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2006

Namibia

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

☐ Yes ☑ No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 71,951			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		23,436	0	23,436
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		4,155	0	4,155
Care				
	Target 2008: 115,000	82,500	86,290	168,790
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		46,000	0	46,000
Number of OVC served by an OVC program during the reporting period		36,500	86,290	122,790
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		107,508	0	107,508
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		5,120	0	5,120
Treatment				
	Target 2008: 23,000	22,000	0	22,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		22,000	0	22,000

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 71,951			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		46,872	0	46,872
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		8,772	0	8,772
Care				
	Target 2008: 115,000	129,250	80,180	209,430
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		67,850	0	67,850
Number of OVC served by an OVC program during the reporting period		55,000	80,180	135,180
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		143,408	0	143,408
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		6,400	0	6,400
Treatment				
	Target 2008: 23,000	34,500	0	34,500
Number of individuals receiving antiretroviral therapy at the end of the reporting period		34,500	0	34,500

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Unallocated

Mechanism Type: Unallocated
Mechanism ID: 3813
Planned Funding($):
Program Area: Prevention: Unallocated

Mechanism Name: Unallocated

Mechanism Type: Unallocated
Mechanism ID: 3814
Planned Funding($): B5
Program Area: Care: Unallocated

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3140
Planned Funding($): B5
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: MoD Treatment, Training, and Oversight RFP

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3363
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3825
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3069
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3625
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Blood Transfusion Service of Namibia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3120
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Comforce
New Partner: No

Mechanism Name: GHAI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3131
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Crown Agents
New Partner: No

Mechanism Name: DAPP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3150
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Development Aid People to People, Namibia
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3068
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3722
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Early funding is requested in order to expedite recruitment and placement of an Organizational Capacity Development Officer. The OCD officer will assess each of the sub-grantees and develop organizational capacity building plans tailored to each one in order to move forward efforts to graduate partners to direct funding and ensure organizational sustainability.

Early Funding Associated Activities:

Program Area:Abstinence/Be Faithful
Planned Funds:
Activity Narrative: The USG has been working with churches and their faith-based affiliates to implement age appropriate

Program Area:Other Prevention
Planned Funds:
Activity Narrative: The USG has been implementing community and workplace HIV/AIDS prevention programs through three par

Program Area:Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: The USG has been working with five faith-based organizations to implement home-based care programs s

Program Area:Other/policy analysis and system strengthening
Planned Funds:
Activity Narrative: The USG goal of building institutional capacity in Namibia is to increase the effectiveness and capa

Program Area:OVC
Planned Funds:
Activity Narrative: The USG has been working with churches, their faith-based affiliates and relevant line ministries to

Sub-Partner: Apostolic Faith Mission Church
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
OVC

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Change of Lifestyles Homes Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening
Palliative Care: Basic health care and support
OVC

Sub-Partner: Evangelical Lutheran Church in Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
OVC

Sub-Partner: Development Aid People to People, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Legal Assistance Center, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening
OVC

Sub-Partner: Lifeline-Childline Namibia
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Namibia Chamber of Mines
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention

Sub-Partner: Namiblan Youthpaper
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Rhennish Church, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Sam Nujoma Multi Purpose Center, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
OVC

Sub-Partner: TKMOAMS, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Walvis Bay Multi Purpose Center, Namiba
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Philippi Trust Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Church Alliance for Orphans, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3063
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Fresh Ministries
New Partner: No

Mechanism Name: The Capacity Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3078
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: IntraHealth International, Inc
New Partner: Yes

Sub-Partner: Catholic Health Services of Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Treatment: ARV Services
Counseling and Testing

Sub-Partner: Namibian HIV Clinicians Society
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Lifeline-Childline Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Treatment: ARV Services
Other/policy analysis and system strengthening
Counseling and Testing

Sub-Partner: Diamond Health Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Lutheran Medical Services, Namibia
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Treatment: ARV Services
Counseling and Testing

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening
Palliative Care: Basic health care and support

Mechanism Name: Health Communication Partnership

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3061
Planned Funding($): [redacted]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: [redacted]
Early Funding Request Narrative: In error, the amount of [redacted] was left out of the FY05 COP budget request for JHU/HCP although the activities were included in the COP and were approved during our FY05 COP review by O/GAC. In order to ensure continuity of activities under this program this amount is requested in early funding.

