHSS so condoms are not included in the budget above. They will conduct quarterly campaigns and events in the communities to sensitize the population on the dangers of STIs and the importance of early treatment and getting tested for HIV. By the end of the first year, 90,000 sexually active persons in the target areas will have been reached with proper education on the prevention of HIV, referral and HIV testing for STIs, and the consistent and proper use of condoms and where to access condoms in the community. Quarterly information campaigns will reach out to 6,000 people in the first year.

Activity Category	% of Funds
☑ Commodity Procurement	3%
☑ Human Resources	43%
☑ Information, Education and Communication	4%
☑ Infrastructure	5%
☑ Logistics	20%
☑ Policy and Guidelines	11%
☑ Quality Assurance and Supportive Supervision	7%
☑ Strategic Information (M&E, IT, Reporting)	2%
☑ Training	5%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	90,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	150	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
  - ☑ *Commercial sex workers*
- ☑ *Community members*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *Mobile populations*
- ☑ *Orphans and other vulnerable children*
- ☑ *Pregnant women*
- ☑ *Youth*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area:

State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Oshikoto	ISO Code: NA-OT

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: _ / Namibia Ministry of Health and Social Services

Planned Funds:

...ity Narrative:

This first activity represents an expansion of 2004 support. With support from CDC, the MoHSS developed criteria in 2004 for the recruitment, training and deployment of community counselors from NGOs to serve in health facilities in order to assist doctors and nurses with provision of VCT, and counseling and testing for PMTCT, ART, TB, and STI services. Under COP2004, this new cadre of 150 community counselors is being trained in basic counseling skills, VCT and testing, HIV risk reduction, PMTCT, ART, adherence and referrals involving the health care system and available support in the community. Under COP2004, the MoHSS will fund NGOs to provide incentives and support to community counselors through the new MOHSS-CDC Cooperative Agreement. A manual for reference, reinforcement and referrals has been developed. Ultimately all 35 hospitals and selected high-burden health centers and clinics will need more counselors, but the program is new and needs consolidation before further expansion is feasible.

As PMTCT and ART are being rapidly rolled out, an additional 50 community counselors will need to be trained and contracted in 2005 by the MoHSS through local NGOs. They will be deployed in different settings and will be supervised by health workers in charge of ANC, VCT, ART clinic, TB and/or clinical diseases. It is anticipated that these counselors will work full-time in the health facilities and as a group at each facility, they will apportion their time as follows: 20% correct and consistent condom use, 20% PMTCT, 20% Be faithful, 20% counseling and testing, and 20% treatment adherence. Compared to those working in the community, community counselors will encounter a large number of HIV-positive clients in health facilities, e.g., persons seeking ART, those with HIV-related episodic illnesses, and TB. Correct and consistent condom use will be promoted and condoms will be distributed by community counselors during risk reduction counseling for HIV-positive clients and their partner(s). The USG-funded VCT Advisor will support the Directorate for Special Programs and the assistant Senior Health Program Administrators in the regions to manage the program. Thus, 60% of community counselors' time will promote prevention and behavior change, including correct and consistent condom use. It is expected that those community counselors who are openly HIV positive will have an influence in reducing stigma and discrimination, and those who have experienced PMTCT or are on ART can serve as "treatment buddies". Community counselors will be able to offer an array of linkages to their clients for further prevention and care services in the health system and for support services available in their community.

The second area of support for FY05 is new. Health Promoters' Program of the Khomas Region MoHSS has been operating since 1998 in Tobias Hainyeko Constituency of Katutura and reaches approximately 72,037 people, but has not previously received USG support. HIV prevalence in Khomas Region was 27% amongst pregnant women in 2002 and an estimated 20% of PLWHA in Namibia reside in this densely populated and impoverished urban area. The current 96 volunteer Health Promoters (HPs) have received 120 hours of training and work for 12 hours/week in the neighborhood, going from door to door, offering information on a range of basic health education issues. Through direct funding to MoHSS, the USG will expand the training of existing HPs to include HIV/AIDS prevention and related issues including behavior change and lay counseling. The feasibility of rapid HIV testing by Health Promoters in the community will also be explored. The HPs will provide linkages to VCT services in the nearby hospital and New Start Centers, link needy patients with homebased care provided by local NGOs, promote and refer women and their partners for PMTCT and ART services at the nearby Katutura Hospital, the largest hospital in Namibia.

For those who are reached by HPs through education or counseling, abstinence will be promoted amongst the youth, and being faithful or use of condoms will be promoted amongst members of the public who are already sexually active, especially high risk populations, including those who frequent bars and shabeens, migrants, and commercial sex workers. HPs also distribute condoms along with education and condom demonstration. Most Namibians who migrate to the capital city in search of work reside in this area of Windhoek. The cost of the Health Promoters Program will be split 50:50 between Prevention-AB and Basic HIV/AIDS

care. USG support will also train and support a further 100 HPS to work in two additional Constituencies, Katutura East and Katutura Central, reaching a further estimated 92,711people. Funding for human resources will be provided for 5 volunteer supervisors who will work full-time to support the HPs; a nurse who will train and supervise the volunteer supervisors and supervise the programme; and [redacted] monthly volunteer allowance of each new HP. (The Windhoek Municipality and the Khomas Regional Council will not be able to contribute to the additional allowances as they have already concluded the budget for the 2005/06 financial year). Infrastructural support to the Khomas Regional health team include the purchase of a small van for transporting HPs for training, supervisory meetings and refresher courses, and a computer/printer and user training for regional coordination. Thus this expanded programme, with increased focus on HIV/AIDS prevention practices and services in the highly populated, informal settlements of Windhoek, will reach an estimated 164,748 people (2001 Census).

Activity Category	% of Funds
☑ Human Resources	94%
☑ Infrastructure	5%
☑ Training	1%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	250,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Family planning clients*
- ☑ *HIV+ pregnant women*
- ☑ *People living with HIV/AIDS*
- ☑ *Pregnant women*
- ☑ *Sex partners*
- ☑ *Women of reproductive age*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: - Health Communication Partnership / Johns Hopkins University Center for Communic
Planned Funds:

Activity Narrative:

During FY04, the USG focus was on establishing the CAFs in catchment communities around MoHSS designated treatment sites and assisting them with the development of their action plans.

In FY05, the next step in the community mobilization process will be to provide the CAFs with the following types of tools for them to implement to achieve the objectives described in the Counseling and Testing section. In FY05, it will train 4,050 community members in the life skills programs mentioned below and through these reach a total of 30,000 Namibians (indirect support). Five thousand Life skills Tool Kits will be produced and distributed to CAFs, implementing partners and other local organizations.

The USG program will support the development of a Participatory Life skills Package that will include a variety of resources for communities to use to respond to issues related to HIV/AIDS. It will support the CAFs and other relevant community groups to use elements of this Life skills Package to address risk issues such as alcohol abuse, gender violence, and prevention to achieve desired impact. Each element of the package will be tailored to the Namibian context. Three approaches, to be tested and adapted in the catchment areas with CAFs will be used:

Sports for Life (SFL) a partnership of athletes, sports associations, youth organizations, health facilities and public and private organizations that will use youth educators and mentors to promote messages that lead to and maintain positive health behaviors. SFL uses experiential learning to positively affect the behaviors of youth. Through its participatory approach of games and activities, SFL trains coaches and peer educators to work in their communities with local youth to spread awareness and understanding of HIV/AIDS, risk behaviors and reproductive health issues. SFL has been developed and tested in Nigeria, Zambia, America and Ethiopia. The Namibian Sports Commission and the Ministry of Basic Education, Sports and Culture (MBESC) have already expressed interest in incorporating this program into the community sports structures. Well-tested curriculum and support materials will be adapted to the Namibia context. The aim of this program will be to develop young people's self esteem, their life skills and ultimately encourage them to live a lifestyle free of alcohol and drug abuse and infection from HIV. CAFs will facilitate the introduction of this initiative with local partners and the regional Sports Commissions.

Community Drama - HCP will support communities in promoting increased involvement of men in HIV/AIDS education and prevention (faithfulness and reduction of partners), and reducing risk behaviors (alcohol abuse and gender violence) through community drama. The link between men's participation in care and support programs and increased prevention behaviors has been well observed in countries such as Uganda, Zambia and South Africa. There is an urgent need in Namibia to focus on men as an audience for AIDS education and to encourage them to become more responsible and actively involved in a caring social movement. The South African based NGO DramAide has implemented a project, "Mobilizing Young Men to Care", which relies on interactive drama for sensitizing young men on more positive sexual roles and responsibilities, HIV/AIDS and gender issues. This program will be replicated in communities throughout Namibia, with men of all ages, in close collaboration with the local CAFs. The DramAide tool and process will increase HIV/AIDS knowledge and help bring the reality of personal HIV risk closer to men. The tool will also help men develop relationship and HIV prevention life-skills, support men to work against gender discrimination and violence, and help create a norm where it is both acceptable and desirable for men to be seen to and be involved in care.
The Participatory Life skills Package will be expanded to include other approaches such as the Care and Compassion Curriculum and Journey of Hope, each adapted to the local Namibian context. The end result will be a resource package that can be used by implementing partners working with or through community groups. Local partners will be identified to adapt materials or use in the local context.

Addressing high risk behaviors
All the communities that have undertaken community participatory assessments so far have identified alcohol abuse as one of the most significant factors influencing high-risk sexual behavior and gender violence. In collaboration with organizations such as FHI, Catholic AIDS Action, Lutheran Aids Action group and church groups, HCP will assess existing support services for alcohol abuse and gender violence with a view towards improving and/or scaling up these services. Should existing programs be lacking, implementing partners will explore other options for responding to this critical issue. Alcohol abuse and gender violence will be crosscutting themes that are also incorporated into other activities.

Activity Category	% of Funds
☑ Information, Education and Communication	40%
☑ Local Organization Capacity Development	30%
☑ Training	30%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	315	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Community leader*
- ☑ *Community-based organizations*
- ☑ *HIV/AIDS-affected families*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *General population*
- ☑ *Peace Corps volunteers*
- ☑ *CAF members*
- ☑ *Partner organization*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Corridors of Hope / Namibian Social Marketing Association

Planned Funds:

Activity Narrative:

USG support under this activity:
- Expand program with the Ministry of Home Affairs (MHF) (border officials and police) to Kavango region
- Launch a targeted AIDS prevention program for police, modeled on military program
- Continue ongoing communications and education about HIV for higher risk groups and communities at border sites and along transport corridors

Community Mobilization/Participation
The program will achieve goals through community mobilization in high transit areas.
All sectors of law enforcement will be mobilized to curb the spread of HIV and diminish stigma and discrimination within the police force. An advisory committee within the police will guide the police initiative and mobilize high ranking officials to action.

Training
The USG program will continue HIV orientation workshops with commercial sex workers (CSWs) and vulnerable girls and women in high transit areas.
A rapid and aggressive focus on all sectors of the MHF (immigration, customs, special field force and police) is planned. This initiative will include orientation and peer educator trainings of high ranking officers and troops. A police officer will be attached to the program office as liaison between Ministry and USG to build capacity in HIV prevention program management.

Human Resources
Namibian staff will be hired to accommodate the expansion to the Kavango region for the program as well as intensification in existing areas of operation. A communications expert will be hired to strengthen communications across the board. A Namibian Police liaison will work fulltime with the SMA police education team.

Commodity Procurement
Condoms will be procured as part of "C" prevention education activities for high risk groups. It is anticipated that the "soldier's" brand condom developed under the Military Action and Prevention Programme (MAPP) will be used with the police, further strengthening this brand's pilot initiative.

Quality Assurance
Dedicated staff will monitor project progress through ongoing site visits.
Additional financial, technical and administrative support will be provided to ensure quality standards are maintained and USG goals are reached.

Linkages with Other Sectors and Initiatives
This program will link with the MAPP program in targeting uniformed services. The police initiative will closely mirror the MAPP model as requested by the Ministry of Home Affairs, and where possible linkages in approach to HIV prevention among uniformed services will be fostered between the two ministries. The "soldier's" brand condom will be pursued for both programs.

Information, Education and Communication
Targeted IEC materials will be developed and adapted from MAPP for the police. Materials focusing on female reproductive health, prevention and partner reduction will be developed for CSW's and other vulnerable girls and women in high transit areas.
the program will link with the campaign proposed under AB Prevention – designed to discourage and reduce cross-generational sex will be adapted from a successful Kenya model to tackle the rampant problem in Namibia of "sugar daddies" and early HIV infection amongst young girls. The dangers of cross generational sex will be highlighted with messages to abstain from or delay sex focused on young girls.

Infrastructure

This activity covers funding for procurement of furniture and equipment used in program activities support staff functions– finance, HR, procurement and operations – and a related proportion of organizational costs. It will also provide short-term TA.

Development of Referral Systems
The health educators and police mobile education teams will work closely with the New Start VCT centers, the PMTCT/ART initiatives under the USG program and with the MoHSS to ensure that referrals to these services are incorporated into community mobilization. These health educators will also liaise with the other USG partners to disseminate information and materials, which support referral to services.

Needs Assessment
A first of its kind KAP study will be conducted with the Namibian police in order to inform program development.

Activity Category	% of Funds
☑ Commodity Procurement	8%
☑ Human Resources	28%
☑ Information, Education and Communication	9%
☑ Infrastructure	30%
☑ Needs Assessment	5%
☑ Quality Assurance and Supportive Supervision	12%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	3%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	58,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	30	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Clients of sex workers*
- ☑ *Commercial sex workers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Police*
- ☑ *Mobile populations*
- ☑ *Truckers*
- ☑ *Students*
- ☑ *Seafarers/port and dockworkers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Military Action and Prevention Program (MAPP) / Namibian Social Marketing Associ

Planned Funds:

Activity Narrative:

Community mobilization/participation
The NDF community consists of thousands of soldiers on active duty in Namibia, their families and the high level of management and administrative staffing of both the civilian and military wings of the MOD. Mobilization of these communities will be aggressive including edutainment, trainings, intense IEC distribution and the "soldiers' condom." The NDF will continue to support two military community counseling and testing/drop-in centers in the Kavango and Otjozondjupa regions of the country, which attracts soldiers through offering entertainment and education. Counseling and support sessions are conducted there and special sessions for out reach to partners of soldiers.

Training
the USG will continue to ensure sustainability and capacity building for 2005 by providing a variety of trainings and workshops. Refresher trainings will be provided for peer educators and home based care givers. Gender sensitivity activities and a workshop will be conducted. Female soldiers trained under 2004 COP will be included in these activities to further develop skills.

Commodity Procurement
A "soldiers" condom brand will be developed as guided by focus group discussions with targeted appeal such as camouflage packaging and military verbiage used in the marketing campaign. This brand will be piloted in Namibia to the military and other uniform services. These condoms will be developed, procured, packaged and distributed by the USG as part of this pilot.

Needs assessment
The USG program will conduct focus group discussions regarding soldiers' understanding of the efficacy of condoms and barriers to self protection. This material will also gauge the appeal of the "soldier's" brand and determine whether campaigns have created demand and use of the new branded condom.

Quality Assurance and Supportive Supervision
Infrastructure
This activity will provide funding to procure furniture and equipment needed for project activities, support staff functions– finance, HR, procurement and operations – and a related proportion of organizational costs. It will also provide short-term TA to the program.

Information, Education and Communication
The USG will develop/support:
1) military-targeted IEC/ BCC materials to support messages communicated during edutainment events
2) peer education and trainings of medical personnel as part of counseling and testing activities (i.e. ARV compliance).

Local Capacity Development
The USG program has a targeted focus on MOD/NDF soldiers and is recognized by the MTP-3 as the MOD's workplace initiative.
The USG will contribute to the overall upgrading of the MOD/NDF's ability to manage the HIV epidemic through trainings of medical personnel, HIV risk reduction curriculum classes and workshops. The increased activity under MAPP and requisite strengthened partnership between the MOD and the USG will mobilize the MOD towards policy development and aggressive management of HIV and AIDS.

Human Resources
The USG will continue to build the capacity of its current team of NDF health educators and the NDF coordinator.

The total amount for this program area includes [redacted] for the activities described above, and [redacted] represents the 20% that DOD requested be allocated for management costs.

Activity Category	% of Funds
☑ Commodity Procurement	7%
☑ Human Resources	29%
☑ Information, Education and Communication	6%
☑ Infrastructure	40%
☑ Local Organization Capacity Development	6%
☑ Needs Assessment	1%
☑ Quality Assurance and Supportive Supervision	4%
☑ Strategic Information (M&E, IT, Reporting)	6%
☑ Training	1%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	12,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	80	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

☑ *Military*

☑ *Sex partners*

Key Legislative Issues:

☑ Gender
- ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Addressing male norms and behaviors
- ☑ Reducing violence and coercion
- ☑ Increasing women's legal protection

☑ Volunteers

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: 1. Crisis Corps Volunteers (CCVs) for Regional AIDS Committee in Education (RACE). PCVs have assisted in institutionalizing the coordination and monitoring function of the new RACE committees of the MBESC. The RACE Committees provide schools and communities with training and forums to deliver accurate information and support for HIV/AIDS prevention. With the number of educational regions expanded into thirteen to match the political regions, the need for additional RACE staff is evident. Crisis Corps volunteers have been identified as appropriate, timely, and effective input to assist in building capacity of the committees and establishing mechanisms to facilitate good communication, evaluation and systemic programming. The five CCVs arrived in September 2004 for 6 months to support the new regions that resulted from the decentralization restructuring.

Activity Category	% of Funds
☑ Local Organization Capacity Development	100%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Government workers*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Teachers*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Increasing women's access to income and productive resources
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Hardap	ISO Code: NA-HA
State Province: Kunene	ISO Code: NA-KU
State Province: Omaheke	ISO Code: NA-OH
State Province: Omusati	ISO Code: NA-OS
State Province: Oshikoto	ISO Code: NA-OT

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

Result 1:	Increased use of HIV counseling and testing services.\n
Result 2:	Accessibility of quality counseling and testing services will be increased.
Result 3:	Routine counseling and testing will be integrated into the health network system.
Result 4:	Internationally approved training packages in HIV/AIDS counseling and testing adapted and implemented.

Total Funding for Program Area ($):

Current Program Context:
USG assistance to counseling and testing (C&T) has been substantial in Namibia, including support for an evaluation of C&T services, development of national C&T guidelines and training curriculum, validation and support for introduction of rapid HIV tests, development of policy for and use of community (lay) counselors in health facilities. Activities have included recruitment and training, advocacy of routine testing with the right of refusal in clinical settings, strategic information support, renovations, and direct financial support to FBO/NGO community testing services.\n\nThe USG supports Lifeline/Childline, a local implementing partner, to put into action an integrated counseling program to ensure effective counseling and testing services through identification of prospective counselors, and comprehensive training and supervision of trainers/counselors. Lifeline will continue to build the capacity of the MoHSS, FBO/NGOs by training staff and volunteers to meet the demand of the expanding counseling and testing services.\n\nThe Social Marketing Association (SMA) established a network of six voluntary counseling and testing centers in 2003 under the "New Start" name, initially with European Union (EU) funding. The network is based on a "social franchise" concept, where SMA provides guidance, quality assurance, Information, Education and Communication (IEC) support and HIV testing. Franchise partners (FBO/NGOs) own and manage the centers on a day-to-day basis in accordance with New Start operational protocols. From October 2003, SMA received USG funding to meet existing shortfalls in EU funding and to expand the network to seven more centers, including establishing C&T within Prevention of Mother to Child Transmission (PMTCT) and Treatment Initiatives in four mission hospitals. USG funding included a small pilot that provided nutritionally-enhanced porridge (E-pap) to HIV positive clients on ARV therapy in four centers.\n\nWhile funding from the EU will terminate in May 2005, USG support has leveraged assistance from other development partners. DFID has committed GBP 498,088 to establish post-test clubs at five New Start centers and an advocacy and human rights campaign in partnership with national HIV/AIDS rights NGOs and support groups.. The Bristol Myers Squibb Foundation is co-funding the New Start center in Katima Mulilo (Caprivi region), supporting all costs for this center from June 2005 to September 2006. SMA will be a sub-recipient under the Global Fund to set up a stand-alone New Start center at Eenhana (Ohangwena region) and two mobile C&T units, most likely based out of the Oshakati and Katima Mulilo stand-alone centers. At the same time, MoHSS is expanding capacity to increase C&T provision within the public sector at XX health facilities principally financed by the USG and the Global Fund. \n

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative:

This activity focuses on providing comprehensive counseling training, through both stand-alone and integrated VCT services within hospital settings.
Five mission hospitals with support from the USG provide counseling and testing for diagnostic purposes for high numbers of in-patients and out-patients. Routine counseling and testing will be offered to all pregnant women and TB patients. Moreover, VCT centers have been established at each hospital to promote self-referral for counseling and testing by the general public, including community outreach for uptake of services.

The Walvis Bay Multi Purpose Center aims to provide high quality HIV testing and counseling services to the Walvis Bay community; to strengthen and expand counseling and other psychological support services and to strengthen and expand testing services; and to support post test clubs that are designed to decrease stigma and discrimination experienced by PLWHA's. This USG supported MPC includes staffing, infrastructure support, training VCT staff and MPC volunteers, sponsorship of public speaking opportunities for community educators, and outreach to the Walvis community and workplaces.

A USG supported training NGO supports VCT by implementing an integrated counseling program to ensure effective VCT services through training and supervision of trainers/counselors in VCT. It will continue to build the capacity of NGO/FBOs and the MOHSS by training staff and volunteers to meet the increasing demand for counseling services in rapidly expanding VCT services.

Activity Category	% of Funds
☑ Commodity Procurement	1%
☑ Community Mobilization/Participation	1%
☑ Human Resources	56%
☑ Infrastructure	5%
☑ Local Organization Capacity Development	16%
☑ Quality Assurance and Supportive Supervision	8%
☑ Strategic Information (M&E, IT, Reporting)	4%
☑ Training	9%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	140	☐ Not Applicable
Number of individuals who received counseling and testing	6,000	☐ Not Applicable
Number of service outlets providing counseling and testing	5	☐ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *High-risk population*
- ☑ *Mobile populations*
  - ☑ *Migrant workers*
- ☑ *People living with HIV/AIDS*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative:

In 2004, the USG program collaborated with the National Institute of Pathology (NIP) to adapt their Rapid Testing manual into a Rapid Testing Training of Trainers curriculum and a Rapid Testing curriculum for health care workers and to begin the rolling out of Rapid Testing training. In 2005, it will continue to support NIP's rapid testing training through integration of rapid HIV test training into 2005 VCT and PMTCT trainings, in addition to separate rapid HIV test training. The 2005 NHTC training calendar includes 10 NHTC regional VCT trainings, which will include the new couple counseling curriculum, reaching 200 health care workers and Community Counselors. Regional VCT trainings will utilize the MoHSS training curriculum and adhere to the MoHSS VCT guidelines. The VCT trainings utilize level I (didactic) and level II (skill building) training techniques. USG financial support for VCT training includes human resource funds for five In-service tutors and preparation and distribution of all VCT training and M & E materials.

HIV prevalence in patients with STI is over 50% in four sentinel sites, with the highest being 65% in Oshakati. The MoHSS will develop mechanisms to introduce routine counseling & HIV testing in STI and TB patients, and the USG will support training on routine HIV testing and counseling where indicated.

Activity Category	% of Funds
☑ Human Resources	19%
☑ Infrastructure	5%
☑ Logistics	31%
☑ Strategic Information (M&E, IT, Reporting)	2%
☑ Training	43%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	200	☐ Not Applicable
Number of individuals who received counseling and testing	0	☑ Not Applicable
Number of service outlets providing counseling and testing	47	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*
☑ *Volunteers*

Key Legislative Issues:

☑ Gender
  ☑ Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services
Planned Funds:

Activity Narrative:

With FY04 support from the USG, the MOHSS has developed criteria for the recruitment, training and deployment of community counselors to serve in health facilities which provide VCT, PMTCT, and ART services. In FY04 150 community counselors were trained in basic counseling skills, VCT including rapid testing, HIV risk reduction, PMTCT, ART, adherence and the health care system (for proper referrals). A manual for reference, reinforcement and referrals has been developed. Ultimately all 35 hospitals and selected high-burden health centers and clinics will need more counselors, but the program is new and needs consolidation before further roll out is feasible.