Early Funding Associated Activities:

Program Area:Other/policy analysis and system strengthening
Planned Funds: [redacted]
Activity Narrative: JHU will implement 2 components under this program area:
(1) Community Mobilization: In FY06, JHU

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Other/policy analysis and system strengthening

Sub-Partner: Ibis
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Research Facilitation Services
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information
Other/policy analysis and system strengthening

Mechanism Name: MEASURE DHS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3066
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Macro International
New Partner: No

Mechanism Name: Rational Pharmaceutical Management, Plus

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3062
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3134
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health and Social Services, Namibia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3138
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Namibia Institute of Pathology
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3070
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Organization for Resources and Training
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: ORT was a new directly funded partner in FY05. Delays in finalizing their cooperative agreement meant that ORT did not recieving their FY05 funding until much later than other partners and they needed to spend from their privately raised funds in order to keep the program going.

Early Funding Associated Activities:

Program Area:OVC
Planned Funds:
Activity Narrative: The Organization for Resources and Training (ORT) a Jewish faith-based organization has been impleme

Mechanism Name: South Africa-Regional Associate Award

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3475
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pact, Inc.
New Partner: Yes

Sub-Partner: African Palliative Care Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3139
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Potentia Namibia Recruitment Consultancy
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Potentia is the main USG-funded provider of scare human resources for prevention, treatment, and care services in Namibia. Potentia provides personnel services for contracted doctors, nurses, counselors, trainers, technical advisors, and other staff to serve in Ministry facilities and to support ITECH training. ITECH is the major source of USG-support for training of health workers under PEPFAR in Namibia. During FY06, the funding for personnel previously contracted under ITECH is being transferred to the new Cooperative Agreement with Potentia in order to save [redacted] in administrative costs. The problem is that ITECH contracts with these personnel will expire March 1 2006, yet the anniversary date for Potentia's Cooperative Agreement is not until October 1 2006, leaving a gap of 7 months in which Potentia would not have FY06 funds to cover the ITECH positions. Therefore, our early funding request is for the 7 months of salary and benefits for these vital personnel assigned to ITECH.

Mechanism Name: Project HOPE

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3067
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Project HOPE
New Partner: No

Sub-Partner: TKMOAMS, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: OVC

Sub-Partner: Evangelical Lutheran Church in Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3119
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Regional Procurement Support Office
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3073
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: *Royal Netherlands Tuberculosis Association*
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3072
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Social Marketing Association/Population Services International
New Partner: No

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Lifeline-Childline Namibia
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Walvis Bay Multi Purpose Center, Namiba
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Counseling and Testing

Sub-Partner: Namibia Red Cross
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: Military Action and Prevention Program (MAPP)

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3105
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Social Marketing Association/Population Services International
New Partner: No

Mechanism Name: MEASURE/Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3076
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina Carolina Population Center
New Partner: Yes

Mechanism Name: I-TECH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3133
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: University of Washington
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3064
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3065
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3130
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3128
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3636
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3449
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3132
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: US Health Resources and Services Administration
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3448
Planned Funding($):
Agency: Peace Corps
Funding Source: GAC (GHAI account)
Prime Partner: US Peace Corps
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Early funding is requested for Volunteer support allowances and the Program Assistance/M&E Coordinator and Budget Analyst/Voucher Examiner PSCs.

Early Funding Associated Activities:

Program Area:Other/policy analysis and system strengthening
Planned Funds:
Activity Narrative: 1. A small grants fund will be made available to PCVs who apply, with their communities and counter

Program Area:Management and Staffing
Planned Funds:
Activity Narrative: Peace Corps Namibia intends to establish a dedicated HIV/AIDS Section within the PC Office in Windho

Program Area:Other Prevention
Planned Funds:
Activity Narrative: 1.Peace Corps Volunteers (6). Through the CHHAP project, Peace Corps/Namibia will field six Voluntee

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3624
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: World Health Organization
New Partner: No

Table 3.3.01: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

Without intervention, ~4,600 newborns acquire HIV each year, hence, PMTCT services are a national and USG priority and are being scaled up as rapidly as possible. The Ministry of Health and Social Services (MoHSS) provides antenatal and maternity care through a network of 35 hospitals, 32 health centers, and 265 clinics. ~74% of pregnant women have at least one ANC visit and 54,000 deliveries occur in health facilities (72% of all deliveries). Of these, 86% of deliveries are in Ministry facilities and 14% are in mission facilities. Starting with 2 hospitals in 2002, reaching 7 hospitals in 2003 and 22 hospitals in 2004, all 35 hospitals and 15 health centers and clinics are now reporting on PMTCT services, but many more are known to have started. MoHSS has now established the electronic HIS for PMTCT with USG support in all 34 health districts.