In FY05 an additional 50 community counselors will need to be trained and contracted in by MoHSS through local NGOs. They will be deployed in different settings and will be supervised by health workers in charge of VCT, ART, ANC, PMTCT TB and/or clinical diseases clinics. It is anticipated that these counselors will work full-time in the health facilities and as a group at each facility, they will apportion their time as follows: 20% counseling and testing, 20% PMTCT, 20% Be faithful, 20% condom use and 20% treatment adherence. The USG-funded VCT Advisor will support the Directorate for Special Programmes and the assistant SHPAs in the regions to manage the programme. Thus the community counselors will greatly increase the accessibility to C&T by providing rapid testing services to an estimated 35,000 clients in 35 hospitals, In order to support this program, the MoHSS will receive direct funding through the Cooperative Agreement to procure and distribute 70,000 rapid test kits (2 kits per client) for use by community counselors.

In FY05, the USG program will provide direct funding for the first time to support MoHSS regional activities in the two high burden regions of Khomas and Oshikoto. The uptake of HIV testing is very low in Oshikoto Region, with only 18% among women and 14% among all men reporting having been tested by 2000. The MoHSS Oshikoto Region will conduct 4 awareness raising meetings involving PLWHA to promote VCT, reaching an estimated 200 people. In Khomas Region, the VCT room at Katutura Health Centre is located in its very busy hub so that there is no anonymity for clients. This health center is located in a densely populated high risk areas of Windhoek. Architectural plans will be drawn up and costed to renovate the VCT room at Katutura Health Centre and to expand counseling facilities at Okuryangava, Khomasdal & Robert Mugabe clinics in Windhoek.

Activity Category	% of Funds
☑ Commodity Procurement	55%
☑ Community Mobilization/Participation	1%
☑ Human Resources	39%
☑ Infrastructure	5%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	50	☐ Not Applicable
Number of individuals who received counseling and testing	35,000	☐ Not Applicable
Number of service outlets providing counseling and testing	35	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *People living with HIV/AIDS*
- ☑ *Volunteers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's access to income and productive resources

Coverage Area: **National**

State Province: ISO Code:

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic
Planned Funds:

Activity Narrative:

A basic tenet of the USG strategy is to work at the grass roots level to assist communities to tackle their specific social, cultural and economic issues that prevent them from going for testing, being open about their HIV status, using treatment services and caring for those infected and affected by HIV/AIDS. Experience from other countries such as Uganda has shown that HIV testing is key to people changing their behavior

Community Participatory Assessments
By the end of FY04, using a dynamic method of participatory assessment, the USG program has assisted 11 communities surrounding MoHSS designated treatment sites in identifying and acknowledging the extent of their HIV problem as well as the community norms, attitudes and behavior that contribute to the spread of the disease and prevent people from going for testing. During this process, over 360 community meetings will have been held; 4,500 community members participated in community mobilization activities, 250 peer educators trained and 980 community members reached by peer educators. The outcome of the community analyses was the creation of Community Action Forums (CAFs) that are responsible for developing and implementing action plans. In FY04, the USG established CAFs in those 11 communities and assisted them with planning and the development of action plans.

The USG will continue to support the three-step community action process - (1) community participatory assessment, (2) development of Community Action Forums (CAFs) and action plans, and (3) implementation of these plans - by providing ongoing technical assistance and through the placement of a Peace Corps Volunteer in each community. Although the USG provides the technical assistance and support materials, the community is responsible for implementing each step. The USG will also continue to work with local partners and local community, traditional and church leaders to carry out these activities. In FY05, the USG will begin the community action process in 4 new sites as well as developing the capacity of both existing and new communities to implement their action plans. The 4 new sites include: Otjiwarongo, Grootfontein, Gobabis, and Omaruru. The USG will assist new USG partners (the DAPP) to implement the community process in the regions of Omusati, Oshikoto and Kavango.

Participatory assessments will be used as an information-gathering tool. This exercise involves a series of community meetings: initial meeting with community leaders for permission to work in community, training of trainers and facilitators, and a community feedback meeting, where results of the sessions are shared with the larger community. The USG will document this information and issue a report for each community to use as platform from which to develop their action plans. Although time consuming, this participatory and collaborative process ensures that communities become active, responsible partners in the social change necessary to fight the HIV epidemic in Namibia. The outcome of the community assessment is the creation of Community Action Forums (CAFs).

Community Action Forums
The CAFs consist of men and women elected by the community, during the community feedback meetings, to represent their respective peer group. Typically a CAF has 6 members, a man and a woman from the age groups 16-25, 26-45 and 46+. The CAFs are responsible for developing action plans outlining how they propose to respond to the key problems identified during the community assessment. By the end of FY04 120 CAF and PCVs will have been trained on the community mobilization process and how to develop and implement action plans.

In FY 05, the USG program will assist the CAFs with the development of action plans to address these problems and will ensure they are realistic, achievable and ultimately meet the Emergency Plan's overall objectives. The CAFS will link up with all other USG partners working in those communities to support C&T and expand the reach of the program. There will be specific linkages between the DAPP program with established and to be established Community Action Forums (CAF).

In MoHSS designated treatment sites, the CMA program will provide additional training and materials to DAPP Field Officers for CMA and Field Officers will expand the reach and range of the CMA program and individual CAFs. By the end of FY05 and despite a reduction in funding for this program, 216 community meetings will be held in the six new sites, with 2,700 community members participating, 150 peer educators trained and 540 reached by peer educators. Six CMA reports will also be written.

The CAFs are expected to be role models and be knowledgeable about HIV/AIDS as well as know the HIV/AIDS services in their communities. The USG program will ensure that they receive the necessary training to fulfill this role as well as to implement and mange their specific programs. Through this process 8,000 community members will be trained. The CAFs will also be trained in monitoring and evaluation such that they can monitor the changes and progress being made through their interventions. In addition to the impact the CAFs have within their own communities, the USG program envisages that the success of the CAFs will encourage other neighboring communities to undertake a similar process, thereby facilitating the expansion of this approach beyond the initial sites and creating a network of communities in a region.

Peace Corps Volunteers, placed in each of the selected communities in FY 04 and FY 05, will support the CAFs and will provide on the ground technical assistance. They will also liaise with local implementing partners, PLWA organizations, and other community-based and development organizations. The USG will provide technical advice to the PCVs by providing specific training and supervision in CMA activities and CAF support. .

Distance Education Radio
The USG will develop a distance education radio program to support ongoing CAF work and to scale up the CAF initiative by reaching neighboring communities. The program will include information on the community action process and explore responses to key issues identified by communities during the participatory assessment and subsequent CAF planning and implementation. This will reach 600,000 Namibians. The community assessment tool kit and other relevant print materials will be made available to community members/groups that wish to use this approach to create social change.

The radio program will be developed centrally for message standardization, and then adapted with options for local/community radio content. After a design workshop with key stakeholders in the regions, the USG program will collaborate with the Namibia Broadcasting Corporation (NBC) to develop the preformatted section, translate this into 3 local languages and local NBC affiliates/community radio stations for local adaptation and additions.

Community Support Print Materials
The community assessment tool kit and ten other HIV/AIDS related print material will be made available to all network communities wishing to initiate community action. These materials, in conjunction with the radio program, will provide networked communities with a step-by-step guide to community action. It is anticipated that the CAFs, through their work with USG local partners, will identify other print material needs in their communities. The USG program will develop these materials with input from the Regional AIDS Coordinating Committees (RACOCs), CAFs and other stakeholders.

Activity Category	% of Funds
☑ Community Mobilization/Participation	10%

☑ Information, Education and Communication	30%
☑ Local Organization Capacity Development	20%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	30%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	0	☑ Not Applicable
Number of individuals who received counseling and testing	0	☑ Not Applicable
Number of service outlets providing counseling and testing	0	☑ Not Applicable

Target Populations:

- ☑ *Men*
- ☑ *Women*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Youth*
- ☑ *Community Action Forum members*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

During FY03-FY04, CDC worked closely with the Namibia Institute of Pathology (NIP), the national reference laboratory, to validate rapid HIV test kits. That has been accomplished and health workers and community counselors, including New Start counselors, will be allowed to perform as long as they are certified by the NIP and under their quality assurance program. To date, no other organization in Namibia has yet purchased rapid test kits though RPM+ is currently assisting MoHSS with this process. In FY05, CDC will procure rapid test kits for the New Start VCT centers (40,000 kits for 20,000 clients) with a plan to phase this over to New Start procurement in FY06. Because rapid test procurement by MoHSS will be new in FY05, CDC will also maintain an emergency stock (10,000 kits) to avoid outages.

The 20,000 clients tested using the 40,000 test kits purchased are counted under the targets in this same program area of the Namibian Social Marketing Association (SMA). SMA runs the system of New Start counseling and testing centers in Namibia.

To support NIP with rapid test quality assurance, including the introduction of dried blood spot methods, a total of three CDC TA visits have been included in FY05. Also in FY05, CDC has developed a new couples counseling curriculum and will support the first training course on couples counseling with New Start and MoHSS/faith-based counselors.

Activity Category	% of Funds
☑ Commodity Procurement	100%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	30	☐ Not Applicable
Number of individuals who received counseling and testing	20,000	☐ Not Applicable
Number of service outlets providing counseling and testing	47	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Health Care Workers*
- ☑ *Implementing organization project staff*
- ☑ *National AIDS control program staff*

Key Legislative Issues:

- ☑ Increasing women's access to income and productive resources
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

During FY03-FY04, CDC worked closely with the Namibia Institute of Pathology (NIP), the national reference laboratory, to validate rapid HIV test kits. That has been accomplished and health workers and community counselors, including New Start counselors, will be allowed to perform as long as they are certified by the NIP and under their quality assurance program. To date, no other organization in Namibia has yet purchased rapid test kits though RPM+ is currently assisting MoHSS with this process. In FY05, CDC will procure rapid test kits for the New Start VCT centers (40,000 kits for 20,000 clients) with a plan to phase this over to New Start procurement in FY06. Because rapid test procurement by MoHSS will be new in FY05, CDC will also maintain an emergency stock (10,000 kits) to avoid outages.

The 20,000 clients who will be tested using these 40,000 test kits are counted in the targets in this same program area under the activity with the Namibian Social Marketing Association(SMA). SMA runs the system of New Start VCT centers in Namibia.

Activity Category	% of Funds
☑ Commodity Procurement	100%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	0	☑ Not Applicable
Number of individuals who received counseling and testing	0	☑ Not Applicable
Number of service outlets providing counseling and testing	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Health Care Workers*
- ☑ *Implementing organization project staff*
- ☑ *National AIDS control program staff*

Key Legislative Issues:

- ☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibian Social Marketing Association

Planned Funds:

Activity Narrative:

In 2004, six new C&T sites were opened; 3 at integrated hospital sites and 3 at FBO managed independent sites. A fourth FBO freestanding site will opened by the end of the calendar year, bringing the total to 7 new sites.

Client figures have shown the impact of this increased access and the accompanying communication campaign: numbers for January-September 2004 totaled 9967 clients, which represented over a 400% increase from the same period in 2003. The number of pregnant women seen at VCT sites has also markedly increased in the C&T network, increasing from 39 clients (Jan-Sept 03) to 1,536 over the same period in 2004, 1,468 accepting to be tested with the numbers who are HIV positive being 9 and 209 respectively.

In 2004, 212 people were trained in C&T (USG supported 158 staff to be trained, the balance by GTZ and EC).

Training
In FY 05, the USG program will provide training for five new static centers opening in 2005 (Gobabis, Grootfontein, Oshikango, Outapi and Swakopmund) and two mobile units operating from 2 static sites, providing coverage for an additional half a million people. The USG program will also provide ongoing training to the existing centers in the form of six monthly refreshers for New Start teams in regional blocks, specialized six monthly national trainings on special counseling issues, such as nutrition, TB screening and couple counselling, a national case conference and a national VCT conference day. In total an estimated 264 counseling and testing (C&T) New Start staff members will be trained during workshops which range from four weeks in length to three days.

Human Resources
Significant funding will be allocated to human resources within USG programs in order to provide adequate support to the activities in terms of:
- quality assurance for C&T, (see below), by developing a standalone Q&A unit with three full time members and one part time support.
- training, by developing a New Start training unit with three full time members
- counselor support and supervision (on call psychologist and supervisors)

The activity also includes capacity development for implementing staff, in addition to the training schedule outlined above.

Commodities
The USG program will provide HIV rapid test kits to provide for parallel testing and tie-breakers for 2.5% of an estimated 14,000 client tests. A further 5000 ELISA tests carried out through the CCN lab are anticipated, a proportion of which may convert to rapid tests (at a similar cost). In total, 22,000 client tests will be conducted. Quality assurance of 10% of all client tests by rapid test kits is also budgeted.

Quality Assurance and Supportive Supervision
Three (per numbers of staff cited above) QA USG implementing staff will visit fourteen C&T centers/units and three centers which are hospital based (total 19) on a quarterly basis to assess operational quality. More visits will be provided on the basis of need.
In addition, the training co-coordinator and the consultant psychologist will visit the centers on a six-monthly basis, in between regional refresher courses, to provide on site training and supervisory support. New centers will receive a supervisory visit within two months of opening. The consultant psychologist will be on hand on a 24 hour call basis for New Start staff support. Local site managers and senior counselors will provide weekly – monthly supervision at all other times.
SMA marketing staff will support the establishment of centers to New Start standards and to assist site managers with the delivery of community marketing initiatives. All New Start centers will have similar signage, stationery, staff badges, IEC materials and wall posters.
Three 'mystery client' surveys will be conducted covering all of the centers over the

period. In addition a 'follow-on' survey of mobile unit service delivery will be conducted to assess the post test support reality for clients of mobile units. These efforts are required to support the delivery of services to an estimated 22,000 clients (19,000 via 17 subcontracted centers and 3,000 clients via three mission hospitals) over the period at these centers.

Information, Education and Communication
In 2004, 3 new TV ads, 3 new radio ads were created. Since release of the ads in August, people coming from radio have increased by 50% and from TV by 22%.

In FY 05, for C&T, the USG will provide support to produce 3 new TV spots, 5 new radio ads, 3 new leaflets and 3 new posters in addition to New Start IEC materials previously developed. Funding is requested for the printing of over 400,000 leaflets, 8000 posters and 6 editions of 'Popya' vernacular magazine and for ongoing weekly advertisements in the major papers. TV and radio spots are also budgeted. A vendor contract will be made with a Public Relations agency to coordinate radio shows on every radio station in all languages and to conduct an advocacy campaign to reduce stigma and encourage uptake of C&T services. The USG will support the five new 'static' VCT centers (Oshikango, Gobabis, Grootfontein, Outapi and Swakopmund) with full launches to maximize publicity and media coverage. Centers will also be supported with promotional materials for use in community mobilization campaigns. Five separate focus group survey sessions are included to pre-test materials development.

Infrastructure
This activity covers funding for all furniture and equipment use in program activities, USG support for staff functions– finance, HR, procurement and operations

Local Organization Capacity Development
The project goal is for each of the partners to develop the capacity to operate a total of 19 C&T centers or mobile units according to USG/MoHSS protocols by end 2005. The USG supported program will sub-contract seven partners (three FBOs and four NGOs) with partners still to be identified for the Grootfontein, Gobabis, Outapi and Swakopmund sites.

Funding will provide for the hiring of counselors, nurses, site managers and support staff; human resources accounting for just over 50% of the costs of running a C&T operation.

Activity Category	% of Funds
☑ Commodity Procurement	1%
☑ Human Resources	11%
☑ Information, Education and Communication	8%
☑ Infrastructure	14%
☑ Local Organization Capacity Development	55%
☑ Needs Assessment	
☑ Quality Assurance and Supportive Supervision	6%
☑ Training	5%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	264	☐ Not Applicable
Number of individuals who received counseling and testing	22,000	☐ Not Applicable
Number of service outlets providing counseling and testing	19	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *HIV+ pregnant women*
- ☑ *People living with HIV/AIDS*
- ☑ *Women of reproductive age*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Caprivi	ISO Code: NA-CA
State Province: Erongo	ISO Code: NA-ER
State Province: Hardap	ISO Code: NA-HA
State Province: Karas	ISO Code: NA-KA
State Province: Khomas	ISO Code: NA-KH
State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Omaheke	ISO Code: NA-OH
State Province: Omusati	ISO Code: NA-OS
State Province: Oshana	ISO Code: NA-ON
State Province: Otjozondjupa	ISO Code: NA-OD

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / Namibia Institute of Pathology
Planned Funds:

Activity Narrative: The USG will continue to support the NIP in the provision of quality assurance of rapid HIV testing at 47 HIV rapid testing sites (35 MoHSS and faith-based hospitals and 12 free-standing New Start Counseling and Testing centers). The quality assurance will include the provision of quality control samples, re-testing of 50 samples after start-up and then 10% of Rapid Test samples, a proficiency panel ('blind' samples) and at least 7 site visits per center in the first year. In addition to providing QA for each rapid test site, the NIP will support training for 200 health workers, lab technicians & community counselors in rapid testing, certification, support, and will hold a one day refresher training.

Activity Category	**% of Funds**
☑ Human Resources	24%
☑ Quality Assurance and Supportive Supervision	76%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	200	☑ Not Applicable
Number of individuals who received counseling and testing	0	☑ Not Applicable
Number of service outlets providing counseling and testing	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
- ☑ *Implementing organization project staff*
- ☑ *Lab staff*

Key Legislative Issues:

Coverage Area: **National**
State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

Result 1:	Strengthened institutional capacity of all organizations caring for PLWHA with TB infection or TB disease (e.g. health workers in MOHSS and partner organization providing HIV/AIDS care in HIV/AIDS care and support; home-based care organizations)\n
Result 2:	Improved diagnostics and treatment of PLWHA with TB infection and disease (Intensified case-finding for TB disease in PLWHA; provision of IPT to PLWHA without active TB disease; provision of cotrimoxazole preventive therapy)
Result 3:	Strengthened capacity of health professionals to care for PLWHA with active TB and their families.

Total Funding for Program Area ($):

Current Program Context:

With the highest reported TB case rate in the world (676/100,000 in 2002), the burden of TB in Namibia is further compounded by a severe dual TB/HIV epidemic (45% HIV prevalence in TB patients, MoHSS 1998). TB is the main cause of morbidity and mortality in people living with HIV/AIDS (PLWHA), and HIV/AIDS is the most common complicating disease in TB patients. Namibia has implemented the DOTS strategy (DOTS=directly observed therapy short course) since 1996, but performance outcomes are poor with a high default rate (14% in 2002) and a significant and probably growing MDR-TB problem possibly linked to HIV/AIDS. As a result MoHSS cannot currently provide quality care to PLWHA having TB disease. In the absence of an implemented TB control policy, the growing MDR-TB problem poses an additional risk for PLWHA in health care settings where such patients are admitted.\n\nThere are a number of deficiencies in PLWHA-TB care and treatment programs and infrastructure. Routine screening of PLWHA for signs and symptoms of TB disease followed by referral for TB diagnosis, screening of HIV+ persons for isoniazid preventive therapy (IPT) eligibility and referral, and use of cotrimoxazole prophylaxis in patients with TB/HIV are not yet being implemented in a systematic or widespread manner. Referral systems for PLWHA with TB need to be developed to provide access to a continuum of care. A monitoring and evaluation system is needed to measure the performance of TB/HIV care and support activities. There is a large backlog in training of health workers in VCT centers, PMTCT services, anti-retroviral therapy (ART) clinics, TB clinics and TB wards on the management of PLWHA with TB.\n\nTo date, TB patients have had limited access to HIV testing and counseling, but that is changing with the introduction of ART. Routine counseling and testing is beginning to be promoted, and a new cadre of USG-supported community counselors is being introduced into the health care system to counsel and perform rapid HIV testing. With the introduction of ART in 2003, the detection of a large number of patients with previously undiagnosed and untreated TB has been observed. The expansion of VCT and PMTCT services is identifying PLWHA in the earlier stages of HIV, many of whom are eligible for IPT. HIV+ TB patients are now eligible for ART since they meet the criteria for having at least WHO Stage III or IV disease. Since TB remains the leading cause of death for PLWHA on ART, integration of TB/HIV services into ART clinics will remain an important priority for support. \n\nUSG will continue to support technical assistance at the level of national program management in the National TB Control Program to improve support and supervision to the regions and to roll out the TB/HIV components of the first Medium Term Plan for TB control. Efforts to provide routine counseling and testing, expanded training of health care workers with the new USG-supported TB/HIV training curriculum, and strengthening TB/HIV surveillance will also be supported. \n\nThe Government of the Republic of Namibia (GRN) has been a reliable supplier of TB drugs and supplies, and provides health staff and infrastructure for management of patients with HIV/AIDS and TB. The Global Fund will support the supply of fixed dose combination drugs (FDC), some research and surveillance, and the expansion of Community-Based DOT, including the participation of home-based care providers in TB/HIV activities, advocacy, communication and social mobilization on TB/HIV. The international TB NGO KNCV TB Foundation has provided external technical assistance to the NTCP the past 2 years., This was expanded under the Emergency Plan in 2004 via the Tuberculosis Coalition for Technical Assistance (TBCTA) to KNCV TB Foundation.\n

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative: In spite of the extremely high burden of TB/HIV in Namibia, health care workers have received little in-service training in recent years. This becomes urgent as more routine counseling and testing is promoted and TB/HIV patients become eligible for ART and now that Namibia has changed its eligibility criteria to Stage III (pulmonary TB) or IV disease. Fixed-dose combination drugs are also being introduced in Namibia in 2005 for the first time and community-based DOTS services are being expanded. New TB/HIV guidelines have been formulated. . In 2004, in collaboration with the NTCP, the USG supported the development of a TB/OI training curricula for health care workers, which included the prevention of TB transmission to Health Workers. Two complementary curricula were developed, one for doctors and one for nurses. The curriculum utilizes level I (didactic) and level II (skill-building) training techniques to increase the skills and knowledge of the two cadres. In 2005, the USG will provide TA to NHTC to support and facilitate one TOT for doctors and NHTC In-service tutors; one national level TB/OI workshop for doctors, and five regional level TB/OI workshops for nurses. The NTCP will train TOTs in high-risk sectors such as the NDF and in prisons to reduce the burden of TB in PLWHA. Fixed-dose combination drugs are also being introduced for the first time and community-based DOTS services are being expanded and new TB/HIV guidelines have been formulated.

A total of 180 health care workers will receive training under this prime partner. The remaining 40 will be trained under a separate activity using deferred funding.

Activity Category	% of Funds
☑ Human Resources	14%
☑ Infrastructure	6%
☑ Logistics	37%
☑ Strategic Information (M&E, IT, Reporting)	3%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	☑ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	140	☐ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	☑ Not Applicable

Target Populations:

- ☑ *Doctors*
- ☑ *Nurses*
- ☑ *Trainers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Royal Netherlands Tuberculosis Association
Planned Funds:

Activity Narrative:

This activity is being proposed through 2004 deferred funds. From August 2002 until, 2004, the USG supported the National TB Control Program (NTCP) of Namibia with limited but useful TA. From that assistance emerged the following outputs: NTCP formulated a proposal and was approved by the Global Fund (2nd round); NTCP formulated a 5 year strategic plan 2004-2009 (TB-Medium Term Plan I) including an important section on TB/HIV; NTCP advised on the formulation of the National Strategic Plan on HIV/AIDS 2004-2009 (HIV/AIDS-MTP III), mainstreaming TB issues in the HIV/AIDS care and support relevant sections for PLWHA, in essence the implementation of collaborative TB/HIV activities. The program was expanded in 2004 and with support from the USG and the USG will continue to support TB/HIV integration activities and TA in 2005.