The program focuses on HIV prevention in women; preventing unintended pregnancies in HIV-infected women; reducing MTCT during pregnancy, delivery and breastfeeding; treatment and support to infected mothers and families; and early infant diagnosis. An opt-out testing strategy was adopted into the national guidelines and training curriculum in 2004. To date, >700 health workers have been trained. At PMTCT sites, 90% of pregnant women are now counseled and 90% of them tested at the first ANC visit. Rapid testing was introduced cautiously in FY05, hence a high-proportion of pregnant women still did not receive HIV results in time. Only 28% of women had known HIV status at the time of delivery. Single-dose NVP remains the cornerstone ARV regimen, with 82% and 92% of HIV-positive pregnant women and exposed newborns, respectively, receiving SD-NVP. ART is available for eligible pregnant women (CD4<250 or WHO Stage III, IV disease) at 29 of 35 hospitals, but uptake has been low due to limited clinical capacity and laboratory delays. To date, 31% of reported women have a CD4<250, but only 29% of HIV-positive women had a CD4 test result reported. ART linkages need strengthening. MoHSS promotes rapid weaning at 4 months of age, but infant formula is not provided. At delivery, 66% of HIV-positive pregnant women choose to breastfeed, 15% choose replacement feeding, and the remainder were reported as unknown. Laboratory capacity and a diagnostic DNA PCR algorithm have been developed for dried blood spot specimens from exposed infants beginning at 6 weeks of age. Cotrimoxazole prophylaxis is otherwise initiated at 6 weeks. In addition to further rollout and training, the components to be emphasized during FY06 will include reporting, rapid testing, partner testing, CD4 testing and clinical staging, strengthening referral linkages, and reinforcement of current guidelines and infant feeding. Consideration will also be given to adding short-course AZT and a "tail" of AZT/3TC for other mother-infant pairs where feasible.

In FY06, specific focus areas for the USG include: technical, management, and logistical assistance at the national level; salary support for health professionals; training; capacity development of training institutions to meet personnel needs and to sustain program efforts; scale-up of the training and placement of community counselors at PMTCT sites; procurement of rapid test kits; expansion of activities that enhance patient education and build capacity of intermediary groups, eg PLWA and others, to promote PMTCT; strengthen the use of HIS data in the 34 districts; and support for basic renovations and equipment.

Other major partners include: The GRN funds the overall running of their own health facilities, including faith-based facilities, of which PMTCT services are one part. UNICEF provides part-time technical assistance to the national program. Beginning in 2005, the Global Fund contributes US$1,162,325 to PMTCT through 2009. Boeringher-Ingelheim has agreed to donate nevirapine for PMTCT through 2006. Abbott has agreed to donate Determine rapid test kits as well.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	100
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,000
Number of health workers trained in the provision of PMTCT services according to national or international standards	385
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	37,500

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3843
Planned Funds:
Activity Narrative: The emphasis area for this activity is infrastructure. RPSO will assist USG Namibia by providing high quality technical guidance and required contracting authorities mandatory by USG regulation. HHS/CDC requires the services of local construction contractors to effect renovations at select sites throughout Namibia in the implementation of its FY06 PEPFAR program.

The Ministry of Health and Social Services (MoHSS) provides antenatal care (ANC) and maternity care in Namibia through a network of 34 hospitals, 32 health centers and 265 clinics. PMTCT services are provided as an integral part of ANC and maternal services. They were initially provided in a few hospitals, however, for many women ANC care is provided at the health centre and clinic level, and deliveries are mostly done at the hospital level. In FY05, PMTCT services were expanded to 50 sites, including hospitals, health centers and clinics. All 34 hospitals provide PMTCT services and ultimately all health centers and clinics, that provide ANC services, will provide PMTCT services.
Pre and post-test counseling and rapid HIV testing require the services of community counselors. Currently there are very few of them deployed in PMTCT sites. More community counselors will be needed to satisfy current and future demands due to the launch of HIV rapid testing (July 2005). HIV rapid testing will be gradually scaled up under PEPFAR to cover all Government of Namibia health facilities providing VCT, PMTCT, and ART.