The USG program support will also continue to provide long-term TA a physician with TB/HIV expertise from within the region to support specific TB/HIV and NTCP planning and management issues at the national level and provide full-time support to TB/HIV integration activities. This TA will also strengthen Katutura hospital as the national TB referral unit, particularly regarding the management of patients with complications of TB/HIV and will develop orientation programs for new staff involved in TB/HIV. In addition, part-time external TA will provide support, as required, and provide hands-on support in policy development and formulation, supervision and M&E, planning and budgeting, and capacity building for integrated HIV/TB activities.

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	5%
☑ Human Resources	20%
☑ Linkages with Other Sectors and Initiatives	15%
☑ Local Organization Capacity Development	45%
☑ Policy and Guidelines	5%
☑ Quality Assurance and Supportive Supervision	5%
☑ Strategic Information (M&E, IT, Reporting)	5%

Targets:

		☐ Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	☑ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	55	☐ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers*

☑ *PLWHA infected or affected by TB*

Key Legislative Issues:

☑ Gender
- ☑ Increasing gender equity in HIV/AIDS programs

☑ Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services
Planned Funds:

Activity Narrative:

There were over 1,500 TB patients receiving treatment in Khomas region alone as of June 2004 and co-infection with HIV/AIDS is more than 45%. The MoHSS in Khomas Region produced an eight page, color newsletter, informing the general public on TB and HIV/AIDS. It was also translated into Afrikaans for further reach. In 2005, three other issues will be produced and translated into other local languages, targeting the workplace, schools and informal settlements.

The MoHSS, together with the Namibia TB Association (NAMTA), have six community DOTS points, including at the Ramatax factory which employs 6,000, mostly young women. In 2005, the MoHSS will expand its Community DOTS services to another 6 centers, including newly established informal settlements far from clinics, reaching an estimated 200 people who are co-infected with TB and HIV/AIDS. The Khomas Region will hold a participatory workshop, to develop supervisory tools to strengthen OI case management and then train 25 health care workers from 11 clinics and health centers in improved case management of OIs. It will further introduce a reward system, with three winners, for clinics or personnel which implement best practices, as an additional incentive to deliver quality integrated HIV and TB services.

The MoHSS Omusati Regional management team will train 30 DOTS supervisors in home based care in order to integrate TB/HIVAIDS services in the community and they will reach an estimated 240 PLWHA/TB.

Activity Category	% of Funds
☑ Information, Education and Communication	49%
☑ Local Organization Capacity Development	7%
☑ Training	44%

Targets:

		☐ Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	440	☐ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	55	☐ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	6	☐ Not Applicable

Target Populations:

☑ *Community members*
☑ *Factory workers*
☑ *Health Care Workers*
☑ *Migrants*
☑ *People living with HIV/AIDS*
☑ *Volunteers*

Key Legislative Issues:

☑ Increasing women's access to income and productive resources

☑ Stigma and discrimination

Coverage Area:

State Province: Khomas	ISO Code: NA-KH
State Province: Omusati	ISO Code: NA-OS

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

There is an urgent need to increase access to a continuum of TB/HIV care and support services, including HIV diagnosis in TB patients and TB prevention, diagnosis, and treatment in patients with HIV/AIDS. The MoHSS will develop a strategy for provider-initiated rapid HIV testing in TB services, and implement this in order to increase access of TB/HIV patients to ART in all hospitals and selected high-burden health centers and clinics. To strengthen the professional development of NTCP staff (TB subdivision), the USG will support participation in TB/HIV-related international and regional conferences and events.

These activities will result in a competent workforce able to address the day-to-day medical problems of patients and clients co-infected and affected by HIV/AIDS and TB; supported by modern training curricula and competent supervisors and planners; demonstrated by a set of universal indicators measured through a continuous M&E system.

The NTCP will conduct bi-annual site visits to every region to strengthen NTCP management at all levels for implementation of TB/HIV activities and to develop a comprehensive system of services to reduce the burden of TB in PLWHA (ICF-TB, IPT, client education and counseling); to reduce the burden of HIV/AIDS in TB patients (Routine HIV testing and counseling; management of OIs; CPT; HAART; patient education); to create the conditions for TB/HIV collaborative program activities (planning, technical policies, referrals, advocacy and M&E).

Activity Category	% of Funds
☑ Quality Assurance and Supportive Supervision	100%

Targets:

		☐ Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	☑ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	☑ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers*

☑ *National AIDS control program staff*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / International Training and Education Center on HIV
Planned Funds:

Activity Narrative: (Deferred funding)

In spite of the extremely high burden of TB/HIV Namibia, health care workers have received little in-service training in recent years. This becomes urgent as more routine counseling and testing is promoted and TB/HIV patients become eligible for ART now that Namibia has changed its eligibility criteria to Stage III (pulmonary TB) or IV disease. Fixed-dose combination drugs are also being introduced in Namibia in 2005 for the first time and community-based DOTS services are being expanded. New TB/HIV guidelines have been formulated. In 2004 in collaboration with the NTCP, the USG supported the development of a TB/OI training curricula for health care workers, which included the prevention of TB transmission to Health Workers. Two complementary curricula were developed, one for doctors and one for nurses. The curriculum utilizes level I (didactic) and level II (skill-building) training techniques to increase the skills and knowledge of the two cadres. In 2005, the USG program will provide TA to NHTC to support and facilitate one TOT for doctors and NHTC In-service tutors; one national level TB/OI workshop for doctors, and five regional level TB/OI workshops for nurses. Having trained TOTs in high risk sectors such as NDF and in prisons, will MPCS to reduce the burden of TB in PLWHA, a total of 180 health workers will be trained in the use of the new Namibian TB guidelines, thereby strengthening the capacity of health professionals to care for HIV infected TB patients and to deliver integrated HIV and TB services.

A total of 180 health care workers will be trained under this prime partner. The remaining 140 are listed under a separate activity using requested new (not deferred) GHAI funds.

Activity Category	% of Funds
☑ Training	100%

Targets:

		☐ Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	☑ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	☐ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	☑ Not Applicable

Target Populations:

- ☑ *Doctors*
- ☑ *Nurses*
- ☑ *Trainers*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

Result 1:	Improved quality of basic health care, clinical services for HIV+ patients.\n
Result 2:	Home-based palliative care services will be accessible and capacity and quality improved.
Result 3:	Linkages between the health network and the community palliative care systems improved.
Result 4:	Socially marketed nutritional supplements will be available.
Result 5:	Strengthened organizational capacity to promote long-term sustainability of palliative care services.

ng for Program Area ($):

rogram Context:

health care network comprises 31 district hospitals and 4 regional or national referral hospitals, 35 health and >240 clinics within the hospital catchment areas. The primary health care strategy establishes and referral networks between the community and higher-level facilities. The human and financial capacity ealth care system is under severe strain from HIV/AIDS. Training institutions provide an inadequate number onal nurses and need to further integrate HIV/AIDS into curricula and training. Staff morale is low and skills in HIV/AIDS care are limited. Amidst a severe, maturing, and generalized epidemic, the lack of a l school and training programs for pharmacists and lab technologists further exacerbates a crisis with ct to already scarce personnel and leaves the system dependent on foreign contractors. \nNon-governmental izations (NGOs) and faith-based organizations (FBOs) provide most home-based care (HBC) in Namibia and act at both the clinic and hospital level. Local religious congregations often function as organizing points for a e Care Group to be formed. HBC kits have been devised and are being distributed and replenished by local rmacies. As the epidemic matures and greater strain is placed on NGO/FBO capacity, the establishment of re effective linkages and referral networks between HBC and the health system will be a challenge and a priority USG support. Improved pain management at the community level is also urgently needed. There is also a essing need to implement a comprehensive nutrition strategy, including vitamin supplementation, especially for e majority of people living with HIV/AIDS (PLWA) who are impoverished. Government capacity in this regard is imited and NGOs/FBOs will need to assume responsibility for most service implementation as they do with HBC. The development of a national and sustainable incentive program to increase participation/reduce attrition of volunteers is underway.\nPrior to availability of antiretroviral therapy (ART) in public facilities, palliative care was mostly for episodic illnesses and symptomatic relief. Cotrimoxazole prophylaxis and isoniazid preventive therapy are included in care guidelines, but remain largely unimplemented. The introduction of ART in 2003 is convincing clinicians of the importance of a continuum of comprehensive care, and a model for comprehensive care exists through integrating new Communicable Disease Clinics into local hospital services. To enhance this integration, more training is needed in non-ART clinical care throughout the clinical network, especially for nurses who form the backbone of palliative care services. Due to the fact that reliance on only doctors for palliative care is not a sustainable model in Namibia, simpler models are urgently needed, including increasing the role of nurses in prescribing appropriate medication. \nUSG support to strengthen coverage and quality of services in palliative care will continue at all levels of the service delivery network, including HBC and nutritional interventions through NGOs/FBOs, and comprehensive HIV/AIDS care at the clinical level. Support will initially emphasize higher-burden; higher population areas and health facilities, but will be rolled out throughout the health care network over time. Support will include human resources, infrastructure improvements, technical assistance, materials and food supplements for targeted populations (e.g., needy PLWA and ART patients), training, M&E, and sharing of best practices.\nThe USG will coordinate fully with the Global Fund's substantial 5 year contribution to palliative care beginning in 2005. Areas of cooperation include home-based care kits, training, establishment of HBC groups, IEC materials, workplace programs, human resources, medication, and lab support. A Diflucan donation program with Pfizer also exists, but is currently underutilized.

- Relief

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative:

At present, few people with HIV attend health services for regular monitoring, prophylaxis of opportunistic infections and counseling. According to hospitalizations statistics, over 5,000 patients (TB and other OI patients) will require HIV testing.

In FY 05, to improve the capacity of LMS and CHS to provide clinical care for persons with HIV, additional staff and volunteers for counseling will be needed. Regular clinical examination and laboratory monitoring will be required for all these patients as well as CD4 testing for all HIV positive patients, estimated at over 3000. In addition, multivitamins will be provided routinely and prophylaxis and treatment for opportunistic infections will be provided where required, with a minimum of 2,000 patients receiving palliative care. Referral to and from community-based organizations and support groups is encouraged through a close collaboration in health service provision by community counselors at health facilities, community outreach by health staff and staff from faith-based affiliated organizations.

In FY 05, one hundred health professionals will be trained through continuous in-service training in the provision of clinical care, including the prevention and treatment of opportunistic infections and supportive treatment for persons with advanced HIV disease who do not qualify for ART or do not respond to treatment.

Support for palliative care in the community will be provided by the faith-based affiliates of the faith-based hospitals and NGOs. These FBO/NGOs will build on their existing structures within neighborhood and village churches and grass roots organizations, to mobilize, train, support, and monitor groups of volunteers to provide home-based care to chronically and severely ill people living at home in their communities.

In FY 05, to increase the coverage and improve the quality of services, the FBO/NGO capacity will be strengthened at regional level to train, support, supervise and monitor the local groups and to coordinate with Communicable Disease services to ensure a holistic approach to care. Regional staff will train all volunteers over a period of six months. Staff will also conduct monthly follow-up visits for supplemental training, the distribution of home-based care supplies; the planning of additional activities, and M & E. With the advent of HIV-treatment options and the need for a more in-depth focus on end-of-life care and on the care and treatment of vulnerable children (who will likely soon become orphans), further specialized training will be offered, e.g. spiritual and grief counseling, psycho-social support, etc.

Volunteers offer counseling and emotional support, training to family members on day-to-day care, information and referral (e.g. around issues of treatment), planning for the care of orphans (e.g. around issues of will-writing; inheritance), and direct assistance by way of washing, cooking, and hands-on care for comfort and relief. Food supplements and vitamins are given to those who are determined by the volunteer groups to be in the most need. Visits are intended for at least once a week, or more often if needed. Volunteers tend to go in pairs, to provide continuity when one volunteer is unable to assist, and to help limit volunteer burnout. Upon request, periodic group-support debriefing services are provided for volunteers. Staff will provide monthly monitoring through field visits to each care group, and more often via contact with the volunteer group chairpersons. They will also conduct outreach education to encourage positive living and the use of VCT, PMTCT, and ARV services and to reduce stigma and discrimination. In the church-affiliated programs, at the community level, pastors and deacons often oversee the program in each church, with additional supervision coming from their regional staff.

A total of 2,100 volunteers from CAA, ELCIN and ELCAP will be providing home based care and support through 212 program outreach sites to approximately 10,000 PLWAs. During this funding period, training or refresher training in HBC will be provided to 1,000 volunteers (550 at CAA, 250 at ELCAP and 200 at ELCIN) In addition, 17 support groups for PLWAs will be established, respectively 15 and 2

through CAA and ELCIN.

Activity Category	% of Funds
☑ Commodity Procurement	7%
☑ Human Resources	34%
☑ Information, Education and Communication	1%
☑ Infrastructure	6%
☑ Linkages with Other Sectors and Initiatives	1%
☑ Local Organization Capacity Development	21%
☑ Quality Assurance and Supportive Supervision	4%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	21%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	12,000	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,100	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	5	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	5	☐ Not Applicable

Target Populations:

- ☑ *Caregivers*
- ☑ *Faith-based organizations*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Volunteers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Caprivi	ISO Code: NA-CA
State Province: Erongo	ISO Code: NA-ER
State Province: Hardap	ISO Code: NA-HA
State Province: Karas	ISO Code: NA-KA
State Province: Khomas	ISO Code: NA-KH
State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Omaheke	ISO Code: NA-OH
State Province: Omusati	ISO Code: NA-OS
State Province: Oshana	ISO Code: NA-ON
State Province: Oshikoto	ISO Code: NA-OT

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Development Aid from People to People, Namibia
Planned Funds:

Activity Narrative:

Total Control of the Epidemic (TCE) is an innovative grassroots, one-on-one communication and mobilization strategy for prevention and behavior change that has been implemented in several countries in southern Africa. TCE groups communities into areas of approximately 100,000 people. Each group of communities is designated a TCE Area and is organized along logical geographical, cultural and linguistic modalities. Each Field Officer or educator is assigned to provide one-on-one education and counseling about HIV/AIDS to 2000 people in his or her field. TCE will recruit, train and employ 150 local community members as Field Officers (FOs) in half of Ohangwena and Oshikoto, and all of Kavango Regions, having an estimated population of 28,000 PLWA. The Field Officers will receive comprehensive and professional education on community mobilization, VCT, PMTCT, ARV, STIs, Behavioral Change and counseling from trained health personnel. The Field Officers will work in coordination with other existing efforts in the fight against HIV/AIDS in the regions. They will mobilize, advocate and refer people to use existing Government health services and NGO support services in the communities such as HBC, VCT, PMTCT, ARV and Positive Living. Field officers will be providing education about the availablity of care and support services, but not directly providing those services. By the end of FY2005, the 150 Field Officers will have reached 2,800 PLWA and have referred them for appropriate care and support.

Activity Category	% of Funds
☑ Community Mobilization/Participation	1%
☑ Human Resources	42%
☑ Information, Education and Communication	3%
☑ Infrastructure	5%
☑ Logistics	20%
☑ Policy and Guidelines	11%
☑ Quality Assurance and Supportive Supervision	11%
☑ Strategic Information (M&E, IT, Reporting)	1%
☑ Training	6%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	0	☑ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Community members*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Stigma and discrimination

Coverage Area:

State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Oshikoto	ISO Code: NA-OT

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Potentia Namibia
Planned Funds:

Activity Narrative:

This activity was funded in 2004 and will be expanded in 2005. For every patient placed on ART in a public Communicable Disease Clinic, at least two or three other patients are not yet eligible for ART and are enrolled into chronic care to receive OI prevention and management, six-monthly CD4 counts, nutritional monitoring, and psychosocial support. A patient file is opened on each patient when first seen at the Communicable Disease Clinic and data is entered into a USG-supported information system for care and ART. In 2004, MoHSS estimated that it would require >140 full-time doctors, nurses, and pharmacists to reach treatment targets (23,000 patients by 2007), including >100 of those professionals being needed by 2004-2005 during the rapid scale up phase. With more than 2000 vacancies in the health system, it was necessary for the Emergency Plan to support contracted personnel to provide care and ART. These contract personnel will need to be continued with Emergency Plan funding until they can be absorbed into the MoHSS structure as the current hiring freeze is lifted; simpler models of delivery can be implemented, eg, use of nurse prescribers (see ITECH activity on UNAM Pharmacotherapy Course); Global Fund resources increase in Year 2 (2006) and supports more personnel; or Namibian professionals return from training. The degree to which the Emergency Plan will need to fund contracted personnel will depend on the above factors, but they will likely be needed even beyond the five years of the Emergency Plan

Through Potentia, a local private sector personnel service agency, USG will continue to strengthen the human resource capacity in palliative care and treatment services nationwide; with increasing integration and referral by and between clinical and community providers. Potentia administers a compensation package equivalent to that of MoHSS to contracted health professionals who have been selected by CDC/MoHSS. Working through a CDC task order in 2004, the USG will establish direct funding to Potentia through a Cooperative Agreement in 2005. To accommodate the growing patient population at existing sites and the opening of new sites, funding will be increased for Potentia to provide and administer compensation packages to 60 staff (compared to 41 in 2004), including 20 doctors, 15 nurses, 10 pharmacists, and 15 medical records clerks to work in MOHSS Clinical Disease Clinics (CDCs) based on the size of the projected patient population and current gaps in staffing (50% of these costs will be split with treatment services). Potentia provides the exact same compensation package as MOHSS and USG policy is not to hire MOHSS personnel into contract positions. These personnel will provide non-ART clinical care to 15,000 patients in MOHSS CDCs by March 31, 2006. The 10 pharmacists will serve as clinical pharmacists in the Communicable Disease Clinics and those placed in Windhoek and Oshakati will provide practical training on HIV-related care to pre-service pharmacy assistants.

Activity Category	% of Funds
☑ Human Resources	100%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	15,000	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	30	☐ Not Applicable

Target Populations:

- ☑ *Medical/health service providers*
- ☑ *People living with HIV/AIDS*
- ☑ *Volunteers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative:

The thrust of ITECH training for MoHSS and faith-based health workers in 2004 was to launch ART and scale up PMTCT services, but it soon became evident that many health care workers, especially nurses, lacked sufficient knowledge and skills in basic HIV/AIDS clinical care. This will receive greater emphasis with expanded Emergency Plan funding to ITECH in 2005. The emphasis in 2004 was also more concentrated on health workers at the hospital level – training in 2005 will be extended to other branches of the health care network including high-burden health centers, clinics, and to those who conduct outreach clinics in remote settings.

Given the modest number of doctors in Namibia the majority of HIV/AIDS training participants in 2004 have been nurses. In 2005 ITECH will develop an HIV/AIDS curriculum focused on the varied, yet complementary roles of nurses in HIV/AIDS prevention and treatment. ITECH will assist MOHSS to adapt WHO's Integrated Management of Adolescent and Adult Illness (IMAI) training to the Namibia context. The curriculum will cover chronic HIV care including ARV therapy, acute care (including the management of opportunistic infections and when to suspect HIV, linking to testing and counseling), palliative care (symptom management at home), and general principles of good chronic care (to support the health system transition from acute to chronic care) and infant feeding. The ultimate goal of the curriculum development and subsequent trainings is to shift basic tasks from doctors to nurses, given Namibia's limited supply of doctors. Nurses, and to a lesser extent doctors, who are associated with the Communicable Disease Clinic, medical and pediatric wards, or from high-burden health centers or clinics will be specifically targeted. The training cascade will consist of modification of the WHO curriculum, a TOT for NHTC in-service tutors, five regional workshops and ongoing monitoring and evaluation in accordance with NHTC's monitoring and evaluation plan. The TOT and regional workshops will utilize level 1 (didactic) and level 2 (skill-building) techniques. A total of 120 nurses, including those who do outreach clinics in rural areas will be trained.

To further enhance the infant feeding component ITECH will recruit and hire a Nutritionist/Technical Expert, to support the Food & Nutrition Subdivision of MoHSS to spotlight nutritional management of HIV positive women and children. The TA will develop clinical nutritional management guidelines for HIV/AIDS which will include infant and young child feeding and monitoring, and nutritional care for HIV clients and their families. These guidelines will be made accessible to health workers, PLWHA and caregivers.

UNAM conducts a one-year Pharmacotherapy course for nurses to equip them with prescribing skills. I-TECH will provide a long-term technical advisor to support the strategic expansion of this program to include the clinical management of HIV/AIDS management, updating the curriculum to include OI management, PMTCT, and ART. To date, most nurses attending this course have come from the private sector, but 10 nurses from MOHSS will be sent to this inaugural course and will return to their respective hospitals equipped to prescribe medications for OI prevention and treatment, ART refills, and possibly the first-line ART regimen for patients meeting the eligibility criteria.

Activity Category	% of Funds
☑ Human Resources	32%
☑ Infrastructure	6%
☑ Logistics	40%
☑ Strategic Information (M&E, IT, Reporting)	3%
☑ Training	19%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	0	☑ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	130	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

☑ *Nurses*

☑ *People living with HIV/AIDS*

Key Legislative Issues:

☑ Gender

☑ Increasing gender equity in HIV/AIDS programs

☑ Stigma and discrimination

Coverage Area: ***National***

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services
Planned Funds:

Activity Narrative: The MoHSS will renovate the outpatient area of 5 of its 30 hospitals to accommodate Communicable Disease Clinics (CDC), purchase equipment and furniture e.g. weighing scales, desk, chair, examination table. Taking projected numbers of patients into account, the MoHSS has determined that a typical CDC should include a reception area, computer and medical record room, a large room for group education and counseling, a small pharmacy, specimen collection room, 3-4 clinical consulting rooms, 3-4 counseling rooms, storage room, and toilets. The clinic should be integrated as much as possible into the existing outpatient department to improve efficiency and patient flow. The estimated cost of each renovation to create this space is approximately

In 2004, transport for the 6 MoHSS and 5 faith-based hospitals for PMTCT and tracing of ART defaulters was procured with USG support. By the end of 2005, an additional 24 hospitals will have started comprehensive care, ART, and PMTCT services. Vehicles will be procured for ½ of these facilities in 2005 to provide adequate support and supervision to facilities within the catchment area of that hospital, to trace defaulters, and strengthen existing outreach services. (These infrastructure costs will be split 1/2 with Care and ½ with ART services.) By the end of 2005, these activities will enable an estimated 15,000 PLWHA to receive quality palliative care services according to the national guidelines. Additional infrastructure needs at other health facilities will be assessed in FY05 for possible renovations in 2006.

Direct funding to MoHSS was begun in 2004 through a new Cooperative Agreement. This funding will be extended on a limited scale to MoHSS accounts in selected high-burden regions who have demonstrated the capacity to manage donor funds in the past. Ohangwena and Omusati regions in northern Namibia have received support from the French Corporation (which ends in 2004) to train health workers to support NGOs and CBOs to provide home based care (HBC). Although the USG supports several larger NGOs to provide HBC, smaller community based organizations (CBOs) have emerged to provide needed support for the growing epidemic within their smaller communities. The MoHSS Regional Management teams of Omusati and Ohangwena regions have requested funding to support training of a total of 50 HBC volunteers belonging to small CBOs in each of the two regions in care & support, including correct nutritional management of infants and young children. They in turn will deliver home based care to at least 250 PLWHA.

Activity Category	% of Funds
☑ Human Resources	13%
☑ Infrastructure	86%
☑ Training	1%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	250	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	7	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	5	☐ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
- ☑ *HIV/AIDS-affected families*
- ☑ *Infants*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Twinning
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic
Planned Funds:

Activity Narrative: PLWA and Family Support Groups
The USG program will provide technical and financial support to a local NGO to establish local support groups in selected sites for people living with HIV. These support groups will provide psychosocial support, inform members of the importance of treating opportunistic infections educate members on living positively and provide information about treatment and the importance of treatment adherence. For family members of PLWA, the CAFs will explore existing community networks to establish family support groups where family members can also receive emotional support and important information about infection prevention, treatment and home based care.

Activity Category	% of Funds
☑ Local Organization Capacity Development	60%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	1,500	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	450	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *HIV/AIDS-affected families*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *General population*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Erongo	ISO Code: NA-ER
State Province: Hardap	ISO Code: NA-HA
State Province: Karas	ISO Code: NA-KA
State Province: Khomas	ISO Code: NA-KH
State Province: Okavango	ISO Code: NA-OK
State Province: Omaheke	ISO Code: NA-OH
State Province: Omusati	ISO Code: NA-OS
State Province: Oshikoto	ISO Code: NA-OT
State Province: Otjozondjupa	ISO Code: NA-OD

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibian Social Marketing Association
Planned Funds:

Activity Narrative:

There are currently an estimated 230,000 (UNAIDS revised estimate) people living with HIV/AIDS (PLWA) in Namibia. The USG program aims to deliver nutritional supplements targeted to those needy PLWA receiving treatment. Reliable access to affordable nutritional products for PLWA will be supported by making them available and appealing in the communities and outlets where PLWA live and shop. To further avoid stigmatizing PLWA, the program will use positive product positioning (i.e. provides energy, power, strength, immune booster) for the social marketed supplements and multivitamin brands. Details on the benefits of these products to PLWA will be communicated directly through the Patient Advocate program, VCT centers, FBO/NGO partners and the Positive Eating campaign, which will target PLWA with information, education, and communications about good nutrition in general and specifically the role and use of nutritional supplements and multivitamins. E'Pap has been identified as an acceptable and affordable food supplement and other products are being explored

The USG program in Namibia supports a three-pronged strategy to nutritional supplements:

- Deliver Positive Eating communications through highly targeted channels to support healthy eating behaviors in HIV/AIDS nutrition and the social marketed and free products
- Distribute these nutritional products free of charge to PLWA on treatment and who have been determined to be in need of nutrition and unable to afford it through direct service-delivery organizations such as FBO or NGO partners
- Social market two affordable, high-quality nutritional products, making them available and appealing to PLWA. These products include a branded version of E-pap (permission already obtained by the supplier) and an affordable multi-vitamin. It is hoped that eventually the socially marketed products will support to some extent the procurement of nutritional supplements for those in need.
- Leveraging private sector distribution channels will make these products available across existing pharmacies, supermarkets, support groups and other non-traditional retail outlets (i.e., open markets) convenient to PLWA. USG implementing partners will work together with the private sector to establish optimum distribution routes.

PLWA need 10-30% more calories daily than the daily average. Using the conservative figure of 20%, based on 1,200 calories per day, PLWA need an additional 240 calories daily. One 100g daily adult serving of E'Pap provides 430 calories. The program will provide three 100g servings of E'Pap per week, at a cost of [redacted] (still under the price of a Coke in Namibia) per week to approximately 4,600 HIV+ clients. 30% of the product will be socially marketed at an affordable price, and 70% distributed for free. This balance of freely distributed versus socially marketed product will be continually reviewed over the project period against criteria of access and sustainability.

People living with HIV/AIDS need 100% of the recommended daily allowance (1 RDA) of vitamins and minerals. This can be delivered through 100g of E'Pap, or through one RDA multivitamin taken with food. The program will provide four RDA multivitamins per week, at a cost of [redacted] per tablet. The program also proposes launching an affordable multi-vitamin pill, with free vitamins for 4600 HIV+ clients at four tablets per week. PLWA will be advised to take one multivitamin with a meal or 100 grams of E'Pap as a meal (50 grams for children under 12), every day.

Information, Education, Communication

The program will develop a Positive Eating communications campaign to increase informed demand for good nutrition among PLWHA. Starting with a review of existing data and a supplementary Knowledge, Attitudes, Behaviors and Practices (KABP) survey, the USG program will identify the main barriers and motivating factors to healthy eating. Drawing directly from these findings, SMA will develop a comprehensive communications strategy to include basic, practical information-education-communications on nutrition and the immune system, affordable food shopping, preparation and storage, E'Pap and multivitamins. These

key, straightforward messages will be delivered to PLWHA through VCT clinics (centers and mobile), posters and brochures, PMTCT, community radio, counseling services and outreach programs, post-test and pregnant women's clubs, pharmacies, clinics, and home health care providers. Focus-groups will be used to develop appropriate communications, brand names and packaging that will appeal to PLWA. PLWA who recover their health and return to work would be encouraged to become community-based Healthy Eating agents for home-based care givers.

Training
A Trainer of Trainers (TOT) session on nutrition for 25 key health care personnel and HBC volunteers will be held with training materials developed for distribution. Existing New Start VCT counselors will also be trained in nutrition for PLWA. Trainings and materials will also be offered for staff from other USG local implementing partners, such as PMTCT, TB and ARV clinicians, military medics, FBOs and other home-based care providers, and other health professionals. Additional topics are likely to include management of HIV-related illnesses and ARV interactions, nutrition for HIV-exposed children, and palliative care.

Quality Assurance and Supportive Supervision
The program will monitor the efficacy of the nutritional activities through informal surveys of PLWA, Patient Advocates, and counselors at VCT centers, visits to outlets, monitoring sales and distribution data and from technical supervision. Feedback will be solicited regularly from USG local implementing partners at the community level. Targeted surveys will guide the development of the programme. Community focus groups will help set prices for the proportion of product which will be socially marketed. Consumers will also evaluate whether development of a mahangu (pearl millet)-based E'Pap would significantly increase acceptability and use.

Activity Category	% of Funds
☑ Commodity Procurement	25%
☑ Human Resources	7%
☑ Information, Education and Communication	25%
☑ Infrastructure	5%
☑ Needs Assessment	16%
☑ Quality Assurance and Supportive Supervision	11%
☑ Training	11%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	4,600	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	25	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	25	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: **ISO Code:**

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

Result 1:	Ensure access for orphans and other children made vulnerable by HIV/AIDS to essential care, income generative programs and services; *including education.\n*
Result 2:	*Strengthen the capacity of communities, families and care givers to protect and care for* orphans and other children made vulnerable by HIV/AIDS.
Result 3:	FBO and NGO OVC support programs (including psychosocial support) will be expanded and strengthened.
Result 4:	The coordinating role of the Ministry of Women Affairs and Child Welfare (MWACW) on OVC will be strengthened.
Result 5:	The basic education system will improve their ability to support OVC in the school system.

Total Funding for Program Area ($):

Current Program Context:

The OVC program was designed to respond to MTP III 3.2.8 to provide access to care for vulnerable populations, including OVC, and to the Ministry of Women Affairs and Child Welfare (MWACW)-led Permanent Task force on OVC (OVC PTF) five-year strategy and work plan.\n\nAIDS is causing unprecedented threats to children's well-being and safety, with the number of burials now exceeding baptisms in many parts of the country (The Namibian, 11 August 2004). It is estimated that by 2008 Namibia will have 190,000 orphans and over 75% of these will be due to AIDS. Fortunately, Namibia was quick to act, and the care and support of OVC has become a national priority. Namibia has now achieved all of the OVC UNGASS goals, including establishing a national OVC policy, one of only five countries in the world to do so. With leadership from the Ministry of Health and Social Services (MoHSS) and from the MWACW many programs are now in place. At the national level the GRN has established a national OVC trust fund and a distribution and identification system.\n\nThe MWACW is ensuring a supportive social and policy environment. Through a new Memorandum of Understanding with the MWACW, the USG is providing resources and technical assistance through the seconding of a full-time technical advisor to the MWACW to work with the OVC PTF and its four working groups. Support will include capacity building in the management of the OVC trust fund and maintenance of the OVC data base.\n\nThe OVC PTF has four working groups: 1) the Human Rights and Protection working group focuses on adopting and publicizing the OVC policy utilizing widespread training of stakeholders and other service providers (including justice officials, social workers, community workers); 2) the working group on Care and Support focuses on building the capacity of the recently established regional OVC forums; 3) the Education working group focuses on making education more accessible to OVC including compiling and disseminating in local languages, and information on the issue of school fees exemptions; 4) the Health and Nutrition working group, focuses on working with the MoHSS to ensure that OVC have access to health services in the community. Overall, the OVC PTF will continue to plan, coordinate, document and monitor the implementation of interventions for OVC and promote networking and sharing of best practices. A rapid situation analysis funded in partnership with UNICEF, UNAIDS and WFP has just been completed and will be utilized for future planning for OVC. \n\nThrough the coordination of the OVC PTF, the majority of programs are community-based and provided by both FBOs and NGOs. The services provided include oversight and psychosocial support by trained home-based care volunteers; information and referral on OVC rights, benefits and available services in the community; training and follow-up support for volunteers, caregivers and community members on how to build resilience among children affected by HIV and AIDS; advocacy and assistance to ensure the full participation of school-age children in school through the primary grades and wherever possible through secondary school; supplemental assistance utilizing after-school feeding programs and emergency in-kind support at selected rural and urban sites and directly to children's' homes and vacation and weekend camps for psychosocial support, guidance, leadership-development and HIV prevention-education.\n

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)
Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative:

The USG program has adopted a holistic approach to the care and support of orphans and other children made vulnerable by HIV/AIDS. All are served in community-settings, while residing with relatives/care givers or in child-headed households. Special attention is paid to OVC who have lost more than one set of caregivers and especially those living in child-headed households. Community and home-based volunteers oversee and monitor the condition and needs of OVC as an extension of palliative care (before and after the parent's death). Both volunteers and trained counselors provide psychosocial support to build resilience, advocate for full participation in local society (attending school and receiving all available benefits and services), and include OVC in prevention-education as they are also amongst the most vulnerable for infection. Several communities have created after-school clubs/activities for OVC, which include supplemental nutrition and programs offering tutoring, mentoring, after school activities and psychosocial supports. In FY 05, its partner, Catholic AIDS Action the country's largest provider of community-based support to OVC will provide comprehensive support to over 20,000 OVC.

The USG program will continue to support the OVC management unit of the MWACW and the OVC PTF, which guides OVC programming nationally based on its 5-Year Strategy. USG technical assistance supporting the GRN's capacity to effectively administer its social welfare system will result in an additional 5000 OVC (indirect support) in need receiving government assistance. The USG will continue to provide a long-term technical advisor to support the MWACW, the OVC PTF (see country context for a detailed discussion of goals and functions) and its four working groups involving approximately forty community-based and GRN representatives. Training will be conducted in each of the country's 13 political regions, involving approximately 25 stakeholders for a total of 325 total. A newly established focus will be on recruitment and training of prospective foster parents in three pilot regions. Support will also include capacity building in the management of the OVC Trust Fund and maintenance of the OVC Data base.

As the epidemic of HIV & AIDS matures, the needs of orphans and other children made vulnerable by HIV/AIDS also increase in priority at both family and community-level. While FBO partners, ELCAP and ELCIN AIDS ACTION, have provided some support to OVC in the past, only recently has this become a distinct area of service for both. Volunteers are now trained in the provision of psychosocial supports and about the range of services to which all children – especially those in greatest need – are entitled. They work directly with OVC as well as with local caregivers and community leaders, to ensure that basic human rights are upheld and to help build the children's internal capacity to cope with their situation. In FY 05, ELCIN expects to conduct 40 trainings involving 400 volunteers on OVC-related issues. It will register the orphans, in conjunction with guidelines set forth by the MWACW. Through this process, ELCIN will provide psychosocial and emergency assistance to at least one thousand orphans.

ELCAP through its 62 congregations (sites) will combine its trainings at a regional and sub-regional level. In FY 05, ten refresher courses will be conducted for 100 volunteers. At least 1500 OVC will receive direct support. Volunteers will also provide a monitoring function in the event of child abuse or -neglect, promote will writing wherever appropriate, and refer both children and their caregivers for health services. Both organizations' volunteers facilitate the full participation of OVC in school (at least through grade 7), including the provision of fees, books and supplies and uniforms to those in greatest need.

TKMOAMS is a significant provider of home-based care services in the four high prevalence north-central regions of Namibia, which also have the largest concentration of OVC (Oshana, Omusati, Ohangwena, Oshikoto) and works closely with the MoHSS providing counseling in Oshakati Regional Hospital. It is therefore in a unique position with access to a significant number of households with OVC. This NGO works at village level but not necessarily through a particular church or formal community structure. It functions more on a house-to-house basis. They will train at least 100 volunteers in OVC care and support and ensure that at least 500 OVC are adequately cared for.

In FY 05, the USG program will support to help TKMOAMS identify and build the capacity of local grass roots organizations through small grants to help expand the USG OVC program. It will leverage support from and partner with the Yelula Project of IBIS/Namibia – an international capacity-building NGO based in the north-central regions, to provide additional organizational and technical assistance for these grass-roots organizations.,
One of the USG program objectives is to develop, mobilize, facilitate and increase OVC psychosocial well-being through peer support. This is accomplished through experiential learning programs for and by OVC (1,200). The first phase of the program trains group leaders (150) between the age of 16 – 21 in Listening and Responding Skills. The course's overall aim is to train young people to listen and know how to respond to peers and to determine who of the young people have leadership skills or potential to be further developed as Youth Leaders. During group discussions the OVC will discuss what they see as their strengths and what they see as challenges. The second phase of training takes place over six days during an experiential learning camp for OVC between the ages of 6 - 18, and focuses on counseling OVC and helping them develop skills to deal with grief, stigma and risk factors. FBO youth organizations as well as Student Representative Councils from secondary schools participate in this program. The USG hopes to expand the experiential learning program by identifying and securing a dedicated facility for this purpose.

Church Alliance for OVC (CAFO) is a national interfaith organization dedicated to the development and sustainability of grass-roots support programs for orphans and other children made vulnerable by HIV/AIDS. With over 360 member congregations nationwide, it works through local churches and FBOs, and in cooperation with GRN and other coordinating bodies. It hosts national and regional training programs, mobilizing for the involvement of local community groups and their leaders, training in basic program-management skills, advocating for OVC, and providing a small grant-fund to assist with the start-up of community-projects. During the funding period CAFO will train at least 150 church representatives and provide direct support to 4,000 OVC.

The USG program will continue to focus on reducing the vulnerability of children in the epidemic by addressing discrimination and promoting a human rights–based approach to HIV/AIDS through the AIDS Law Unit. The USG program will support access by people living with HIV/AIDS to information and advice on adequately providing for their children after death including wills, insurance and alternative mechanisms for financial security; as well as to ensure non-discriminatory access by children orphaned by HIV/AIDS to foster care, adoption and places of safety, where appropriate. Ten community-education trainings will be conducted, involving at least 150 participants and rights and benefit assistance provided to over 5,000 OVC.

The total number of OVC reached for the sum of these activities will be 25,000, because it is expected that some OVC will be receieving services from more than one partner.

Activity Category	% of Funds
☑ Human Resources	33%
☑ Information, Education and Communication	7%
☑ Infrastructure	6%
☑ Linkages with Other Sectors and Initiatives	12%
☑ Local Organization Capacity Development	15%
☑ Quality Assurance and Supportive Supervision	4%

☑ Strategic Information (M&E, IT, Reporting) 6%
☑ Training 17%

Targets:

		☐ Not Applicable
Number of OVC programs	8	☐ Not Applicable
Number of OVC served by OVC programs	25,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	1,375	☐ Not Applicable

Target Populations:

☑ *Caregivers*
☑ *Community members*
☑ *Faith-based organizations*
☑ *Government workers*
☑ *HIV/AIDS-affected families*
☑ *Orphans and other vulnerable children*
☑ *Volunteers*

Key Legislative Issues:

☑ Gender
- ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Addressing male norms and behaviors
- ☑ Reducing violence and coercion

☑ Volunteers
☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Academy for Educational Development

Planned Funds:

Activity Narrative:

(The remaining [redacted] in funding for this activity can be found under the funding mechanism Academy for Educational Development - GHAI account)

This activity is being proposed through 2004 deferred funds

Increased resilience of the basic education system to cope with the HIV and AIDS epidemic

The HIV/AIDS in-school education activities will be implemented by a long-term technical advisor (Advisor) to the Ministry of Basic Education, Sports and Culture (MBESC) in collaboration with the two Ministries' of Education (basic and higher) joint HIV/AIDS Management Unit. The Advisor will oversee the FY 05 activities and help to develop follow-on activities for subsequent years. Leveraging USAID Development Assistance (DA) and Africa Education Initiative (AEI) funding, FY 05 activities will focus on OVC database development, management and use. The Advisor will also develop synergies and coordinate OVC support activities with other USG HIV/AIDS partners in the area of community support to ensure that OVC remain in and succeed in primary school.

Developing appropriate responses will be the result of Education Management Information System (EMIS) support and analysis of collected baseline data.
o In collaboration with PAD/EMIS, expand the education system data base to include the results of the baseline studies outlined below so that information on OVC enrollment, attendance, retention and drop-out rates as well as support services and activities can be tracked and analyzed in relation to school attendance and learner achievement (activity will dovetail with the EMIS improvement initiatives supported by USG Basic Education funds)
o Develop a simple reporting mechanism on OVC statistics that can be accessed by local education officials (Inspectors, Regional Planners, etc.) to plan and implement programs of support for OVC in clusters of schools in target regions.

Initial baseline studies will be funded by the USAID Basic Education DA funds. Baseline needs assessment will include: Identification of communities/clusters of schools with significant concentrations of orphans and other vulnerable children, their school attendance patterns, and reasons for non-attendance; A database of school attendance rates in communities/clusters with significant concentrations of OVC; Use of recently completed activities database to identify service providers and the kinds of support they are presently giving to OVC.

FY05 activities will also focus on collaboration with partners on teacher workplace training activities (the Ministry of Basic Education is Namibia's largest employer with over 18,000 employees). These activities will build upon an FY04 DA/AEI-funded training program in which 1,440 principals and senior school administrators were trained in the development of HIV/AIDS awareness and prevention programs at the school level, and MBESC initiatives to train a new cadre of HIV/AIDS school counselors for peer and OVC counseling, as well as the establishment of OVC peer counseling and tutoring groups.

By the end of the first year, a data collection, analysis, and reporting system on OVC and support activities is in place and available to MBESC and Ministry of Women Affairs and Child Welfare (MWACW) offices. Data entered for 50% of OVC in 12 identified target circuits (2 in each target region). Funding is requested to provide technical assistance in the development of a workplace program at the national level and in subsequent years funding will be requested to support roll-out of the workplace program to the regional level. 12 Inspectors of Education trained on use of the available data. Action plans developed and implementation of OVC support activities and workplace programs underway in the 12 identified target circuits.

Activity Category	% of Funds
☑ Human Resources	45%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	20%
☑ Workplace Programs	15%

Targets:

		☐ Not Applicable
Number of OVC programs	1	☑ Not Applicable
Number of OVC served by OVC programs	0	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Orphans and other vulnerable children*
- ☑ *Policy makers*
- ☑ *Teachers*
- ☑ *Education inspectors*

Key Legislative Issues:

- ☑ Increasing women's access to income and productive resources
- ☑ Increasing women's legal protection
- ☑ *Stigma and discrimination*

Coverage Area: **National**

State Province: ISO Code:

Activity Category	% of Funds
☑ Human Resources	45%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	20%
☑ Workplace Programs	15%

Targets:

		☐ Not Applicable
Number of OVC programs	1	☑ Not Applicable
Number of OVC served by OVC programs	0	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Orphans and other vulnerable children*
- ☑ *Policy makers*
- ☑ *Teachers*
- ☑ *Education inspectors*

Key Legislative Issues:

- ☑ Increasing women's access to income and productive resources
- ☑ Increasing women's legal protection
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Organization for Resources and Training
Planned Funds: [redacted]

Activity Narrative: (The remaining [redacted] n funding for this activity is under the funding mechanism Organization for Resources and Training - GHAI account)

This activity is being proposed through 2004 deferred funds

During a preparatory phase (over a period of six months) wide ranging consultations with local governments, national government, FBO/NGOs, the UN and other development partners were held to determine how best to respond to the challenges of the increasing numbers of OVC in Namibia, and how best to identify gaps and add value to existing responses and programmes. Initial activities were funded by UN APP, collaborating with ORT - an international NGO working in over 60 countries with extensive experience in the area of vocational training, youth development and community development - the AMICAALL Namibia program and Katutura Youth Enterprise Centre (KAYEC)
The overall goal of the initiative is two-fold: 1) enhance the lives and development OVC and 2) reduce their social and economic impact on households and communities in Namibia.
This will be accomplished by focusing on:
o Vocational and job skills training for OVC and young people affected by HIV/AIDS;
o Youth development activities for OVC and young people affected by HIV/AIDS;
o Building the capacities of municipalities and Namibian non-governmental partners to address OVC and HIV/AIDS issues on a community level.

Based on a local needs analysis in three diverse municipalities in three regions in Namibia, ORT will work with local authorities and other national, community and USG funded local partners to achieve the following outcomes:
1) Increased number of OVC, and young people from households affected by OVC, who are employed and able to contribute financially to their households;
2) OVC and youth from households affected by OVC have improved life skills and are able to a) advocate for their needs b) take a proactive role in coping with the impact
c) better prepared for employment.
3) Improved and sustained capacities of local CBOs and municipalities to respond to the issues linked to OVC and HIV/AIDS in Namibia. This includes an increase in the scale and scope of OVC initiatives implemented by national and community organizations.
4) Valuable lessons captured and shared, and a model of best practice developed, with a view to other municipalities implementing similar initiatives.

Activity Category	% of Funds
☑ Community Mobilization/Participation	25%
☑ Linkages with Other Sectors and Initiatives	15%
☑ Local Organization Capacity Development	20%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of OVC programs	3	☐ Not Applicable
Number of OVC served by OVC programs	1,604	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	767	☐ Not Applicable

Target Populations:

☑ *Orphans and other vulnerable children*

Key Legislative Issues:

☑ Increasing women's access to income and productive resources
☑ Increasing women's legal protection
☑ Stigma and discrimination

Coverage Area:

State Province: Hardap	ISO Code: NA-HA
State Province: Khomas	ISO Code: NA-KH
State Province: Otjozondjupa	ISO Code: NA-OD

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Project HOPE / Project HOPE
Planned Funds:

Activity Narrative:

In FY 05 and under Track 1 funding, Project HOPE will implement a Village Health Banking program aimed at Older OVC and caretakers of OVC. VHBs provide small-scale loans to groups of women (caretakers of OVC and older OVC) to start income generation activities. Staff, volunteers and group members provide health education to the group during bi-weekly meetings. The Project HOPE VHB method produces well-documented increases in family income, food security, financial assets, health knowledge and ability to improve one's life and has led to economic self-sufficiency of families in multiple countries of Africa, Asia, and Central America. Project HOPE will work with and build the capacity of multiple local partners in the creation of a network of VHBs specifically comprised of households caring for OVC, and in the creation of a network of comprehensive services that meet the needs of OVC and their families. An existing team of over 400 health volunteers and peer educators and the existing VHB infrastructure will enable rapid start up. Where some needed services and partners are lacking, Project HOPE will partner with the Ministry of Health and Social Services and local community and faith-based organizations to develop their capacity.

Specific project outcomes (over 5 years) will include: 1) net impact on 24,750 OVC in 15,840 family households; 2) 25% increase in household income and savings, reduction of hunger, and improved quality of life; 3) improved health knowledge and behaviors, increased HIV and STD prevention education and access to STD screening and VCT, expanded access to primary health services, improved attendance and retention of OVC in schools, improved youth life skills and responsible decision making, improved access to family counseling and bereavement services; and, perhaps most importantly, 4) program sustainability , i.e. program economic self-sufficiency after five years.