Funding will be required in FY06 to renovate 3 high-burden ANC clinics that provide PMTCT services to improve patient access to those services. These include the Grootfontein polyclinic and Okahandja clinic in Otjozondjupa Region, and Keetmanshoop Clinic in Karas Regions. These renovations are needed to provide additional space for counseling and testing services, and to provide a more conducive environment for patients seeking HIV-related services and the staff who provide those services. Renovations of these PMTCT sites will also improve PEPFAR supported programs of palliative care and ART that will be administered in those same sites. By the end of 2006, it is projected that the USG PEPFAR program in Namibia will enable an estimated 25,000 pregnant women to access PMTCT services including HIV testing, and 3,500 HIV-positive pregnant women and their babies will be able to receive ARV prophylaxis.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	3	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Indirect Targets

N/A

Target Populations:

Pregnant women

Coverage Areas

Karas

Otjozondjupa

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3856
Planned Funds:
Activity Narrative: This is a continuation of FY05 and relates to #3882, 3843, 3871, 3889, 3928, and 3898. Namibia began PMTCT services in early 2002 at two public hospitals. In late 2002, the Global AIDS Program of HHS/CDC began its collaboration with Namibia by opening an office in the National AIDS Coordination Program, Ministry of Health and Social Services (MoHSS) to provide technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART services. Due to severe staff shortages, no full-time MoHSS coordinator for the new national PMTCT program could be identified. Responsibilities for establishing, coordinating, and rolling out of PMTCT services were assigned to a manager in the Reproductive Health Unit in late 2003, who was already tasked with the national program for maternal mortality and family planning. Part-time technical assistance was provided to the Ministry's Coordinator by the HHS/CDC Country Director until a full-time USG-supported PMTCT technical advisor was assigned in late 2004 through ITECH. The USG also supports training, information systems, infrastructure, and technical assistance to the national PMTCT program.

In FY 2006, the USG will to continue to work closely with the MoHSS at the national and regional levels to provide technical expertise during the roll-out process of PMTCT, to monitor the implementation at existing service delivery sites, and to expand the program from 50 existing sites to 100 sites by the end of 2006. Specific activities include:

(1) Funding for two HHS/CDC PMTCT field support nurses as Foreign Service Nationals (FSNs). Working with Ministry staff at the national, regional, and district-level, these nurses will conduct crucial supervisory support visits to current and upcoming PMTCT sites to provide on-site monitoring, training, and assessment of the quality of services, patient flow, record keeping as well as challenges and needs. The roll out of rapid testing in PMTCT sites will also require hands-on support to health facilities. These staff will also support sites to integrate the wide range of HIV prevention, treatment, and care services into the clinical setting and improve linkages with local non-governmental organizations. Approximately 25% of women do not deliver in a health facility and these nurse supervisors will assist with the identification and training of traditional birth attendants in PMTCT. One or both of these nurse supervisors will be located in Oshakati Hospital, the largest hospital in the north, where the Ministry has recently allocated office space to HHS/CDC in order to facilitate logistical, material, and technical support to this area where the majority of the population resides. This activity links with MoHSS, Potentia, I-TECH, RPSO, NIP and DAPP PMTCT services. CDC PMTCT field nurses will partner with other programs to identify needs, facilitate and implement supportive programs. They will offer TA to sites in a coordinated way, so as not to duplicate services provided by others. This activity leverages resources with the Global Fund, which is funding an Assistant PMTCT Coordinator and three PMTCT trainers at the national level.

(2) Support for travel of selected Namibian staff in the PMTCT program to attend relevant informational meetings and conferences on PMTCT -- in Namibia and in the southern Africa region to learn from best practices in neighboring countries. Funding for support visits by MoHSS and USG counterparts to the 13 regions to improve PMTCT services is also covered.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of diagnostic PCR tests performed on infants of HIV+ mothers		☑
Number of traditional leaders educated on PMTCT		☑
Number of pregnant women reached with information about PMTCT services		☑

Indirect Targets

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting during the reporting period: 3,543.
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 19,139.
Number of service outlets providing the minimum package of PMTCT services according to national or international standards: 20.

Target Populations:

Nurses (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Ohangwena

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3871
Planned Funds:	
Activity Narrative:	In FY06, I-TECH will continue to support the National PMTCT Program in the areas of training, human resources, and organizational capacity development. This relates to #3856 and other activities listed below. Funding will cover the following: (1) One TOT and 10 in-service trainings in PMTCT for a total of 220 health care workers trained. The salary support for the 14 in-service tutors under ITECH throughout the National Health Training Center (NHTC) network who will conduct these training is covered under #3898. These tutors will conduct the trainings and also provide follow-up supportive visits to PMTCT sites. Salary support for lecturers at UNAM to integrate PMTCT into pre-service training is covered under #3895. (2) This activity covers partial costs for the recruitment and hiring of two experienced HIV nurses to serve as full-time on-site clinical trainers/mentors at Katutura and Oshakati Hospitals (cost shared with ART, project #3866). These nurse mentors also will work with the NHTC tutors to develop and implement skills assessment tools; provide hands-on and didactic training to address knowledge and skill gaps; work on distance learning initiatives; and assist with ongoing review of curricula and media products as needed. They will promote an expanded role for nurses in HIV care. Training of health care providers (which includes components on reducing stigma and discrimination) and promotion of positive nurse role models will support national PMTCT program efforts to reduce stigma and discrimination towards PLWHA. Promotion of PMTCT services also increases access for HIV+ women to ARV treatment. Total I-TECH administration costs are distributed equally across the 6 program areas that I-TECH supports (i.e., 1/6 PMTCT, 1/6 BHCS, 1/6 C&T, 1/6 TB/HIV, 1/6 ARV services, 1/6 Other Policy)

Emphasis Areas	% Of Effort
Training	51 - 100
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	220	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of diagnostic PCR tests performed on infants of HIV+ mothers		☑
Number of traditional leaders educated on PMTCT		☑
Number of pregnant women reached with information about PMTCT services		☑

Indirect Targets

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting - 6,463
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results - 35,154
Number of service outlets providing the minimum package of PMTCT services according to national or international standards - 100

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3882
Planned Funds:
Activity Narrative: This activity is a continuation of FY05 direct funding to the Ministry of Health and Social Services (MoHSS) and relates to #3926, 3875, 3877, 3876, 3871, 3856, 3890, 3889, and 3843.

USG will continue to support MoHSS in FY06 and build on FY05 activities through

(1) Purchase of 30,000 Unigold rapid test kits to leverage resources with the Abbott Determine test kit donation.

(2) Support for up to 300 community counselors. A total of 92 community counselors have been contracted by the Namibia Red Cross Society through USG support to MOHSS. In FY06, an additional 160 community counselors will be recruited, trained, and placed in health facilities in order to assist doctors and nurses with provision of prevention messages; VCT services; counseling and testing for PMTCT, ART, TB, and STI services; and ART adherence. USG will also continue its support for a VCT Advisor to support the Directorate for Special Programmes to manage the programme. (Note: Funding for this activity is distributed among the following 5 program areas (20% each): PMTCT, Other Prevention, Counseling &Testing, ARV services).

(3) The sub-activity covers the costs of diagnostic PCR testing. Instead of funding the Namibia Institute of Pathology (NIP), in FY06 the MoHSS will receive direct funding to pay the NIP for tests performed, including for mission health facilities. This relates to projects #3862 and 3876.

The current standard for diagnosis of pediatric HIV infection postpartum is to perform an Elisa test when the child is at least 18 months of age. In the past, this was rarely performed on the ~11,000 HIV-exposed newborns who deliver in the health system, because the vast majority of women who delivered were unaware of their HIV status and known HIV-exposed children usually became lost to follow-up by 18 months of age. However, this situation has changed dramatically over the past year with the roll-out of PMTCT services-- along with community counselors, rapid testing, an opt-out HIV testing strategy, and ART. Prior to ART and the adoption of an opt-out strategy in mid-2004, PMTCT antenatal care (ANC) sites were HIV testing only 10-20% of pregnant women who come for ANC services. Today, PMTCT ANC sites are counseling and testing >90% of clients. As a result, clinical services are becoming congested with known HIV-exposed infants in need of follow-up. A USG-hired laboratory scientist (#3862) is working to develop the capacity of NIP to improve the standard operating procedures of the lab to ensure quality services. Now that a diagnostic algorithm has been developed by the MoHSS and PCR technology has been added to the Namibia Institute of Pathology (NIP) with USG support, it would be cost-effective to carry out diagnostic PCR on HIV-exposed or symptomatic children beginning at 6 weeks of age to increase access to treatment and to evaluate the overall effectiveness of PMTCT services.

The NIP is a parastatal organization and charges a fee to the Ministry for all laboratory tests. Now that capacity is further developed, in FY06, the USG will provide funds to the MoHSS to pay the NIP charges for performing diagnostic PCR testing. The NIP expects to perform at least 5,400 tests in FY06. This nationwide target will be reached by working through PMTCT sites and ART clinics to receive samples, perform tests, and evaluate laboratory technology methods. This activity leverages resources with those of the private sector, Global Fund, and the Bristol Myers Squibb's Secure the Future project in the Caprivi.