Activity Category	% of Funds
☑ Community Mobilization/Participation	30%
☑ Development of Network/Linkages/Referral Systems	10%
☑ Information, Education and Communication	15%
☑ Local Organization Capacity Development	10%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	30%

Targets:

		☐ Not Applicable
Number of OVC programs	1	☐ Not Applicable
Number of OVC served by OVC programs	4,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	400	☐ Not Applicable

Target Populations:

- ☑ *Caregivers*
- ☑ *HIV/AIDS-affected families*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Increasing women's access to income and productive resource
- ☑ Increasing women's legal protection
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative:

The USG program has adopted a holistic approach to the care and support of orphans and other children made vulnerable by HIV/AIDS. All are served in community-settings, while residing with relatives/care givers or in child-headed households. Special attention is paid to OVC who have lost more than one set of caregivers and especially those living in child-headed households. Community and home-based volunteers oversee and monitor the condition and needs of OVC as an extension of palliative care (before and after the parent's death). Both volunteers and trained counselors provide psychosocial support to build resilience, advocate for full participation in local society (attending school and receiving all available benefits and services), and include OVC in prevention-education as they are also amongst the most vulnerable for infection.

The USG will support the expansion of its community-based program to two new FBO partners, drawing on their cadre of 1,600 volunteers and their training from the Home-Based Care (HBC) program. By the end of September 2005, all 1600 home care volunteers for the two new FBO service providers will have been trained in psychosocial support. OVC will have been identified in the communities where they serve to be provided with required support with a focus on educational assistance (ranging from school uniforms, school supplies, school fees, if not waived, and other material support)

Activity Category	% of Funds
☑ Human Resources	45%
☑ Linkages with Other Sectors and Initiatives	5%
☑ Local Organization Capacity Development	15%
☑ Training	35%

Targets:

		☐ Not Applicable
Number of OVC programs	2	☐ Not Applicable
Number of OVC served by OVC programs	25,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	1,600	☐ Not Applicable

Target Populations:

- ☑ *Caregivers*
- ☑ *Community members*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *HIV/AIDS-affected families*
- ☑ *Orphans and other vulnerable children*
- ☑ *Volunteers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / Family Health International
Planned Funds:

Activity Narrative: This activity is being proposed through FY 05 Track 1

The goal of this program is to improve the quality of life for OVC in Namibia as part of a southern Africa program involving South Africa and Zambia. The program will increase the capacity of the local Faith-based organization Church Alliance for Orphans (CAFO) to strengthen and improve the quality of OVC programs in Namibia. This objectives of this program are to 1. Increase the coverage of existing community level services to reach an additional 1500 orphans in the first 6 months, 2. Create a Geographic Information System to inform program planning and implementation, 3. Build capacity of CAFO to effectively coordinate and sustain programs at a local level, 4. Increase community level services to reach an additional 28,000 OVC by the end of 5 years, and 5. Improve targeting of services for OVC to reach underserved areas by increasing implementing partners' capacity to collect, manage and use date for program improvement and scale up.

The regional nature of this program will allow south to south linkages and provide access to best practices across Southern Africa.

Activity Category	% of Funds
☑ Community Mobilization/Participation	30%
☑ Development of Network/Linkages/Referral Systems	10%
☑ Information, Education and Communication	10%
☑ Local Organization Capacity Development	20%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of OVC programs	1	☐ Not Applicable
Number of OVC served by OVC programs	2,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	400	☐ Not Applicable

Target Populations:

- ☑ *Caregivers*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Implementing organization project staff*
- ☑ *Orphans and other vulnerable children*

Key Legislative Issues:

- ☑ Addressing male norms and behaviors
- ☑ Reducing violence and coercion
- ☑ Increasing women's access to income and productive resources
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Academy for Educational Development

Planned Funds:

Activity Narrative:

(The remaining [redacted]n funding for this activity can be found under the funding mechanism Academy for Educational Development - deferred FY04 funds)

Increased resilience of the basic education system to cope with the HIV and AIDS epidemic

The HIV/AIDS in-school education activities will be implemented by a long-term technical advisor (Advisor) to the Ministry of Basic Education, Sports and Culture (MBESC) in collaboration with the two Ministries' of Education (basic and higher) joint HIV/AIDS Management Unit. The Advisor will oversee the FY 05 activities and help to develop follow-on activities for subsequent years. Leveraging USAID Development Assistance (DA) and Africa Education Initiative (AEI) funding, FY 05 activities will focus on OVC database development, management and use. The Advisor will also develop synergies and coordinate OVC support activities with other USG HIV/AIDS partners in the area of community support to ensure that OVC remain in and succeed in primary school.

Developing appropriate responses will be the result of Education Management Information System (EMIS) support and analysis of collected baseline data.
o In collaboration with PAD/EMIS, expand the education system data base to include the results of the baseline studies outlined below so that information on OVC enrollment, attendance, retention and drop-out rates as well as support services and activities can be tracked and analyzed in relation to school attendance and learner achievement (activity will dovetail with the EMIS improvement initiatives supported by USG Basic Education funds)
o Develop a simple reporting mechanism on OVC statistics that can be accessed by local education officials (Inspectors, Regional Planners, etc.) to plan and implement programs of support for OVC in clusters of schools in target regions.

Initial baseline studies will be funded by the USAID Basic Education DA funds. Baseline needs assessment will include: Identification of communities/clusters of schools with significant concentrations of orphans and other vulnerable children, their school attendance patterns, and reasons for non-attendance; A database of school attendance rates in communities/clusters with significant concentrations of OVC; Use of recently completed activities database to identify service providers and the kinds of support they are presently giving to OVC.

FY05 activities will also focus on collaboration with partners on teacher workplace training activities (the Ministry of Basic Education is Namibia's largest employer with over 18,000 employees). These activities will build upon an FY04 DA/AEI-funded training program in which 1,440 principals and senior school administrators were trained in the development of HIV/AIDS awareness and prevention programs at the school level, and MBESC initiatives to train a new cadre of HIV/AIDS school counselors for peer and OVC counseling, as well as the establishment of OVC peer counseling and tutoring groups.

By the end of the first year, a data collection, analysis, and reporting system on OVC and support activities is in place and available to MBESC and Ministry of Women Affairs and Child Welfare (MWACW) offices. Data entered for 50% of OVC in 12 identified target circuits (2 in each target region). 12 Inspectors of Education trained on use of the available data. Despite being Namibia's largest employer, MBESC does not yet have a workplace HIV/AIDS program. Funding is requested to provide technical assistance in the development of a workplace program at the national level and in subsequent years funding will be requested to support roll-out of the workplace program to the regional level. Action plans developed and implementation of OVC support activities and workplace programs underway in the 12 identified target circuits.

Activity Category	% of Funds
☑ Human Resources	45%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	20%
☑ Workplace Programs	15%

Targets:

		☐ Not Applicable
Number of OVC programs	1	☐ Not Applicable
Number of OVC served by OVC programs	0	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Orphans and other vulnerable children*
- ☑ *Policy makers*
- ☑ *Teachers*
- ☑ *Education inspectors*

Key Legislative Issues:

- ☑ Increasing women's access to income and productive resources
- ☑ Increasing women's legal protection
- ☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Organization for Resources and Training
Planned Funds: [redacted]

Activity Narrative:

(The remaining [redacted] in funding for this activity is under the funding mechanism Organization for Resources and Training - deferred FY04 funds)

During a preparatory phase (over a period of six months) wide ranging consultations with local governments, national government, FBO/NGOs, the UN and other development partners were held to determine how best to respond to the challenges of the increasing numbers of OVC in Namibia, and how best to identify gaps and add value to existing responses and programmes. Initial activities were funded by UN APP, collaborating with ORT - an international NGO working in over 60 countries with extensive experience in the area of vocational training, youth development and community development - the AMICAALL Namibia program and Katutura Youth Enterprise Centre (KAYEC)
The overall goal of the initiative is two-fold: 1) enhance the lives and development OVC and 2) reduce their social and economic impact on households and communities in Namibia.
This will be accomplished by focusing on:
o Vocational and job skills training for OVC and young people affected by HIV/AIDS;
o Youth development activities for OVC and young people affected by HIV/AIDS;
o Building the capacities of municipalities and Namibian non-governmental partners to address OVC and HIV/AIDS issues on a community level.

Based on a local needs analysis in three diverse municipalities in three regions in Namibia, ORT will work with local authorities and other national, community and USG funded local partners to achieve the following outcomes:
1) Increased number of OVC, and young people from households affected by OVC, who are employed and able to contribute financially to their households;
2) OVC and youth from households affected by OVC have improved life skills and are able to a) advocate for their needs b) take a proactive role in coping with the impact
c) better prepared for employment.
3) Improved and sustained capacities of local CBOs and municipalities to respond to the issues linked to OVC and HIV/AIDS in Namibia. This includes an increase in the scale and scope of OVC initiatives implemented by national and community organizations.
4) Valuable lessons captured and shared, and a model of best practice developed, with a view to other municipalities implementing similar initiatives.

Activity Category	% of Funds
☑ Community Mobilization/Participation	25%
☑ Linkages with Other Sectors and Initiatives	15%
☑ Local Organization Capacity Development	20%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of OVC programs	3	☐ Not Applicable
Number of OVC served by OVC programs	1,604	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	767	☐ Not Applicable

Target Populations:

☑ *Orphans and other vulnerable children*

Key Legislative Issues:

☑ Increasing women's access to income and productive resources
☑ Increasing women's legal protection
☑ Stigma and discrimination

Coverage Area:

State Province: Hardap	ISO Code: NA-HA
State Province: Khomas	ISO Code: NA-KH
State Province: Otjozondjupa	ISO Code: NA-OD

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

Result 1:	ART for qualified HIV-positive individuals expanded\n
Result 2:	Full supply of related pharmaceuticals and diagnostics achieved for ART and PMTCT+.
Result 3:	Program, pharmaceutical and commodity management and logistics strengthened to support expanded access to ART.
Result 4:	Projections of ARV needs, based on the rapid uptake of ARV services will be made on an ongoing basis.

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT+	0
Percent of Total Funding Planned for Drug Procurement	62

Total Funding for Program Area ($):

Current Program Context:

The MoHSS issued its first tender for anti-retroviral (ARV) drugs in early 2003. The tender included contracts with primarily Indian suppliers of "generic" products, including two-drug combination products, plus contracts with local suppliers of brand-name products such as Efavirenz ® and Kaletra®. During the first year of public-sector ARV therapy (ART) in Namibia, the MoHSS has been responsible for the vast majority of ARV procurement, with additional support from other development partners. The USG supported drug procurement in 2004 with of brand name products procured by USAID/FHI. A recently completed Cooperative Agreement between MoHSS and CDC/DHHS contains provision for funding to procure USG-approved ARV by MoHSS. USG support has helped develop a computerized patient-based information system which is being rolled out to ART sites. The system generates monthly reporting information for MoHSS on patient enrollment and the regimens in use in order to provide information on program performance and to assist with drug forecasting. Since its inception no stock outages have been reported; periodic problems with availability of some pediatric formulations have been noted.\n\nARV drug procurement, management, and distribution are managed by the MoHSS Central Medical Stores (CMS) through a network of regional depots and hospital pharmacies. ARV drugs are normally distributed directly from CMS to the hospital. A plan of action based on a redesigned workflow to improve efficiency, security, and accountability in the inventory control system has been introduced with USG support. To accommodate the redesigned workflow pattern, the USG has also supported substantial upgrading of the existing inventory control software, hardware and communications systems and the accompanying training. Standard operating procedures and job aids for operations in the CMS are to be developed and training will be provided to CMS staff. To enhance the secure transportation of products, the USG has supported the development of specifications for nets and communications equipment for CMS trucks. The required security equipment is to be procured, installed, and made operational. The USG will also support necessary renovations at CMS to accommodate the new workflow and at pharmacies in ART sites to improve stock control, security, and to provide space for patient counseling. Technical assistance has also been provided to implement a financial audit of CMS accounts, to strengthen stocktaking practices, to develop a logistics system for the procurement, storage, and distribution of rapid test kits, and to develop a CMS procurement policy and procedures manual. \n\nDue to the severe shortage of pharmacists and pharmacy assistants, the USG has funded contracted staff positions to support the direct provision of services at CMS, various regional medical stores, and ART sites. Support for long-term training outside of Namibia is also urgently needed to address the severe shortage of pharmacists in the system. The training of new pharmacy assistants in-country will also be supported to help simplify the service delivery model for ART. \n\nThe Global Fund will provide n 2005 and uring 2005-2009 for ARV drug procurement. Based on current projections and available funds from MoHSS and Global Fund, the current funding gap for ARV drugs in Namibia during 2005 is projected to be in the range of \n

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services
Planned Funds: [redacted]

Activity Narrative:

Namibia's national guidelines for ART specify standardized first and second-line regimens. The first-line regimen for adults is stavudine-lamivudine-nevirapine, but in the case of active or suspected TB, Namibia has the highest TB case rate in the world. Efavirenz is to be substituted for nevirapine to avoid drug-drug interactions with rifampicin. The annual cost to MoHSS for stavudine-lamivudine-nevirapine is [redacted] but increases to [redacted] when Efavirenz is substituted. During the first year of ART in the public sector, an unexpectedly high percentage of patients (26.4%) had to be placed on Efavirenz because of active TB, which has increased the financial strain on MoHSS. Out of the projected [redacted] required for ARV drugs in 2005, approximately 40% is projected to be for Efavirenz and Tenofovir alone. Less than 5% of patients in the public sector are on the second-line regimen containing a protease inhibitor. Kaletra is listed as one of the protease inhibitors of choice for those going onto a second-line regimen.

MoHSS and DHHS/CDC signed a Cooperative Agreement in 2004 which contains provision for the procurement of ARV drugs. A subagreement would be signed in 2005 to use USG funds to purchase brand-name ARV drugs such as Efavirenz primarily, but also Kaletra, Tenofovir (for patients with Hepatitis B infection), and brand-name pediatric formulations for which generic products are not yet available. With the projected treatment targets for 2005, an estimated gap in funding of [redacted] remains taking Global Fund and MoHSS resources into account.

Activity Category	% of Funds
☑ Commodity Procurement	100%

Targets:

☐ Not Applicable

Target Populations:

- ☑ *HIV+ pregnant women*
- ☑ *People living with HIV/AIDS*
- ☑ *Pediatric AIDS patients*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Rational Pharmaceutical Management, Plus / Management Sciences for Health
Planned Funds:

Activity Narrative:

During FY04, a number of systems modifications and logistic enhancements will be completed with the MoHSS, aimed at improving the efficiencies of the various functional areas of the CMS and RMS. In FY05, ongoing support will be provided for the implementation of these enhancements to ensure the strengthening of the pharmaceutical and commodity management systems of the CMS, RMS, and treatment facilities for HIV/AIDS-related pharmaceuticals. This would be achieved through –

- Continued TA to CMS, RMS and treatment facilities for maintenance of a strengthened commodity management system
- The provision of TA and support for the implementation of systems for quantification at national and treatment facility levels, developed in FY04
- Provide training and support for the implementation of policies, procedures, guidelines and systems for procurement developed in FY04
- Continued support for the management of the upgraded computerized inventory control system, Syspro™ at the CMS and the RMS and the provision of required equipment
- Support for training in and implementation of revised inventory control policies, procedures, guidelines, SOPs and job aids
- Support for the implementation of recommendations for existing storage infrastructure and support for the repair and/or provision of handling and storage equipment and infrastructure upgrades
- Support for the implementation of recommendations for transport and fleet management systems of CMS and RMS
- The enhancement of physical security of goods in storage and in transit
- Support the review of and the implementation of recommended ordering systems between treatment facilities and medical stores and order processing and dispatch systems of the CMS and RMS
- Provide support for the implementation of a logistics and supply chain management system for Rapid Test Kits
- Developing a logistics system for the implementation of the Nutrition support program
- Provide ongoing support for the position of a Pharmaceutical Management Advisor (Logistics) and Information Systems Associate for the CMS/RMS system.

The described ongoing financial and technical support in pharmaceutical management for the CMS and RMS will provide indirect support for reaching the 11,000 people anticipated to be on treatment by the end of FY05.

Activity Category	% of Funds
☑ Human Resources	38%
☑ Logistics	54%
☑ Training	8%

Targets:

☐ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
- ☑ *Host country national counterparts*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

Result 1:	Quality ART services made available at all 35 public and mission hospitals in the country.\n
Result 2:	Referral mechanisms within the health system and between the health system and community resources strengthened.
Result 3:	A stong information system for monitoring program performance established.
Result 4:	Increased demand, acceptance of and compliance to ARV treatment.
Result 5:	Institutional and human resource capacity to deliver ARV services strengthened.

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+	NA

Total Funding for Program Area ($):

Current Program Context:

On track to reach its target of 4000 public sector patients on anti-retroviral therapy (ART) end '04, Namibia is well on its way toward rapid scale up of services. ART in the public sector began in late 2003 with 6 MoHSS hospitals and 1 faith-based hospital. All 4 remaining faith-based hospitals and 12 additional MoHSS hospitals were added during 2004 for a total of 17 out of 35 hospitals now having ART services. An additional 5 MoHSS hospitals are to start ART in late 2004 and the remaining 13 MoHSS hospitals will start ART during 2005. This rapid scale up has been made possible only by strong commitment and leadership from the MoHSS with substantial programmatic and technical support from the USG. Namibia is on course to meet its target of 11000 public sector patients on ART by end '05, but will require Global Fund support and significant expansion of support from the USG. \n\nThe MoHSS remains highly committed to the rollout of ART into the public sector in spite of the considerable strain it places on the limited capacity of health services and the Ministry's limited financial capacity. Major challenges to date include severe shortages of doctors, nurses, counselors and pharmacy staff to manage the patients at the facility level; \ inadequate outpatient infrastructure; lack of a communication strategy; lack of funds for rapidly escalating pharmaceutical and laboratory costs; lack of transport to trace defaulters; and a high percentage of patients (est. at ~50%) in need of food supplements. \n\nIn addition to ART guidelines, training curricula, and a simple monitoring system, the USG is supporting MoHSS initiatives to develop a rollout plan outlining the principles of provider-initiated HIV testing; to establish new Communicable Disease Clinics in hospitals for ART services; to define the roles and responsibilities of respective staff; to make referrals and linkages with voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT) services, TB care, and home-based care; to strengthen the monitoring system; and identify infrastructure and staffing requirements. Hospital ART committees have been established to oversee implementation and strengthen linkages with the community. USG support also includes upgrading clinical infrastructure; providing transport; contracting doctors, nurses, pharmacists, and medical technologists to provide patient services; providing training; upgrading laboratory services, including capacity for high-volume centralized CD4 testing and limited viral load testing; and strengthening pharmaceutical management (see Table 3.3.10). USG support also includes training of health workers in patient communication skills, development of job aids, and the formation of Community Action Forums within the catchment area of each ART site to increase community linkages and referrals. \n\nThe private health sector is already an important provider of ART services. USG funded technical assistance will leverage resources from the private sector and Government of the Netherlands (approximately for a prevention and treatment program to be developed for a Namibia business consortium having ~25,000 employees and dependents in such diverse sectors as fishing, manufacturing, bottling, agriculture, and tourism. MoHSS training sessions also include private practitioners and accredited continuing medical education for private practitioners is being supported. USG assistance is also being provided to establish video teleconferencing for telemedicine linkages and a telephone hotline for ART consultations by both the public and private sector. Funding is also being provided to develop information systems for the private sector to facilitate ART referral and reporting. \n\nBristol Myers Squibb provides financial and technical support for a comprehensive prevention, care, and treatment program in the Caprivi region. The Global Fund will also fund ART services in the 2005-2009 timeframe.\n

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative:

Catholic Health Services (CHS) and Lutheran Medical Services (LMS)
CHS and LMS will recruit 3 additional staff and provide training for 50 existing staff to increase their capacity to provide high-quality ART services. Based on current hospital statistics, 3,700 persons per year would be medically eligible for treatment (including 200 pregnant women referred by PMTCT) based on clinical assessment and CD4 testing and other baseline laboratory examinations. It is expected that more than half of those will be enrolled for treatment following intensive counseling before initiation of treatment. All enrolled patients will be monitored during follow-up visits, by clinical examination, laboratory testing for co-morbidities, drug toxicities as well as CD4 testing. Plasma samples of patients will be stored to evaluate the effectiveness of the program at a later stage when funding may become available for viral load testing. Patient management includes intensive counseling before initiation of treatment and during follow-up visits, medical follow-up, and laboratory testing for co-morbidities, drug toxicities as well as CD4 and viral load testing as appropriate to monitor the effectiveness of treatment. As multiple service providers are involved in managing patients and need to have access to specific information on each patient. A computer network will be installed. This will facilitate the easy access and maintenance of longitudinal patient records. The network will ensure confidentiality by providing each health worker access only to specific information which this has been authorized.

The Namibian HIV Clinicians Society
The Namibian HIV Clinicians Society was established in 2003 with support of USG to promote training and networking among service providers. Since its establishment, the Society has been a key partner in training of private health care providers. Within a short period, the Society has become one of the main actors in promoting quality HIV care in Namibia. The capacity of the Society will be strengthened to respond to need for continuous professional development, exchange of information, training and improved monitoring of treatment. For this purpose, the Society will receive support to organize professional development seminars, trainings and case discussions for 500 participants throughout Namibia, who are providing ART for approximately 3,600 patients.

Diamond Health Services
Is a low-cost managed care program for the working poor that provides primary health care including antiretroviral treatment to its members. Diamond Health and its partner CompuRite have developed a computerized clinical management system to enhance efficient patient flow and sharing of relevant information among private and public providers. The program provides guidance on treatment options according to MoHSS protocols. Through the Emergency Plan, Diamond Health is developing an HIV module for this clinical management system in the private sector that will be compatible with the data capturing tools of the MoHSS and which will facilitate patient transfer and reporting. This module will be made available at no cost to the MoHSS and all private providers in Namibia by the end of 2004. In FY 05, further support will be for the development of additional modules for pediatric HIV, the development of tools to facilitate follow-up as well as the generation of periodic reports for the USG in order to capture private sector treatment numbers and the analysis of longitudinal data. Currently there are approximately 3,600 patients being treated in the private sector; the public sector is currently treating 4,000.

Lifeline/ Childline implements an integrated program to ensure effective counseling for ART adherence counseling by supporting the training and supervision of trainers/counselors using standardized guidelines developed with USG support under track 2. Lifeline will continue to be responsible for the training of NGO/FBO/CBO and line ministries staff and volunteers to ensure a pool of trained counselors to meet the increasing demand of the expanding ART services. Previously certified counselors will be able to attend the ART training, a total of 80 will be trained during this period.

Activity Category	% of Funds
☑ Commodity Procurement	14%
☑ Human Resources	55%
☑ Infrastructure	4%
☑ Local Organization Capacity Development	8%
☑ Quality Assurance and Supportive Supervision	7%
☑ Strategic Information (M&E, IT, Reporting)	7%
☑ Training	5%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	5	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	800	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	40	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	2,500	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,400	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *HIV/AIDS-affected families*
- ☑ *People living with HIV/AIDS*
- ☑ *Sex partners*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: To facilitate implementation and build capacity to use digital video conferencing (DVC) at the MoHSS National and Regional Training Centers, for training of health care workers on ART, PMTCT, and VCT. MoHSS has requested the USG to provide six (6) Crisis Corps Volunteers (CCVs) to work with USG partners and counterparts in the NHTC and RHTCs beginning early in 2005. The CCVs will support the trainings, provide technical guidance for DVC format and use, and train MoHSS staff in operation and maintenance of the DVC technology.

Activity Category	% of Funds
☑ Local Organization Capacity Development	25%
☑ Training	75%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Government workers*

☑ *Medical/health service providers*

Key Legislative Issues:

☑ Volunteers

Coverage Area:

State Province: Karas	ISO Code: NA-KA
State Province: Khomas	ISO Code: NA-KH
State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Oshana	ISO Code: NA-ON
State Province: Otjozondjupa	ISO Code: NA-OD

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Development Aid from People to People, Namibia

Planned Funds:

Activity Narrative:

The USG has previously support DAPP for youth activities, but the introduction of this new community population-based approach represents new USG support in 2005. "Total Control of the Epidemic" (TCE) is an innovative grassroots, one-on-one communication and mobilization strategy for prevention and behavior change that has been implemented in several countries in southern Africa (National Association of State and Territorial AIDS Directors, Botswana, 2004). TCE groups communities into areas of approximately 100,000 people. Each group of communities is designated a TCE Area and is organized along logical geographical, cultural and linguistic modalities. TCE will recruit train and employ 150 local community members as "Field Officers" (FOs) in half of Ohangwena and Oshikoto, and all of Kavango Regions. These areas have been chosen because they are contiguous with neighboring regions where TCE is being introduced with funding from the Global Fund. Thus new USG support to DAPP in 2005 will leverage Emergency Plan funds with those of the Global Fund. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) in the 2001 DHS.

TCE utilizes a standardized monitoring system for each Field Offier's activities and population reached. Targeted evaluations in other countries have demonstrated significant differences in KABP between individuals who have gone through the TCE program and those who have not. (NASTAD, Botswana, 2004). The Field Officers will go house to house / person to person to conduct a comprehensive HIV/AIDS prevention and care campaign, reaching each and every family member, opening discussions about HIV/AIDS, including how to access appropriate care and treatment. They will also be trained to engage community volunteers to help mobilize local communities to take a lead in the fight against HIV/AIDS. 150 Traditional Leaders will be trained in the first year and 150 Field Libraries will be established. In addition, mass media activities will be conducted through local radio, news and printed media. In the first year, each Field Officer will provide one-on-one education, counseling about HIV/AIDS, promoting A/B messages and changing social and community norms to reduce high risk behavior to 600 people in his or her field, thereby reaching 90,000 (this will increase to each reaching 2000 people per Field Officer over 3 years).

TCE Field Officers, as part of their work, will promote and explain the importance of a patient knowing his/her CD4 count, what can be done to keep the CD4 count above 200 and treatment adherence. The core in the TCE Community Support for ARV treatment is the "TRIO" system, used to implement Directly Observed Treatment (DOT) and to ensure adherence to ARV treatment. A TRIO consists of the individual and two Passionates (treatment supporters and observers) who will then monitor the individual's intake of ARV on a daily basis. The goal of a "TRIO" is to ensure, through a monitoring system run by the community, that people take their pills according to the prescribed regime. DOT, via the TRIO system, has eleven steps and aims to institute habits and procedures that will ensure ARV compliance after TCE has finished.The three TCE Areas will each reach an average of 50 HIV-positive patients with DOT in the first year of implementation(total 150), 100 in the second year (total 300), and continue with the 150 clients (total 450) in the third year. The program will thus contribute to increasing the demand for and acceptance of ARV treatment and improved compliance among 150 PLWHA on ARV therapy in 2005.

Activity Category	% of Funds
☑ Community Mobilization/Participation	1%

☑ Human Resources	42%
☑ Information, Education and Communication	3%
☑ Infrastructure	5%
☑ Logistics	20%
☑ Policy and Guidelines	11%
☑ Quality Assurance and Supportive Supervision	12%
☑ Strategic Information (M&E, IT, Reporting)	1%
☑ Training	5%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *HIV/AIDS-affected families*
☑ *HIV+ pregnant women*
☑ *People living with HIV/AIDS*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Ohangwena	ISO Code: NA-OW
State Province: Okavango	ISO Code: NA-OK
State Province: Oshikoto	ISO Code: NA-OT

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Potentia Namibia
Planned Funds:

Activity Narrative:

To reach national targets of 4,000 patients by 2004, and 11,000 patients by 2005, MoHSS estimated that a total of 74 full-time doctors, nurses, and pharmacists would need to be allocated to provide ART services in public hospitals. Shortages of such scarce personnel already existed within the health system prior to the introduction of ART. Support from the USG in 2004 made it feasible for Namibia to successfully reach its target of 4,000 patients. USG support will need to be expanded for Namibia to reach its national target in 2005.

Through Potentia, a local private sector personnel service agency, USG will continue to strengthen the human resource capacity in palliative care and treatment services nationwide, with increasing integration and referral by and between clinical and community providers. With support from the USG beginning in 2004, Potentia began administering a time-limited compensation package to contracted foreign health professionals to provide comprehensive HIV/AIDS care, including ART. Contracted staff are selected by MoHSS and receive the same compensation as government professionals. Potentia was funded through a time-limited CDC task order with FHI in 2004. The USG will establish direct funding to Potentia through a Cooperative Agreement in 2005.

The addition of USG-supported doctors, nurses, and pharmacists in 2004 had a major impact on uptake of ART. To accommodate the growing patient population at existing sites and the opening of new sites, funding will be increased for Potentia to provide and administer compensation packages to 60 staff (compared to 41 in 2004), including 20 doctors, 15 nurses, 10 pharmacists, and 15 medical records clerks to work in MOHSS Clinical Disease Clinics (CDCs). Government professionals are not eligible for these contracts. Sites for assignment will be based on where the greatest contributions to 2-7-10 can be made, taking into account the size of the facility, patient population, and current gaps in staffing (50% of these costs will be split with Care). The 10 pharmacists will serve as clinical pharmacists in the CDCs and those placed in Windhoek and Oshakati will provide practical training on ART to pre-service pharmacy assistants.

Activity Category	% of Funds
☑ Human Resources	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	30	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	4,000	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	11,000	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	7,000	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Medical/health service providers*
- ☑ *HIV+ pregnant women*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative:

The current MoHSS ART curriculum was developed for doctors, given the modest number of doctors in Namibia the majority of ART course participants have been nurses. The varied yet, complementary roles of nurses in HIV/AIDS prevention and treatment demands that a general HIV/AIDS curriculum for nurses be developed. ITECH will develop an HIV/AIDS in-service training curriculum focused on nurses. The curriculum will spotlight the role of nurses in ART management. The training cascade will consist of curriculum development, a TOT for NHTC In-service tutors, five regional workshops and ongoing monitoring and evaluation in accordance with NHTC's M and E plan. The TOT and regional workshops will utilize level 1 (didactic) and level 2 (skill-building) techniques. A total of 120 nurses will be trained. ITECH will continue to support national and regional level ART trainings aimed at doctors. In 2005 three ART trainings utilizing level I (didactic) and level II (skill-building) will train 120 health professionals. To increase ART training capacity, ITECH will create a core cadre of Namibian medical officers through an intensive ART trainer mentoring program. In an effort to maintain quality ART services and treatment ITECH is collaborating with CDC, US Peace Corps and NHTC to implement a Digital Video Teleconferencing (DVC) program. ITECH's DVC tasks will include: provision of one technical advisor; two DVC operators seconded to NHTC; identification of appropriate training activities, conferences, meetings, consultations with experts, case conferences; identification of target audience per training activity; and, development of a national schedule. ITECH will provide technical assistance to The University of Namibia (UNAM's)

ITECH will provide two AIDS clinicians from the US over the next year, one to be based in Windhoek at Katutura State Hospital, and one to be based in Oshakati at Oshakati State Hospital. The doctors will support clinical training (training level III-preceptorship), and provide on-site clinical supervision and mentoring, with a special focus on hospitals that rolled out ART in 2004. The clinicians will also help to support an ART telephone hotline to assist practicing clinicians in the public and private sector and facilitate the use of telemedicine facilities established by the USG to build capacity among Namibian practitioners.

Medical and Health Sciences Faculty. Long term technical assistance will include: collaboration with the faculty to incorporate HIV/AIDS into the existing pre-service curriculum and recruitment and hiring of two additional lecturers with the goal of increasing student enrollment. UNAM conducts a one-year pharmacotherapy course for nurses to equip them with prescribing skills. I-TECH will provide a long term TA to explore the strategic expansion of this program to include HIV/AIDS prevention and management and update the curriculum to include OI management and ART. To date, most nurses attending this course have come from the private sector, but 10 nurses from MOHSS will be sent to this inaugural course and will return to their respective hospitals equipped to prescribe medications for OI prevention and treatment, ART refills, and possibly the first-line regimen for patients meeting the eligibility criteria. (This cost will be shared with Care)

Activity Category	% of Funds
☑ Human Resources	65%
☑ Infrastructure	2%
☑ Logistics	16%
☑ Strategic Information (M&E, IT, Reporting)	1%
☑ Training	16%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	250	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *HIV+ pregnant women*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services
Planned Funds:

Activity Narrative:

Outpatient space is woefully inadequate in virtually all public hospitals to accommodate the large outpatient population of patients coming forward to be evaluated for ART and returning for routine or episodic follow-up visits on a daily basis. FY04 USG support is renovating the Communicable Disease Clinic in Katutura Hospital in Windhoek, the largest hospital in Namibia, and providing transport to five ART sites. This leaves an additional 29 MoHSS hospitals in which renovation may be eventually necessary and 25 hospitals which may need transport to follow-up ART defaulters and to perform HIV/AIDS-related outreach activities.

With USG support, MoHSS will renovate another 5 hospitals in FY05 to accommodate Communicable Disease Clinics and will purchase basic equipment and furniture e.g. weighing scales, desk, chair, examination table. Taking projected numbers of patients into account, the MoHSS has determined that a typical Communicable Disease Clinic (CDC) should include a reception area, computer and medical record room, a large room for group education and counseling, a small pharmacy, specimen collection room, 3-4 clinical consulting rooms, 3-4 counselling rooms, storage room, and toilets. Hospitals with larger catchment areas will need more space. The clinic should be integrated as much as possible into the existing outpatient department to improve efficiency and patient flow. The estimated cost of each renovation is approximately [redacted] Transport for 12 MoHSS hospitals will be purchased in 2005. Renovation and transport costs will be split 50:50 with basic HIV/AIDS care. Needs for renovation at other health facilities will be assessed in FY05 for possible support in 2006.

With support from CDC, the MOHSS developed criteria for the recruitment, training and deployment of community counselors to serve in health facilities to provide VCT, PMTCT, and ART services. Under COP2004, 150 community counselors were to be trained in basic counseling skills, VCT and testing, HIV risk reduction, PMTCT, ART, adherence and the health care system (for proper referrals). A manual for reference, reinforcement and referrals has been developed. Ultimately all 35 hospitals and selected high-burden health centers and clinics will need more counselors, but the program is new and needs consolidation before further roll out is feasible. As PMTCT and ART are rolled out, an additional 50 community counselors will need to be trained and contracted in 2005 by the MoHSS through local NGOs. They will be deployed in different settings and will be supervised by health workers in charge of ANC, PMTCT, VCT, ART, TB and/or clinical diseases clinics. It is anticipated that these counselors will work full-time in the health facilities and as a group at each facility, they will apportion their time as follows: 20% treatment adherence, 20% counseling and testing, 20% PMTCT, 20% Be faithful and 20% condom use. The USG-funded VCT Advisor will support the Directorate for Special Programmes and the assistant SHPAs in the regions to manage the programme. Forty percent of their time will be in PMTCT and treatment adherence and education. Thus, the community counselors will play an important role in increasing the uptake of ART services and ensuring that clients continue on treatment. Other regional initiatives which will be supported in 2005 include additional equipment (lamp, instrument trolley, 4 x bed screens) for the ARV clinic in Omusati Region and 4 public awareness raising meetings to promote treatment literacy & adherence in Oshikoto Region.

Activity Category	% of Funds
☑ Community Mobilization/Participation	1%
☑ Human Resources	14%
☑ Infrastructure	85%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	30	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	4,000	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	11,000	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	7,000	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *Health Care Workers*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: _____ ISO Code: _____

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic
Planned Funds:

Activity Narrative:

The household and network survey results completed in FY04 (20 in total) and the outcome of the community mobilization assessments (10) reveal that the level of stigma and discrimination in communities is still at such a level that people are scared to go for testing and those that are infected with HIV do not feel safe ... enough to talk openly about their status. Additionally, these findings show that there is very low knowledge and understanding of PMTCT and ARV services. To reduce stigma and discrimination such that the uptake of VCT, PMTCT and ART services increases and to encourage positive people to start and adhere to treatment, The USG through its Community Action Forums (CAFs) will develop two community-based programs – Patient Advocates and a PLWA Radio Diary.

PLWA as Patient Advocates
This new activity aims to reduce stigma, promote services and create a link and feedback system between the community and the health care facilities. To achieve this, the Community Action Forums will work closely with the national and local organizations of PLWAs. With the assistance of local faith-based and NGO organizations, PLWAs will be trained to become patient advocates within the communities so they can perform outreach activities that inform, reassure and encourage community members to use VCT, PMTCT and ART services. The CAFs will be responsible for organizing community meetings that bring together health care workers, PLWAs and community members to discuss issues that both experience and ways in which relationships can be improved. The outcome of these meetings and the progress that communities make in this respect will be incorporated into the national and community radio programs so communities are kept abreast of changes taking place. Number of people informed about ART services through the PLWA patient advocate program = 20,000

PLWA Radio Diary
In FY 05 and to reach a broader audience of PLWA and their families and friends, the USG will support production of a radio diary program with a person living with HIV. This radio program will be a personal account of the daily issues and problems that a person living with the virus experiences. Through this program HIV/AIDS care and treatment information and advice will be passed on to PLWA, their caregivers and support networks ensuring that those people who are too scared to disclose their status will still receive support, information and advice. It will also reinforce the work that the patient advocates are performing and the PSA messages by promoting the notion of positive living and the use of VCT, PMTCT and treatment services. The program will be an important channel through which PLWA and their families will be educated on the rights (or lack thereof) of PLWA in Namibia. Lastly, the program will serve to address stigma related issues among all listeners. Number of people informed about VCT, PMTCT and ART services and educated on ARVs through radio program = 88,000

The numbers of people reached through the above described activities will contribute to the USG indirect support for number of people on ARVs.

Activity Category **% of Funds**

- ☑ Information, Education and Communication 50%
- ☑ Local Organization Capacity Development 25%
- ☑ Training 25%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *HIV/AIDS-affected families*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *General population*
- ☑ *Peace Corps volunteers*
- ☑ *CAF members*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Increasing women's access to income and productive resources
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: National Pharmaceutical Management Plus / Management Sciences for Health

Planned Funds:

Activity Narrative:

In FY 05, ongoing support will be provided for strengthening of human resources and capacity development for pharmaceutical management. This will include the continued provision of support to the pharmacists' assistants' training program and the implementation of a continuous education program for pharmacists and pharmacists' assistants, and the development and implementation of a standard orientation program for new healthcare workers to ensure that new staff will receive adequate introduction to the Namibian HIV/AIDS healthcare system. The USG program will provide support for the conduct and implementation of recommendations of the Human Capacity Development assessment for ART scale-up. Salaries for Ten (10) Pharmacists and seven (7) Pharmacists' Assistants who were engaged in FY04 would be continued.
The USG will host an international training course on Promoting Rational Drug Use (PRDU) during April 2005. Participants will be a mix of international presenters and health personnel participants from Namibia. Hosting the PRDU course in Namibia will enable the full participation of health professionals working in Namibia. Participation in relevant local and international training programs, seminars and conferences will also be supported.
Support will be provided to the MoHSS Pharmaceutical Services Division to develop and implement a management system to ensure the maintenance of the highest standards of practice in the delivery of pharmaceutical care in support of the HIV/AIDS program: Support will be provided to strengthen institutional therapeutics facility committees, including the establishment of a National Therapeutics Committee. Annual CPE meetings of pharmacists and pharmacists' assistants will be revived.
Following the assessment of the transportation and storage requirements of the supply system, support will be provided for the implementation of the recommendations of the review. In anticipation of the review recommendations, provision has been made for the procurement of handling equipment for the CMS and RMS.

The above activities will provide various kinds of training and technical assistance to wide variety of professionsals includeing health care workers, staff of the CMS, and members of the Pharmacy and Therapeutics Committee. All of this training and assistance will support strengthening of national ARV supply systems and will provide indirect support to the 11,000 people who are anticipated to be on ARV treatment by the end of FY05.

Activity Category	% of Funds
☑ Human Resources	50%
☑ Infrastructure	17%
☑ Quality Assurance and Supportive Supervision	9%
☑ Training	24%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / Namibia Institute of Pathology
Planned Funds:

Activity Narrative: (Deferred funding)

The MoHSS has set standards for baseline and follow-up laboratory monitoring of ART patients in the 2003 national guidelines. These guidelines form the basis for USG-supported ART training. All MoHSS and mission testing is conducted by the Namibia Institute of Pathology, (NIP), which is a parastatal laboratory created by an Act of Parliament to provide clinical and public health laboratory services for the Namibian public. The NIP serves as the National Reference Laboratory and USG support to NIP in 2004 established two high-volume CD4 testing laboratories in Windhoek and Oshakati and a PCR laboratory for viral load testing in Windhoek.

More than 95% of patients in the public sector are on a first-line regimen containing d4T-3TC-NVP, d4T-3TC-EFV, *or* AZT-3TC-NVP. Viral load testing is not routinely recommended in the Namibia guidelines, but the need will increase in FY05 as the number of patients with suspected treatment failure increases in year two of ART in the public sector. The USG will continue to fund a performance-based agreement with NIP for routine baseline and monitoring laboratory tests for patients starting ART in public hospitals as indicated in the Namibia guidelines: (blood counts, liver function, CD4, viral load tests, pregnancy tests, amylase, cholesterol, Hepatitis B)

Activity Category	% of Funds
☑ Commodity Procurement	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	4,000	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	11,000	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	7,000	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *HIV+ pregnant women*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Military Action and Prevention Program (MAPP) / Namibian Social Marketing Associ
Planned Funds: [redacted]

Activity Narrative:

Training
Refresher training for MOD medical personnel will be conducted by Drew University as subcontracted by SMA.

Local Organization Capacity Development
The Drew University subcontract will continue to provide the mechanism for staffing the counseling and testing center at the main Ministry of Defense hospital.

The total amount for this activity includes [redacted] for the activities described above, and [redacted] represents the 20% that DOD requested be set aside for management costs

(The remainder of funding for this activity can be found under the funding mechanism DOD deferred funding for MAPP)

Activity Category	% of Funds
☑ Human Resources	15%
☑ Infrastructure	15%
☑ Local Organization Capacity Development	60%
☑ Quality Assurance and Supportive Supervision	10%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	1	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	50	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	50	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	50	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Medical/health service providers*
☑ *Military*

Key Legislative Issues:

☑ Increasing gender equity in HIV/AIDS programs
☑ Addressing male norms and behaviors
☑ Reducing violence and coercion
☑ Volunteers
☑ Stigma and discrimination

Coverage Area:

State Province: Khomas ISO Code: NA-KH
State Province: Otjozondjupa ISO Code: NA-OD

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Military Action and Prevention Program (MAPP) / Namibian Social Marketing Associ
Planned Funds:

Activity Narrative:

Training
Refresher training for MOD medical personnel will be conducted by Drew University as subcontracted by SMA.

Local Organization Capacity Development
The Drew University subcontract will continue to provide the mechanism for staffing the counseling and testing center at the main MOD hospital.

(The remainder of funding for this activity can be found under the funding mechanism DOD GHAI funding for MAPP)

Activity Category	% of Funds
☑ Human Resources	13%
☑ Infrastructure	13%
☑ Local Organization Capacity Development	74%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	1	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	100	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	150	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Medical/health service providers*
☑ *Military*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Khomas	ISO Code: NA-KH
State Province: Otjozondjupa	ISO Code: NA-OD

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / Namibia Institute of Pathology
Planned Funds:

Activity Narrative:

The MoHSS has set standards for baseline and follow-up laboratory monitoring of ART patients in the 2003 national guidelines. These guidelines form the basis for USG-supported ART training. All MoHSS and mission testing is conducted by the Namibia Institute of Pathology, (NIP), which is a parastatal laboratory created by an Act of Parliament to provide clinical and public health laboratory services for the Namibian public. The NIP serves as the National Reference Laboratory and USG support to NIP in 2004 established two high-volume CD4 testing laboratories in Windhoek and Oshakati and a PCR laboratory for viral load testing in Windhoek.

More than 95% of patients in the public sector are on a first-line regimen containing d4T-3TC-NVP, d4T-3TC-EFV, or AZT-3TC-NVP. Viral load testing is not routinely recommended in the Namibia guidelines, but the need will increase in FY05 as the number of patients with suspected treatment failure increases in year two of ART in the public sector. The USG will continue to fund a performance-based agreement with NIP for routine baseline and monitoring laboratory tests for patients starting ART in public hospitals as indicated in the Namibia guidelines: (blood counts, liver function, CD4, viral load tests, pregnancy tests, amylase, cholesterol, Hepatitis B)

Activity Category	% of Funds
☑ Commodity Procurement	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	35	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	4,000	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	11,000	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	7,000	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *HIV+ pregnant women* ☑ *People living with HIV/AIDS*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative:

Catholic Health Services and Lutheran Medical Services

Based on current hospital statistics, 3,700 persons per year would be medically eligible for treatment (including 200 pregnant women referred by PMTCT) based on clinical assessment and CD4 testing and other baseline laboratory examinations. It is expected that more than half of those will be enrolled for treatment following intensive counseling before initiation of treatment. All enrolled patients will be monitored during follow-up visits, by clinical examination, laboratory testing for co-morbidities, drug toxicities as well as CD4 testing. Plasma samples of patients will be stored to evaluate the effectiveness of the program at a later stage when funding may become available for viral load testing. Patient management includes intensive counseling before initiation of treatment and during follow-up visits, medical follow-up, and laboratory testing for co-morbidities, drug toxicities as well as CD4 and viral load testing as appropriate to monitor the effectiveness of treatment. As multiple service providers are involved in managing patients and need to have access to specific information on each patient.

Activity Category	% of Funds
☑ Commodity Procurement	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	5	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	800	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	2,500	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,400	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *HIV/AIDS-affected families* ☑ *People living with HIV/AIDS* ☑ *Sex partners*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
- ☑ *Stigma and discrimination*

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

Result 1:	Expanded use of quality program data for policy development and program management.\n
Result 2:	Improved quality and operationalization of monitoring and evaluation plans.
Result 3:	The effectiveness and responsiveness of the MoHSS health management information system will be improved.
Result 4:	Improved human resource capacity for moitoring and evaluation.
Result 5:	Program level monitoring for FBOs and NGOs will be strengthened.