(4) Purchase a vehicle for PMTCT supervision from the national level by the MoHSS National PMTCT Coordinator, the assistant PMTCT Coordinator funded by the Global Fund, and the USG-funded PMTCT Technical Advisor.

(5) Curriculum revision and training for Traditional Birth Attendants (TBAs). In Okakarara and Mangetti Dune in Otjozondjupa region, a large proportion of women deliver at home with the assistance of TBAs. Most of these TBAs are not trained, while others have not been trained in HIV/AIDS. Although the MoHSS has developed a curriculum for TBA training, it lacks the HIV/AIDS and PMTCT component. This curriculum will be revised to take PMTCT into account and used to train TBAs in Okakarara and Mangetti Dune.

(6) Printing of antenatal and maternity registers, which are the basis for the PMTCT HMIS.

(7) Basic furniture and equipment will be purchased for antenatal clinics.

This activity leverages resources with the Abbott donation of Determine rapid test kits for PMTCT, and with the Global Fund which provides an assistant PMTCT coordinator to the national level.

Emphasis Areas	**% Of Effort**
Infrastructure	10 - 50
Commodity Procurement	51 - 100
Training	10 - 50
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	100	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,000	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	50	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	37,500	☐
Number of diagnostic PCR tests performed on infants of HIV+ mothers	5,400	☐
Number of traditional leaders educated on PMTCT	40	☐
Number of pregnant women reached with information about PMTCT services		☑

Target Populations:

Pregnant women

Pediatric AIDS patients

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Traditional birth attendants (Parent: Private health care workers)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3898
Planned Funds:	
Activity Narrative:	This activity is new for Potentia in FY06 because the funding for local positions is being transferred from ITECH to Potentia in order to save on administrative costs. This activity relates to #3856, 3871, 3882, and 3844. (1) This also includes the cost of the PMTCT Technical Advisor under ITECH who is assigned to the Directorate of Special Programs, Ministry of Health and Social Services (MoHSS). This advisor, whose counterpart is the National PMTCT Coordinator in MoHSS, plays a pivotal role with national policy and workplan development, monitoring and evaluation of PMTCT services, and facilitating the rapid rollout process, including integration of PMTCT into routine antenatal and maternity services and collaboration with ART, palliative care, and laboratory services. ~30% of the advisor's time is allocated to PMTCT training. To date the advisor has facilitated rollout to 50 sites which will increase to at least 100 sites during FY06. In addition to further rollout and training, the emphasis in FY06 will include consolidation of existing sites to increase coverage with services, integrating rapid testing into PMTCT, and integration of PMTCT into the MoHSS TBA curriculum. (2) This activity also includes the cost of administrative staff hired by ITECH to support its training operations, which is distributed 1/6 to PMTCT, CT, palliative care, TB/HIV, ART services, and strategic information.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of diagnostic PCR tests performed on infants of HIV+ mothers		☑
Number of traditional leaders educated on PMTCT		☑
Number of pregnant women reached with information about PMTCT services		☑

Indirect Targets

Number of diagnostic PCR tests performed on infants of HIV+ mothers - 5400; Number of health workers trained in the provision of PMTCT services according to national or international standards - 220; Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting - 7500; Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results - 40000; Number of service outlets providing the minimum package of PMTCT services according to national or international standards-100

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

USG in-country staff

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	DAPP
Prime Partner:	Development Aid People to People, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3928
Planned Funds:	

Activity Narrative: This activity is a continuation of FY05 activities. Costs for the activity are allocated uniformly across 5 program areas: PMTCT (#3928), AB (#3927), Other Prevention (#3931), Palliative Care-BHCS (#3929), and ARV Services (#3930).

As a new procurement in FY05 and following OGAC approval, HHS/CDC completed the competitive procurement process and awarded a Cooperative Agreement to DAPP in September 2005. This activity is heavily leveraged with the Global Fund, which awarded DAPP with start-up funds to cover the regions of Omusati, Oshana, and part of Ohangwena and Oshikoto. However, DAPP only received its funding from the Global Fund in July 2005, and in August began its first training of Field Officers for the Global Fund catchment areas. Implementation is now expected to proceed at a rapid pace.

The USG will support Development Aid from People to People (DAPP) for a community based approach called "Total Control of the Epidemic" (TCE). This 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 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. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) (2001 DHS). They have an estimated population of 28,000 PLWA. 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 educated on PMTCT.