Total Funding for Program Area ($):

Current Program Context:

Namibia has a strong national commitment to collect and use strategic and programmatic information in support of the National Strategic Plan for HIV/AIDS, UNGASS and the GFATM. A unified national monitoring and evaluation (M&E) plan and information system has been developed supporting national programmatic and indicator databases including and synthesizing MoHSS, USG, UNGASS, GFATM, and UNAIDS indicators.\n\nDevelopment partners actively provide technical assistance for M&E activities. Information systems have been developed with USG support by MoHSS and for New Start VCT Centers, and are being implemented to monitor uptake of PMTCT, ART, and VCT services, including program performance. HIV and TB/HIV surveillance is also being supported with USG technical assistance. MoHSS has made costing of ART services a priority and USG support is being provided to complete a cost analysis. The new Directorate of Special Programs will have an M&E and research unit, supported in part by an additional 15% levy on the current GFATM Individual Recipient partners by the Principal Recipient (MoHSS). Planning for the 2005 DHS and facility surveys is underway, along with the development of guidelines for how all partners will contribute to the process. National surveys are institutionalized with antenatal sero-surveys conducted every two years since 1992 and the DHS was conducted in 1992 and 2000, which included an HIV/AIDS module. The MoHSS operates a decentralized national health information system (HIS), which provides information on user statistics in health facilities.\n\nHowever, Namibia has limited technical and human resources to collect and use strategic information; the staff involved with the various large surveys, both in design and implementation, is likely to be the same. This prevents the MoHSS and the National Planning Commission from carrying out multiple large-scale data collection activities simultaneously and means that any data collection activities must be prioritized. \n\nThe Strategic Information (SI) system supports the overarching USG program, by informing the development of materials, training curricula, and community action plans, as well as by providing feedback on the effects of programs and materials. The guiding principle for the strategic information program is to implement a cost-efficient program that is scientifically rigorous and valid, that provides easy-to-understand information for professionals and laypersons alike to use in their programs and daily lives. The SI system is composed of four key activities, with capacity building integrated within all activities. The four activities are: a) an individual/community level program monitoring system, b) a community self-assessment feedback system, c) targeted evaluations, and d) dissemination activities. Implementation of all activities is through a locally owned and operated organization, Research Facilitation Services (RFS), with technical support from USG partners. \n\nObjectives:\n•To assess the impact of the USG program activities through baseline and network analyses, and process and summative evaluations;\n•To enable communities to assess and monitor self-identified program and outcome indicators;\n•To support and share SI findings with the Emergency Plan partners;\n•In support of the 'Three Ones' to share quantitative data and qualitative information with other development partners to use with their own programming;\n•To support other HIV/AIDS related targeted evaluations that contribute to the Emergency Plan agenda; and\n•To improve SI capacity with local partners and focal communities.\n

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Potentia Namibia

Planned Funds:

Activity Narrative: The national office for the MoHSS Health Information System has only 3 staff and can not cope with the increasing information from new PMTCT and ART programs. Through Potentia, a local private sector personnel service agency, USG will continue to strengthen the human resources for monitoring the HIV/AIDS epidemic and response. Starting in 2004, the USG will continue contracts through Potentia for one senior analyst; one assistant analyst, and three data clerks to be based in the MoHSS HIS office. Support will also be given to contract local programmers and data processing staff to improve the quality of information and turnaround time for results from the HIS, particularly with respect to PMTCT, ART, TB/HIV, and VCT services. This will result in improved reporting on strategic information for MoHSS, Global Fund, and the Emergency Plan.

Activity Category	**% of Funds**
☑ Human Resources	100%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	☐ Not Applicable

Target Populations:

☑ *Ministry of Health staff*

☑ *National AIDS control program staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services

Planned Funds:

Activity Narrative:

In FY04, with USG support, a computerized patient-based health information system for ART in Epi Info has been developed and is being rolled out. In FY04, ART was started in 5 faith-based and 12 MoHSS hospitals. Computers were provided in FY04 to 10 of the 12 MoHSS ART sites and to all 34 health information system (HIS) offices in faith-based and MoHSS hospitals for PMTCT.

In FY05, an additional 18 ART sites will be opened in the remaining MoHSS hospitals. In FY05, computers will be supplied to 10 of the 20 remaining MoHSS ART sites that have not yet received a computer for using the USG-supported HIS for ART. The USG-supported data clerks record data on these computers, compile monthly reports, and forward them to MoHSS headquarters. This same information system provides indicator data for the Emergency Plan as well. In addition to reporting on progress with ART implementation, the monthly reports are also the best source of information for the pharmaceutical management group to better forecast consumption and to prevent stock-outs of drugs.

Activity Category	% of Funds
☑ Infrastructure	11%
☑ Strategic Information (M&E, IT, Reporting)	89%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	36	☐ Not Applicable

Target Populations:

☑ *M&E specialist/staff*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Health Communication Partnership / Johns Hopkins University Center for Communic
Planned Funds:

Activity Narrative:

The USG Strategic Information program has created a system of self-checks and balances with mechanisms for immediate correction of any poor performance or negative unintended effects, and for swift identification and dissemination of best practices to partners and other communities. Capacity building is built within all aspects of the program through formal trainings, technical assistance, and field experience and building the capacity of a local Namibian firm, Research Facilitation Services. Further, capacity building takes place at the community level for the feedback system where members of the community are trained in the M&E process. In FY04, 383 people were trained in data collection and interview techniques, 18 baseline reports and two targeted evaluations were completed and two dissemination workshops were held.

For FY05 HCP will train 160 people in strategic information skills, complete 13 representative household surveys and 4 network surveys. Two dissemination workshops and 10 focus groups will be held. One targeted evaluation will also be completed.

Program Monitoring: Surveys collecting individual-level (household surveys) and community-level (network analysis) information are conducted within 5-10 kilometer catchment areas around MoHSS designated treatment and PMTCT sites, during year 1 (baseline), year 3 (mid-term), and year 5 (impact). The household surveys assess individual level attitudes, perceptions, and behaviors critical to behavior change, adopting and adhering to treatment regimens, and care and support of those affected by HIV/AIDS. The network analysis assesses community level processes like community cohesion, norms, social capital, leadership, and other variables critical to the support of social change leading to reduction of HIV infections and care and support for those affected by HIV/AIDS. In FY 04, baseline and network data have been collected in 11 sites (Andara, Katutura, Keetmanshoop, Nyangana, Onandjokwe, Oshakati, Oshikuku, Rehoboth, Rundu, Walvis Bay, Windhoek Central). In FY05, these surveys and analyses will be conducted in four newly designated treatment sites and where the USG program will be implementing community mobilization activity (Gobabis, Grootfontein, Omaruru, Otjiwarongo). In addition, household surveys only will be conducted in two additional sites Engela and Outapi, in order to establish baseline of attitudes, perceptions, and behaviors and to support the community mobilization efforts of the USG implementing partner the DAPP in Outapi and Engela, it will train DAPP volunteers in CMA. Because the household surveys were commenced under the PMTCT Initiative some mid-course household surveys will take place late 2005 early 2006 in Onandjokwe, Oshikuku, Rehoboth, Rundu, Nyangana, Andara and Walvis Bay.

Targeted Evaluations: In FY04, a targeted evaluation began for the USG supported "Trusted Partner" campaign, and, a targeted evaluation for the USG youth radio program, Suzie and Shafa, was completed. For FY 05, one or more targeted evaluations are planned depending on partner needs (to be determined). Additionally, a KAP survey of Parliamentarians and their staffers will be undertaken to understand their knowledge, attitudes and practices in order to develop sensitization activities leading to an HIV/AIDS supportive environment.
Program Monitoring Outputs: 13 representative household surveys, 4 network surveys, 5500 persons interviewed, data cleaned and analyzed, reports and fact sheets written, dissemination workshops held; 10 focus groups held, 60-80 participants, data analyzed, reports and fact sheets written, dissemination workshops held

Targeted Evaluation Outputs: 3 studies fielded, approximately 1000 persons interviewed, data cleaned and analyzed, reports and fact sheets written, dissemination workshops held

Activity Category	% of Funds
☑ Local Organization Capacity Development	10%

☑ Strategic Information (M&E, IT, Reporting)	80%
☑ Training	10%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	160	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
  - ☑ *Clients of sex workers*
  - ☑ *Commercial sex workers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Family planning clients*
- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Private health care providers*
- ☑ *High-risk population*
  - ☑ *Discordant couples*
  - ☑ *Injecting drug users*
  - ☑ *Men who have sex with men*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *M&E specialist/staff*
- ☑ *People living with HIV/AIDS*
- ☑ *Pregnant women*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
  - ☑ *University*
- ☑ *Sex partners*
- ☑ *Teachers*
- ☑ *Widows*
- ☑ *Women of reproductive age*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Twinning
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Rational Pharmaceutical Management, Plus / Management Sciences for Health

Planned Funds:

Activity Narrative:

In FY 05, the USG program will provide technical assistance and support for the implementation of the MIS/M&E system developed in FY04 by the MIS Taskforce. This will be accomplished through providing support to the MoHSS and the MIS Taskforce to implement the system developed. Activities in this area will result in improved quality of the monitoring and evaluation activities and thus facilitate a strengthened information system that will provide reliable, timely and quality data for the management of ARVs and other pharmaceuticals. Activities to be carried out will include –

- Field testing of the indicators and data collection tools, to evaluate the reliability and sensitivity of the tools and also establish feedback mechanisms. A sample of facilities will participate in this including CMS, RMS and regional/district hospitals.
- Support will be provided for the MIS Taskforce to organize trainings for end users and data collectors in the developed MIS and M&E systems.
- Procure and install the required hardware and software to support the implementation of the MIS/M&E System.
- Support will be provided for the implementation of the National Pharmaceutical Master Plan M&E framework for the implementation of the National Medicines Policy, which provide timeframes for the inspection and monitoring of the NDP implementation
- Support will be provided for the development of procedures, tools and activities for inspection and monitoring of the sub-division of National Medicines Policy Co-ordination

Activity Category	% of Funds
☑ Infrastructure	24%
☑ Policy and Guidelines	61%
☑ Training	15%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐ Not Applicable

Target Populations:

- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Since 2003, The USG program has supported the development of three new national health information systems based in Epi Info for the New Start VCT network and for the national MoHSS health information system for PMTCT and ART services. The MoHSS is responsible for operation of the national Health Information System, which is located in the Epidemiology Unit at MoHSS headquarters and in each of the 34 public hospitals, including the five publicly-funded faith-based hospitals which use the same system. The New Start information system is fully functional at the current 12 sites and headquarters where a monthly newsletter is generated based on the system. Capacity has been established for New Start to sustain the system with only minimal TA from the USG in the future.

In FY 04, for PMTCT, the antenatal and maternity registers have been revised, ANC and maternity reporting forms have been developed, computers have been procured to upgrade the Health Information System infrastructure, the Epi Info program has been created, and staff at 24 PMTCT hospitals have been trained. The first automated PMTCT report from three of the largest hospitals (accounting for 33% of all deliveries in Namibia) showed that of 2352 new ANC attendees, 2320 (98.6%) were counseled for HIV, and 2156 (92%) were tested for HIV. This compares with 10-20% prior to USG support. Of the 2062 clients with HIV results, 383 (18.6%) were HIV-positive but only 125 (32.6%) had been post-test counseled at the time of the report. This shows that the USG-supported "opt-out" strategy is working but that rapid HIV testing is urgently needed to be able to inform women of their results in time. Of 3134 deliveries, 1359 (43.4%) women had unknown HIV status at the time of delivery and 240 (87.0%) of 276 HIV-positive women who delivered received Nevirapine, demonstrating the lag time between steps recently taken to increase counseling and testing in ANC approach and current deliveries, which reflect practices prior to USG support, as well as the need for rapid testing in early labor and post-partum. The PMTCT information system is providing useful information to monitor program performance, however, reporting remains incomplete and rolled out of the system will only be completed when the remaining 11 hospitals, 35 health centers, and >200 clinics start PMTCT services and report on a regular basis. Similarly for ART, in 2004 the USG supported development of the patient file, monthly reporting form, and Epi Info program which is being rolled out alongside the PMTCT system in public hospitals. It is now operational in 6 MoHSS hospitals and further support will be continued in 2005.

In 2005, the USG program will continue to build capacity to collect and utilize data from all public health facilities on PMTCT and ART by continuing support for an epidemiologist/HIS technical advisor to work with counterparts in the MoHSS Health Information System. At least an additional 18 ART sites and 11 PMTCT sites will be opened in hospitals during 2005. Additional ART patient records will need to be printed. TA will also continue to be provided to update programming to improve PMTCT and ART report generation. TA will also be provided to strengthen implementation of the Electronic TB Register (ETR) in the regions and to provide refresher training on the ETR to increase the capacity to report on all key and required TB/HIV indicators. Support will also be given to targeted evaluations of USG-supported programs such as continued surveillance for HIV resistance (which includes post PMTCT), and an assessment of clinical practices associated with TB & HIV/AIDS, including private practitioners. TA will also be provided in 2005 to update the protocol for antenatal surveillance for the next round in 2006. In 2005, a total of six TA visits from USG program supported epidemiologists and informatics experts are scheduled to support the HIS for PMTCT, ART, and TB/HIV, HIV surveillance, and the evaluation of local doctor's prescribing practices.

Activity Category	% of Funds
☑ Commodity Procurement	4%
☑ Human Resources	69%
☑ Local Organization Capacity Development	17%

☑ Strategic Information (M&E, IT, Reporting) 10%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	48	☐ Not Applicable

Target Populations:

☑ *National AIDS control program staff*

Key Legislative Issues:

☑ Gender
- ☑ Increasing gender equity in HIV/AIDS programs

☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: The MoHSS maintains 34 district health information system (HIS) offices located in MoHSS and faith-based hospitals nationwide. In addition to reporting on all health events, the HIS is responsible for reporting uptake of PMTCT services in antenatal clinics and maternity units, which routinely submit PMTCT forms to the local HIS office where they are compiled into a USG-supported Epi Info database, and forwarded to MoHSS headquarters and merged. To improve data management and timeliness of reporting, in FY04 the USG is upgrading the computer system in each of the 34 district HIS offices. Using FY04 deferred funding in FY05; procurement will be completed for the purchase of these computer units, installation, transfer of existing HIS databases to the new computers, a maintenance contract, and training of users. These computers utilize the USG-supported information systems for PMTCT and ART in some sites and will be used by USG-supported trainees and contract data clerks to improve the completeness and timeliness of reporting to MoHSS and for the Emergency Plan.

Activity Category	% of Funds
☑ Infrastructure	100%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	☐ Not Applicable

Target Populations:

☑ *M&E specialist/staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE DHS / Macro International

Planned Funds:

Activity Narrative: During FY05 the USG program will provide TA to the MoHSS and other government partners in planning, coordination, implementation, data collection, data analysis and report writing for the 2005 Demographic and Health Survey and an HIV-focused Health Services Provision Assessment (facility-based survey). The USG will provide financial support for the AIDS module of the DHS and the majority of the facility survey, and will work with the MoHSS to leverage funds from the Global Fund and other development partners to cover the remaining costs. Timing and sequence of these surveys will depend on MoHSS and National Planning Commission (NPC) logistics, the success of efforts to leverage funds from other development partners, and the MoHSS and NPC capacity to manage both surveys. It is anticipated that data collection for both surveys will occur during the course of FY05, but data analysis and report writing may not be completed until early calendar year 2006.

Activity Category	% of Funds
☑ Human Resources	66%
☑ Training	34%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	☐ Not Applicable

Target Populations:

☑ *M&E specialist/staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative: In FY 04 and in previous years, at the MoHSS level, the USG program has provided technical assistance through its membership on the M&E Task Force and direct collaboration with the Health Information Systems (HIS) Department in developing reporting tools. Periodic short-term HR support will be provided to the MoHSS in the development of tools. Tools and technical assistance have also so been provided to locals USG implementing partners to provide regular feedback on their performance to the MoHSS, and to contribute to the HIS system. In FY 05, the USG will continue its direct support to the MoHSS, Directorate for Special Programs, M&E Unit, through the provision of a long-term M&E Officer until September 2005.

Activity Category	% of Funds
☑ Strategic Information (M&E, IT, Reporting)	30%
☑ Training	70%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	7	☐ Not Applicable

Target Populations:

☑ *Government workers*
☑ *Medical/health service providers*

Key Legislative Issues:

Coverage Area: **National**
State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: deferred / US Agency for International Development

Planned Funds:

Activity Narrative: This deferred funding is being reprogrammed and held for targeted program evaluations. The programs and questions for evaluation will be determined in consultation with local partners, the MOHSS and the O/GAC Targeted Evaluation Steering Committee.

Activity Category **% of Funds**

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐ Not Applicable

Target Populations:

☑ *M&E specialist/staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

Result 1:	The national multi-sectoral bodies (public, private, traditional, civic and FBO) will be strengthened to lead and coordinate the HIV/AIDS response.\n
Result 2:	Strengthened national capacity in planning and resource allocation for HIV/AIDS programs.
Result 3:	A national communications strategy developed and implemented to address all aspects of the epidemic (prevention, ART, C&T, stigma, etc.).
Result 4:	Public/private partnerships to address the HIV epidmeic in Namibia strengthened.
Result 5:	Improved training systems, institutional development or skills training that cuts across multiple program areas.

Total Funding for Program Area ($):

Current Program Context:

The MoHSS is currently in its third National Strategic Plan on HIV/AIDS for 2004-2009 (Medium Term Plan III [MTP III]). The comprehensive plan expands a multisectoral response to the HIV/AIDS epidemic, and emphasizes accountability, coordination, and improved management at national, regional, and community levels. The UN also has leadership presence in Namibia and facilitates coordination among development partners within the Partnership Forum, and its commitment to the "three ones" by all partners. The Directorate of Special Programs has limited human and financial capacity, which hampers its ability to coordinate and provide oversight to national programs and development partners. The USG will continue to support capacity building in the new Directorate through long-term technical assistance to build capacity of Namibian counterparts, contract staff to fill key positions, and infra-structural support. The USG also works within the context of the National Development Plan, Vision 2030, and other GRN-approved strategic documents related to HIV & AIDS and its impact on society. \n\nThe GRN fully recognizes the issue of sustainability as an important consideration in mounting their comprehensive and emergency response to HIV/AIDS and realizes the need for a decentralized approach. The GRN and its development partners recognize that sustainability in terms of human resource capacity and some program costs will require substantially more than five years before being realized. The following strategies are being employed to enhance prospects for sustainability wherever feasible: 1) increase leadership, management, technical, and monitoring and evaluation capability of the GRN so as to enhance its capacity to analyze impact, plan for the future and allocate/attract new resources; 2) enhance fund-raising capabilities of FBOs/NGOs; and build their financial, administrative, and technical expertise which will position them to absorb development funds directly; 3) encourage and provide technical assistance and support as appropriate to the private sector, and health insurance initiatives that include managed care and appropriate HIV/AIDS treatment. \n\nThe GRN recently approved a new staff configuration across the health sector taking HIV/AIDS into account and the MoHSS has recently developed a "Ten Year Strategic Human Resource Plan 2003-2012". The USG is providing support to MoHSS to further sharpen estimated staffing requirements for ART, but ongoing assessment (e.g., through health facility surveys) will be required as these and other services rollout. Of 10,000 MoHSS positions, approximately 2,000 remain unfilled due to a government-wide hiring freeze, low output from training institutions, and a severe scarcity of senior-level health personnel who cannot be trained in-country. The salary and benefit packages in Namibia are high compared to the rest of sub-Saharan Africa, as a consequence, most of the senior level health staff e.g. doctors, pharmacists, and laboratory technologists, are foreigners temporarily working in Namibia. Only a small pool of trained Namibian technical and managerial staff exists. \n\nStrong partnerships exist between the USG and the MoHSS National and Regional Health Training Centers where enrolled nurses and pharmacy assistants are trained and HIV/AIDS-related in-service training for health workers is conducted. The USG also supports the University of Namibia (UNAM) to increase the output of registered nurses. Namibians have access to medical schools, pharmacy and laboratory technology training in the Southern Africa region. However, roughly half of current pre-med students at UNAM are unable to pass courses due to weaknesses in math and science programs in secondary school education. The Ministry of Higher Education, Training and Employment Creation (MHETEC) also has a very limited number of scholarships for external training that falls well short of national demand for these professions.

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International
Planned Funds:

Activity Narrative:

The USG program will continue to build the technical and organizational capacity of USG-funded local implementing partners to manage a comprehensive response to the HIV epidemic to achieve Emergency Plan and MTP III targets. Its goals are to make local implementing partners self-sufficient, focusing on their effectiveness and long-term sustainability. Three local implementing partners have been identified as potential candidates for direct funding, and it is anticipated that at least two would be sufficiently strengthened during the COP05 period to be able to fulfill the USG requirements for financial responsibility. Over time, it is anticipated that significant local partners will be able to graduate to receive funds directly from USAID or otherwise function independently.

The USG program will continue to support the establishment of a legal and social environment that encourages openness about HIV infection in which people with HIV/AIDS receive fair and equitable treatment from society.

The USG program will continue to support the adoption and implementation of appropriate workplace policies on HIV/AIDS, access of people with HIV/AIDS to employment and employment benefits, access of people and children with HIV/AIDS to adequate health care in the public sector, and non-discrimination in respect of private medical aid schemes and insurance. At least 300 PLWHA will receive direct legal counseling, five workplace policies will be developed and 80 community volunteers TOTs will be trained in advocacy and access to benefits. At least 8,000 people will be reached through advocacy and awareness seminars on stigma and discrimination and another 10,000 through print media and materials on rights and benefits.

Activity Category	% of Funds
☑ Human Resources	26%
☑ Information, Education and Communication	4%
☑ Infrastructure	5%
☑ Local Organization Capacity Development	37%
☑ Quality Assurance and Supportive Supervision	3%
☑ Strategic Information (M&E, IT, Reporting)	2%
☑ Training	23%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	3	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	80	☐ Not Applicable

Target Populations:

- ☑ *Adults*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Factory workers*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Policy makers*
- ☑ *Youth*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Stigma and discrimination

Coverage Area:

State Province: Erongo	ISO Code: NA-ER
State Province: Khomas	ISO Code: NA-KH

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Potentia Namibia
Planned Funds:

Activity Narrative:

Namibia is comprised of 13 regions, each with a MOHSS Senior Health Program Administrator (SHPA), who is responsible for all health programs in the region including HIV/AIDS, TB/HIV, malaria, etc. SHPAs serve many functions as the link between MOHSS and the regions, as providers of support and supervision to health facilities, monitoring and evaluation for the region, conducting training, and resource mobilization. The SHPAs are overloaded with too many activities, however, to effectively and actively support the rapid expansion of HIV/AIDS-related services at the regional level. Therefore, support from 2004 will be continued in 2005 to provide each SHPA with an assistant SHPA to support management and supervision of HIV/AIDS and TB/HIV-related activities at the regional level.

Namibia has rolled out new HIV/AIDS care and treatment activities very rapidly and MoHSS is concerned about maintaining the quality of services. To this end, the Director of Health Services requests that a medical doctor be contracted to report to him as a quality assurance officer for HIV/AIDS-related services and care within the health system. The quality assurance doctor would supervise the quality of services for CT, PMTCT, palliative care, chronic care including OI prophylaxis and treatment, and ART.

In FY05, funding will be continued for the Potentia Namibia Recruitment Consultancy, which is a local personnel services agency, to continue to administer the compensation package for contracted Assistant SHPAs who have been selected by CDC/MoHSS. Working through a task order in 2004, the USG will establish direct funding to Potentia through a Cooperative Agreement in 2005.

Activity Category	% of Funds
☑ *Human Resources*	*100%*

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable
Number of individuals trained in implementing programs related to *policy and/or capacity building, including stigma and discrimination* reduction programs	13	☐ Not Applicable

Target Populations:

- ☑ *Doctors*
- ☑ *Doctors*
- ☑ *Medical/health service providers*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: International Training and Education Center on HIV
Planned Funds:

Activity Narrative:

The International Training and Education Center for HIV/AIDS (ITECH) has been the primary USG partner for HIV/AIDS-related health worker training since 2003. It collaborates closely with the National Health Training Center of the Ministry of Health and Social Services (MoHSS). The NHTC also supports four other Regional Health Training Centers which the USG has equipped with video conferencing equipment. Crisis Corps Volunteers will collaborate to build capacity in information technology and video conferencing in 2005. The NHTC has been designated by MoHSS as being responsible for all HIV/AIDS-related training of health care workers. The USG's partnership with NHTC is important for building capacity of Namibians to sustain training programs. In its first year of the program in Namibia, NHTC successfully developed training curricula in antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT), training 468 health workers in ART, 283 health workers in PMTCT, and 79 staff in VCT from both MoHSS and faith-based health facilities.

In FY05, the USG program will continue to strengthen existing HIV/AIDS in-service training curricula, e.g., VCT, PMTCT, ART, and to develop new HIV/AIDS curricula so that NHTC remains responsive to the training needs of public health workers. ITECH will modify the WHO curriculum on Integrated Management of Adult Infections to be able to provide training for nurses, in ART, TB/HIV, OI management and basic HIV/AIDS care. Rapid HIV testing training will also be provided to health workers and community counselors in 2005 since they have only been recently approved for use in Namibia. Integration of HIV/AIDS content into existing NHTC and UNAM curricula necessitates recruitment and hiring of technical and support staff. In FY05, the USG program will continue to support the existing 13 tutors at NHTC and UNAM training institutions in order to strengthen integration of HIV/AIDS into existing training programs. New support will be given to the Pharmacotherapy Course at UNAM to train nurses in assessment and prescribing related to HIV/AIDS to help create a simpler model of care that is less dependent on doctors. In addition, it will recruit and hire one curriculum development specialist; one administrative support staff for NHTC Continuous Education Department, one Training Coordinator; two technical support staff and one (half time) technical advisor for Digital Video Conferencing activities; six additional tutors; one additional long-term clinical trainer and advisor for care and ART; one (half time) Monitoring and Evaluation specialist; and, continue to support two administrative support staff. These staff will contribute to improved training systems and institutional development related to HIV/AIDS within the MoHSS NHTC and at the UNAM. In the past, training has been done without adequate follow-up in the work setting. Regular assessments at all regional clinical sites will now be conducted by NHTC with the support of the USG to reinforce training, to further assess training needs, and to improve the training content and process. The USG program will continue to contract additional in-service tutors and administrative support personnel to meet the large demand for PMTCT in-service training activities.

Activity Category	% of Funds
☑ Human Resources	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
- ☑ *Implementing organization project staff*
- ☑ *National AIDS control program staff*
- ☑ *Trainers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Namibia Ministry of Health and Social Services
Planned Funds:

Activity Narrative:

Human Resource Development (HRD):
Namibia has a severe shortage of health care professionals, counselors and social workers. 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. The short-term solution is to contract additional staff, but the long-term solution (boosting pre-service training) also needs support for services to be sustainable. Simpler treatment models, such as increasing the role of nurses in care and treatment, are under development. As in FY04, the USG will continue limited scholarships for the training of doctors, nurses, pharmacists, or medical technologists within Namibia or within the region. Each recipient of a scholarship will be asked to sign an agreement that they will return to Namibia and be bonded to serve in the public health system in an area involved with HIV/AIDS care.

Activity Category	% of Funds
☑ Training	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
- ☑ *Students*
  - ☑ *University*
- ☑ *Lab staff*

Key Legislative Issues:

Coverage Area: **National**
State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Rational Pharmaceutical Management, Plus / Management Sciences for Health

Planned Funds:

Activity Narrative:

In FY 05, the USG will support implementation of the recommendations of the assessment of the product quality assurance systems for Namibia. This will involve the development and implementation of drug registration guidelines, provision of support to clear a backlog of about 1000 product applications awaiting review, support to the quality surveillance laboratory, recruitment of a quality control pharmacist, and the strengthening of product quarantine and acceptance procedures of the CMS. Support will be provided to complete the National Drug Policy review process initiated in FY04.

The strengthening of the overall QA system and policy framework will ensure that ARVs and other pharmaceutical and commodities required for the ART and PMTCT programs of Namibia will consistently be of the right quality. Additionally, the drug registration system and the legal framework need to be prepared to avail Namibia of the 'TRIPS Safeguards' particularly in the areas of access to medicines. Currently, even though a patent law exists in Namibia, no product patents for ARVs have been issued yet. However, by 2005, all developing countries will be required to allow patent protections and this may affect the procurement of ARVs. It is also required that the backlog of applications for registration of ARVs be clears so as to make more affordable ARVs available in the private sector.

Technical assistance will be provided to support the implementation of the new Pharmacy law. Support will be provided to review Standard Treatment Guidelines and the revised guidelines will be printed and disseminated. The establishment of a national drug information system and an adverse drug reaction reporting system (ADR) shall be explored. A functioning ADR system will ensure that adverse reactions arising from the use of medicines and ARVs in particular are picked up early by both health practitioners and patients, so that appropriate corrective measures will be institute to avoid treatment interruption and the development of resistance to ARVs. Continued support will be provided for the implementation of standard operating procedures for pharmaceutical management at all levels and for the development and implementation of an Information Education and Communication (IE&C) program on rational drug use. This will ensure that ARVs are rationally used by prescribers, dispensers and patients, so as to avoid wastage and drug resistance.

Activity Category	% of Funds
☑ Human Resources	14%
☑ Information, Education and Communication	15%
☑ Policy and Guidelines	71%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	3	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	210	☐ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

☑ Gender
- ☑ Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Under a Memorandum of Understanding with the GRN, the USG provides resident technical advisors to the National AIDS Coordination Program (NACOP), MoHSS to strengthen local capacity to manage and coordinate public health programs, including HIV/AIDS and TB/HIV. In FY04, the USG technical assistance to MoHSS resulted in the introduction and rapid scale up of antiretroviral therapy (ART) into the public sector; development of treatment targets, corresponding human and commodity resource requirements, and a rollout plan for ART, PMTCT, and VCT; the development of new guidelines for PMTCT; the development of guidelines for the introduction of a new cadre of community counselors into health facilities; the adoption of rapid HIV testing by MoHSS; the design of health information systems for PMTCT and ART services; and site visits for ART site preparation and follow-up. During FY04, the MoHSS started ART and PMTCT in 12 hospitals and will consolidate services in existing facilities and add the remaining 18 hospitals during FY05.

In FY05, the CDC Program Director will continue to provide TA to NACOP counterparts to support scale up of services and a new Deputy Director for Programs will be added to help accommodate the growing needs for technical support in PMTCT, VCT, CT, ART, TB/HIV, palliative care, prevention, and health information systems.

Activity Category	% of Funds
☑ Local Organization Capacity Development	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	7	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*

☑ *National AIDS control program staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

The USG laboratory support team has developed a strong collaboration with the Namibia Institute of Pathology, beginning with the validation of candidate rapid HIV test kits in Namibia in early 2003. That process has now been completed, but follow-up technical assistance and support will be needed in FY05 (see Table 3.3.9 on Counseling and Testing). The introduction of dried blood spot methodologies with support from the USG in COP2005 will have broad application across a variety of laboratory services.

ART began in the public sector in 2003, but no plan for drug-resistant HIV surveillance has been developed and capacity for drug-resistance testing is non-existent in Namibia. Under COP2004, NIP staff are being sent to the Centers for Disease Control for training to begin to build local capacity in viral resistance testing. Initial surveillance is being launched during 2004 in sentinel sites, which will need to be continued into 2005. Surveillance surveys from a few sentinel sites will first be conducted to determine if a resistance threshold has been reached. Surveillance will be expanded once the threshold has been reached. Capacity will be developed to complete viral RNA extraction in Namibia and then genetic sequencing will be performed by Namibians. However, it is projected that it will take several years to build capacity in NIP to perform genetic sequencing due to shortages of skilled personnel and competing priorities with expanded clinical laboratory services for ART. Only modest procurement of laboratory equipment will be required in 2005 with most of the costs going to laboratory consumables and reagents. A full time laboratory scientist with skills in molecular HIV virology is being contracted under COP2004 for assignment to NIP to strengthen HIV molecular methodologies, including genotypic resistance testing. Funding for the laboratory scientist will be continued in COP2005.

Activity Category	% of Funds
☑ Commodity Procurement	56%
☑ Human Resources	37%
☑ Training	7%

Targets:

		☐ Not Applicable
Number of individuals trained in the provision of lab-related activities	5	☐ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	4	☐ Not Applicable

Target Populations:

☑ *Implementing organization project staff*
☑ *Lab staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State
Planned Funds:

Activity Narrative:

The deferred 2004 COP funds will be added to the 2005 COP funding to be programmed specifically for activity four (4) described below, making individual grants in the Ambassador's HIV/AIDS Self Help Grant Program.

The HIV/AIDS Self Help Grant Program expects to 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

Specific activities will focus on capacity-building for grass-roots and community-based organizations to conduct HIV/AIDS programs:
1 Support for one full-time Self-Help coordinator
2. Develop project guidelines, promotional materials, application and other documents
3. Advertise/market new program to communities
4. Commence acceptance of applications, qualification of projects and dispersal of funds

Activity Category	% of Funds
☑ Local Organization Capacity Development	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable

Target Populations:

☑ *Women*

Key Legislative Issues:

☑ Increasing women's access to income and productive resources

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds:

Activity Narrative:

The Ambassador's HIV/AIDS Self Help Program will directly reach an average of 300 community members per project through 15 small community-based HIV/AIDS projects with prevention messages, support services, training, capacity enhancement or other resources.

Activities funded by the program will involve 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

The State Department's International Visitors Program provides professional study tours to the United States of approximately 3 weeks for qualified Namibians, to visit U.S. counterparts and institutions. This funding would provide for 2 additional HIV/AIDS-focused IV positions, including all travel and per diem expenses. The program will arrange for topic specific meetings with key people in the HIV/AIDS field as well as visits to leading institutions. Grants would target women civil society leaders on the cutting edge of HIV/AIDS community outreach programs. By experiencing first-hand how American civil society is confronting HIV/AIDS, these community leaders will be empowered to expand their work; potentially reaching thousands of at-risk women and youth.

Activity Category	% of Funds
☑ Human Resources	36%
☑ Local Organization Capacity Development	64%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2	☑ Not Applicable

Target Populations:

☑ *Women*

☑ *Community members*

Key Legislative Issues:

☑ Increasing women's access to income and productive resources

☑ *Volunteers*

☑ Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative: Using approved but deferred funding from 2004; the USG will support an annual program management meeting of ART sites in conjunction with NACOP to review progress, identify challenges, and to provide recommendations to MOHSS management for program improvement. Each site will report on the status of services at their site, share best practices, and the national program will have the opportunity to disseminate new guidance and policies that affect service delivery in the field. The annual program management meeting in 2005 will be held in Keetmanshoop in the Karas Region.

Activity Category	**% of Funds**
☑ Local Organization Capacity Development	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*
☑ *National AIDS control program staff*

Key Legislative Issues:

Coverage Area: **National**
State Province: *ISO Code:*

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / Namibia Institute of Pathology

Planned Funds:

Activity Narrative: The NIP is responsible for provision of all qualitative and quantitative HIV testing in support of the public sector programs. The public sector now has approximately 4,000 patients on ART since starting in late 2003, but no viral load testing is being performed. Though viral load testing is not a routine test in the Namibia ART program because of its high cost, it is important for Namibia to introduce a modest level of viral load testing into the system to order to improve detection of treatment failure and to better monitor program performance and effectiveness at sentinel sites (eg, using an indicator of the percentage of patients with undetectable viral load levels at 6 months). Capacity for viral load testing in terms of training, laboratory renovation, and equipment procurement was completed in 2004, however, a severe shortage of qualified medical technologists exist who can perform these tests. The USG will continue support from 2004 into 2005 to provide an additional medical technologist to be based in the Windhoek viral load laboratory. Minimal support for laboratory equipment in support of HIV testing will be provided. USG support will be continued in FY05 for limited student bursaries to train new medical technologists in neighboring countries. Students will sign an agreement that will bond them to service in the NIP upon completion of studies where they will work in an environment related to HIV/AIDS and the Emergency Plan activities.

Activity Category	% of Funds
☑ Human Resources	80%
☑ Infrastructure	20%

Targets:

		☐ Not Applicable
Number of individuals trained in the provision of lab-related activities	2	☐ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	1	☐ Not Applicable

Target Populations:

☑ *Lab staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)
Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / Namibia Ministry of Health and Social Services
Planned Funds:

Activity Narrative: (deferred funding)

Human Resource Development (HRD):
Namibia has a severe shortage of health care professionals, counselors and social workers. 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. The short-term solution is to contract additional staff, but the long-term solution (boosting pre-service training) also needs support for services to be sustainable. Simpler treatment models, such as increasing the role of nurses in care and treatment, are under development. As in FY04, the USG will continue limited scholarships for the training of doctors, nurses, pharmacists, or medical technologists within Namibia or within the region. Each recipient of a scholarship will be asked to sign an agreement that they will return to Namibia and be bonded to serve in the public health system in an area involved with HIV/AIDS care.

Activity Category	% of Funds
☑ Training	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
- ☑ *Students*
  - ☑ *University*

Key Legislative Issues:

Coverage Area: National
State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

Result 1:	Ability of Peace Corps Volunteers to positively affect behavior change in communities and *capacity building within the local health sector strengthened.*
Result 2:	Ability of Peace Corps to provide peer counseling and support to Volunteers and their Counterparts for accessing resources, sharing lessons, and coping with the circumstances of their work.
Result 3:	Capacity of USG in-country team to manage, coordinate and implement the Emergency Plan strengthened.

Total Funding for Program Area ($):

Current Program Context:

The USG team in Namibia includes the Department of State (DOS), Department of Defense (DOD), Health and Human Services/Centers for Disease Control (HHS/CDC), Peace Corps and USAID. \nThe DOS convenes USG Team meetings, provides overall supervision for the Emergency Plan process in Namibia. The Ambassador chairs weekly meetings with all USG partners to coordinate activities, strategic planning and the yearly COPs. \nUnder the leadership of successive Ambassadors have been deeply involved in advocating Namibian efforts in the fight against HIV/AIDS with all levels of government, from President Nujoma on down. The U.S. Ambassador's Self-Help program provides assistance for community activities throughout Namibia. In FY 04, the program was expanded to focus more specifically on HIV/AIDS and PLWA grass roots/community projects. \nThe DOD has been active in HIV/AIDS through the Naval Health Research Center and the Humanitarian Assistance Program (HAP). DOD programs have provided support for needed infrastructure and have made significant inroads to working more broadly with the Namibian Defense Force (NDF). In FY 04, the DOD has expanded its model Military Action and Prevention Program (MAPP) that reaches over 10,000 military personnel and their families each year. The success of this model has led to the inclusion of the Ministry of Home Affairs for a similar program with other uniformed services.\nIn 2002, CDC opened its offices in the National AIDS Coordination Program of the MoHSS. Its initial focus was to establish technical foundations at the national level for voluntary counseling and testing (VCT), PMTCT, ART, and TB/HIV services, and strengthening HIV and TB/HIV surveillance. This included the development of national guidelines, training curricula, laboratory strengthening, and development of HIS systems for VCT, PMTCT, and ART. In FY 04, CDC assistance took VCT and PMTCT services to national scale and provided key support to the launching of ART services in the public sector. CDC staff work with MoHSS counterparts responsible for coordination and management of the epidemic response, including support from the Global Fund for AIDS TB and Malaria (GFATM). CDC is uniquely situated in MoHSS to ensure that Emergency Plan resources are leveraged and coordinated with those of the GRN and other partners.\nThe Peace Corps Namibia program began in 1990 and currently has 91 Peace Corps Volunteers (PCVs) most of whom are secondary school teachers. PCVs also provide assistance to the Regional AIDS Committees for Education which promotes awareness of HIV/AIDS, prevention and risk reduction in the schools. In FY 04, the HIV/AIDS health project began supporting a comprehensive Community Mobilization Activity (CMA) in MoHSS designated treatment site communities, including training, capacity building and establishing linkages and outreach to and from health facilities. Crisis Corps Volunteers (short-term, experienced Volunteers) also are recruited to support video teleconferencing for training health professionals nationally. \nIn 2000, USAID commenced its HIV/AIDS program. Its programs focused in three technical areas; behavior change focusing on youth and the workforce, capacity building of FBO/NGOs providing home-based care for both technical and organizational strengthening; and comprehensive care and support for orphans and vulnerable children, implemented in three regions. In FY 04, USAID expanded its activities nationally and has broadened its program focus to include PMTCT, VCT and ART services, support for the establishment of VCT centers, a significant increase in coverage for OVC and HBC programs, a strong prevention program for high risk populations, and assistance to the MoHSS with pharmaceutical and commodity management and safe injection practices. The USAID team acts as the Secretariat for the USG partners in Namibia which includes preparation of all reports, COPs, logistics for meetings and TDY support.

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps
Planned Funds:

Activity Narrative:

In FY 05, PC/N plans for continuation of a full-time HIV/AIDS Technical Coordinator, working closely with the APCD/Health to provide guidance and assistance to the Volunteers in supporting a comprehensive Community Mobilization Activity (CMA) in MoHSS designated treatment site communities, including training, capacity building and establishing linkages and outreach to and from health facilities, thereby contributing to behavior change in communities and capacity building for Community Action forums (CAFs), and utilization of VCT, PMTCT and ART services in the community. The Technical Coordinator will also provide country-specific knowledge about HIV/AIDS prevention, care and support and monitoring for Peace Corps Volunteers and community health liaisons and training and coaching to strengthen their cultural and communication competencies to address the needs of local feedback to USG partners regarding implementation issues. Using FY04 funds, the Technical Coordinator was hired and will continue work through August 2005 under her current contract. Since staff contracts are obligated for one year at a time, FY05 funds will be used within to obligate funding for a successive year of service.

A Peace Corps Volunteer Leader (PCVL) for HIV/AIDS will be recruited and placed in Ondangwa in Oshana region in the north. This third-year Volunteer will provide additional regional support to community-based Volunteers on an ongoing basis for their work with CAFS, HIV/AIDS small grants, including work with PLWA and peer counseling and support to both Volunteers and their Counterparts for accessing resources, sharing best practices, and coping with the circumstances of their work.

HIV/AIDS Program Drivers (2). One program driver will assist the Technical Coordinator and APCD/Health in reaching Volunteers regularly at their remote sites for technical support and supervision. The second program driver will be based in Ondangwa and will support the PCVL in her/his regional support to Volunteers and counterparts.

Activity Category	% of Funds
☑ Human Resources	30%
☑ Training	70%

Targets:

☐ Not Applicable

Target Populations:

- ☑ *Community-based organizations*
- ☑ *Community health workers*
- ☑ *USG in country staff*
- ☑ *Volunteers*

Key Legislative Issues:

- ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Addressing male norms and behaviors
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

- Human Resources funding for U.S. (3) personnel including: Country Director, Deputy Director-Operations, and Deputy Director-Programs. LES support staff includes: (1) Office Manager- Logistics, (1) Office Manager–Cooperative Agreements, (1) IT-LAN manager, (1) Assistant IT-LAN manager, (1) Administrative Clerk (1) Receptionist and (4) Drivers, USG staff housing and maintenance, staff benefits, travel and training.
- Quality Assurance and Supportive Supervision is provided as Technical Assistance through USG Direct Hire personnel.
- Commodity Procurements include purchase of computer consumables, printing, and medical equipment related to care and treatment.
- Infrastructure includes expansion of current office space within NACOP, security and related office administration expenses and ICASS.
- Development of Network includes development of MIS and Video Conferencing support for 6 sites.
- Logistics includes Field travel, staff overtime and vehicle maintenance and fuel.

Activity Category	% of Funds
☑ Commodity Procurement	5%
☑ Development of Network/Linkages/Referral Systems	5%
☑ Human Resources	38%
☑ Infrastructure	37%
☑ Logistics	4%
☑ Quality Assurance and Supportive Supervision	11%

Targets:

☐ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)
Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Agency for International Development
Planned Funds:

Activity Narrative:

- Human Resources funding for U.S. (3) personnel including: HIV/AIDS Officer (TAACS), Deputy Director-Programs (PLP Fellow), USG SI Liaison (Michigan Fellow). FSN Technical/Program staff includes: (1) Senior Technical Advisor for VCT, PMTCT, ART, injection safety and pharmaceutical management; (1) Technical Advisor for training, capacity building, supervision and quality assurance; *Support staff includes: (1) Administrative assistant/ Project Assistant*, (1) GSO specialist (61%), (1) Procurement/personnel specialist (43%), (1) financial analyst (5%), (1) Program Development Specialist (5%), (1) Driver (43%), housing and maintenance, staff benefits, travel and training. Local hire USPSC/TCN (1) EXO Officer.
- Quality Assurance and Supervision is provided as Technical Assistance through USG and FSN personnel.
- *Commodity Procurements include purchase of all basic office supplies, computer consumables and a program vehicle and maintenance.*
- Infrastructure includes security and related office administration expenses and ICASS costs.
- Logistics includes Site visits and other field travel, staff overtime and vehicle *maintenance, insurance and fuel.*

Activity Category	% of Funds
☑ Commodity Procurement	5%
☑ Human Resources	58%
☑ Infrastructure	17%
☑ Logistics	10%
☑ Quality Assurance and Supportive Supervision	10%

Targets:

☐ Not Applicable

Target Populations:
Key Legislative Issues:

Coverage Area: National
State Province: ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative: (Base funding)

- Human Resources funding for U.S. (3) personnel including: Country Director, Deputy Director-Operations, and Deputy Director-Programs. LES support staff includes: (1) Office Manager- Logistics, (1) Office Manager–Cooperative Agreements, (1) IT-LAN manager, (1) Assistant IT-LAN manager, (1) Administrative Clerk (1) Receptionist and (4) Drivers, USG staff housing and maintenance, staff benefits, travel and training.
- Quality Assurance and Supportive Supervision is provided as Technical Assistance through USG Direct Hire personnel.
- Commodity Procurements include purchase of computer consumables, printing, and medical equipment related to care and treatment.
- Infrastructure includes expansion of current office space within NACOP, security and related office administration expenses and ICASS.
- Development of Network includes development of MIS and Video Conferencing support for 6 sites.
- Logistics includes Field travel, staff overtime and vehicle maintenance and fuel.

Activity Category	% of Funds
☑ Commodity Procurement	5%
☑ Human Resources	38%
☑ Infrastructure	37%
☑ Linkages with Other Sectors and Initiatives	5%
☑ Logistics	4%
☑ Quality Assurance and Supportive Supervision	11%

Targets:

☐ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05? ☐ Yes ☑ No
   - If yes, will HIV testing be included? Yes / No
   - When will preliminary data be available?
2. Is a Demographic and Health Survey (DHS) planned for FY05? ☑ Yes ☐ No
   - If yes, will HIV testing be included? ☐ Yes ☑ No
   - When will preliminary data be available? May 01, 2006
3. Is a Health Facility Survey planned for FY05? ☑ Yes ☐ No
   - When will preliminary data be available? January 01, 2006
4. Is an ANC Surveillance Study planned for FY05? ☐ Yes ☑ No
   - If yes, approximately how many service delivery sites will it cover?
   - When will preliminary data be available?
5. Other significant data collection activity

Name: STI Etiology Study
Brief description of the data collection activity:
Routine (every 5 years) study of effectiveness of national STI syndromic management guidelines, especially in light of the changes in the HIV epidemic in Namibia. Findings will result in revisions to national STI syndromic management guidelines.
Preliminary data available: November 01, 2005

Name: TB/HIV prescribing practices survey
Brief description of the data collection activity:
The USG will support the MoHSS to conduct a survey of practitioners in the public and private sector regarding thie clinical and prescribing practices with respect to case management of HIV/AIDS and TB in Namibia. The results will be compared against current guidelines and used to improve program management and incorporated into training programs.
Preliminary data available: November 01, 2005

Name: Surveillance for Drug-Resistant HIV
Brief description of the data collection activity:
The USG will continue to support surveillance for drug-resistant HIV in collaboration with MoHSS and the Namibia Institute of Pathology. Sentinel surveillance will be conducted in selected ART sites and results will be used to inform the MoHSS of the prevalence and trends of drug-resistant HIV, if any, as ART is being rapidly rolled out nationwide.
Preliminary data available: November 01, 2005

Name: Impact of HIV on the Health Sector
Brief description of the data collection activity:
The EU and other partners will support MoHSS to conduct an assessment of the impact of HIV/AIDS on the health sector in Namibia. The USG has previously supported such an assessment with the educational sector, but this will be the first assessment of the health sector.
Preliminary data available: February 01, 2006

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005? ☑ Yes ☐ No