Each Field Officer will be trained in a 4 week, pre-service training which will include 3 weeks of theory and 1 week of practice. Each will also be supplied with a tool kit consisting of various HIV/AID booklets, manuals, and information materials. 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. Approximately 24% of deliveries occur at home in Namibia, particularly in the areas covered by the TCE project.

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 behaving

responsibly 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 1500 pregnant mothers and their spouses will be reached in 2006, significantly increasing the number of HIV+ pregnant women who use a complete course of ARV prophylaxis.

Emphasis Areas	% Of Effort
Training	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of diagnostic PCR tests performed on infants of HIV+ mothers		☑
Number of traditional leaders educated on PMTCT	150	☐
Number of pregnant women reached with information about PMTCT services	1,500	☐

Indirect Targets

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting - 240; Number of pregnant women who received HIV counselling and testing for PMTCT and received their test results - 1200

Target Populations:

Community leaders

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Ohangwena

Oshikoto

Kavango

Table 3.3.01: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4734
Planned Funds:
Activity Narrative: The USG has worked with 3 key faith-based partners to implement Emergency Plan PMTCT, ART, counseling and testing, palliative care and training activities since 2003. Support to these faith-based partners will continue in FY06 in order to sustain and expand services established in previous years. In FY06, the CAPACITY Project, an umbrella and capacity strengthening organization, will assume responsibility for management and administration of these programs. This responsibility will include providing technical assistance to improve the quality of existing PMTCT, ART, counseling and testing services, and expanding service delivery to include decentralized health centers and clinics. Targeted assistance will be provided through supportive clinical supervision, mentoring, standards dissemination, training, monitoring, and systematic data collection. CAPACITY will update clinical operational standards with partner organizations as required and improve workforce planning, monitoring and reporting systems to ensure rapid scale-up of essential treatment services. Target populations, program targets, and activities for FY06 for sub-partner organizations are described below: Catholic Health Services (CHS) will provide routine counseling and testing for approximately 3,500 pregnant women attending ANC services at 4 CHS hospitals (Rehoboth, Nyangana, Andara, and Oshikuku) and newly initiated services at their associated health centers and clinics. Decentralized roll-out to health facilities started in FY05 at 4 sites and will continue in FY06 with the addition of at least 3 additional health facilities. This decentralized approach is facilitating access to PMTCT, ART and counseling and testing services for patients from remote rural areas. Services at the health centers include blood drawing for counseling and testing, Nevirapine prophylaxis provision, and referral for ART clinical staging. Physicians from the nearest hospital will supervise services at the decentralized facilities. CHS staff will train at least 20 nurses from the decentralized facilities in PMTCT. PMTCT prophylaxis, clinical staging, and CD4 testing will continue to be offered (at the hospitals directly and through health center referrals to the hospitals) to all HIV positive pregnant women who are post-test counseled (estimated at 450 in FY06) and ART will continue to be offered to those eligible according to national guidelines (estimated at 60 in FY06). A single dose of Nevirapine or an alternative highly effective short-course regimen will be provided for PMTCT to pregnant women who are not eligible for treatment. Additionally, these women will continue to be enrolled in a palliative care program that includes regular follow-up counseling and medical monitoring. CHS hospitals and CHS supported health facilities will continue to sensitize communities about PMTCT services by training community volunteers and convening meetings with community members, including teachers and traditional leaders. Lutheran Medical Services (LMS) will continue to provide PMTCT services to all women attending ANC services at the newly integrated prevention, care and support center 'Shanamutango' at the Onandjokwe Lutheran hospital. The hospital provides routine counseling and testing for about 3,500 pregnant women per year attending ANC services, delivering at the hospital or attending ANC services at nearby health centers. LMS plans to offer PMTCT services (as described above for CHS) at 3 to 4 district clinics by end of FY 05 and to add 3 additional health centers in FY06. LMS will follow the same treatment practices for PMTCT as in CHS facilities; that is, offering clinical staging and CD4 testing to all enrolled HIV positive pregnant women (estimated at 450 in FY06) and ART to those eligible women according to national guidelines (estimated at 70 in FY06). To cope with the increased demand for service delivery and supervision at the health centers, LMS will recruit and hire one PMTCT nurse and will train at least 20 nurses in PMTCT services. Lifeline/Childline will continue to train and provide supervisory support for community counselors based at the CHS and LMS health facilities and other NGO/FBO partners. This cadre sensitizes communities about PMTCT and addresses stigma and discrimination toward PLWHA; counsels pregnant women at ANC sites on the benefits of testing for PMTCT; and conducts pre-and post-test counseling and

support counseling. In FY06, Lifeline/Childline will train 75 additional community counselors in PMTCT for CHS and LMS and other NGO/FBO partners.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	18	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	900	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	115	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	7,000	☐
Number of diagnostic PCR tests performed on infants of HIV+ mothers		☑
Number of traditional leaders educated on PMTCT		☑
Number of pregnant women reached with information about PMTCT services		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area:

Program Area Context:

USG-supported prevention programs focusing on abstinence and being faithful are designed within the context of Namibia's National Strategic Plan on HIV and AIDS. The USG AB program is supported by a strong community network consisting of local governments, Community Action Forums, churches, FBOs and NGOs and reinforced by national and community communication programs. With the approach of promoting behavior change at the grassroots level, the USG recognizes that behaviors in relation to HIV/AIDS are not only framed by individual choices, but are influenced by societal norms and practices, real and perceived access to resources and services, and gender, requiring a community-driven response. In FY06, USG will pilot and scale up a program of Participatory Life Skills Approaches (including drama, sports and choirs) designed to enhance community participation and leadership for interventions to promote abstinence and fidelity.

Abstinence and Be Faithful curricula are being used by churches, FBOs and NGOs. These target delay of sexual debut among youth ages 8-24, promote secondary virginity, and being faithful for those who have become sexually active. The goal is that young people should delay their sexual debut for as long as possible, ideally until marriage.

In- and-out-of-school curricula, "Window 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 MOE. 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. In FY06, the practice of cross-generational sex , a factor that is driving HIV infection rates among young girls and women, will receive a special focus.

USG will continue its support to the Ministry of Information and Broadcasting's National HIV/AIDS Communication campaign, "Take Control," which in FY 05 with USG support, changed its emphasis from condom messages only to a focus on abstinence, faithfulness, and couple testing messages. Support in FY06 will concentrate on strengthening technical expertise and building capacity with the MIB and local partners to plan, design and lead this campaign.

In FY05, USG began strengthening the development and dissemination of AB prevention messages through "community counselors" who provide patient and community outreach from health sites. In FY05, a total of 92 community counselors were placed in 42 public health facilities with a large concentration of HIV-positive patients. The development of a new cadre of community counselors for public health facilities is a key USG strategy for HIV "prevention through positives," which includes counseling for AB. An additional 160 counselors will be placed during FY06.
Also, in FY05, USG initiated a door-to-door community education program that includes AB messages -- in densely-populated, high-risk areas of urban Windhoek and in the highly populated northern regions of Ohangwena, Oshikoto, and Oshana. This program will be rolled out in FY06.

Support has begun and will continue in FY06 to strengthen AB prevention at VCT sites including "prevention through positives" 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.

New support to educate the community about the role of alcohol and HIV will be given to MoHSS, NGOs/FBOs, Community Action Forums and other organizations who are active stakeholders in the National Drug Control Master Plan for 2004-08.

In FY06, the USG will continue its work with over 10 FBO partners and will focus significant support to strengthen the organizational capacity of these organizations and other sub-partners to receive direct USG funding.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	320,000
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	40,000
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,673

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Fresh Ministries
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3773
Planned Funds:
Activity Narrative: Teaching Our Children is a five-year program to reduce the incidence of HIV/AIDS by promoting abstinence and faithfulness for children, youth ages of 10-24, families and communities in the Anglican Diocese of Namibia through peer education, training, outreach via Sunday school and confirmation classes, drama, literature, and the media.

The Anglican Church in Namibia is already providing a range of services related to HIV/AIDS including: prevention education, care of the sick, care and education of vulnerable groups, reduction of stigma, and promotion of gender equality in education. The proposed activities in partnership with Fresh Ministries build upon the Church's existing program. The SIYAFUNDISA program will be implemented by the Anglican Church through the Anglican AIDS Office from the pulpit and through children, youth and families to promote the adoption of healthy behaviors by young people. The goal of this activity is to decrease the incidence of HIV/AIDS in Namibia by increasing abstinence until marriage, faithfulness, and avoidance of unhealthy behaviors by youth. Prevention strategies will promote age-appropriate, culturally sensitive educational programming for comprehensive HIV/AIDS, reproductive and sexual health, and life skills education in churches and the communities they serve

During FY06, the program will be implemented in thirty two (32) parishes and serve approximately 30, 000 youth, ages 10-24, 10, 000 adults and train 500 youth leaders. Each year of the program will build upon the previous year's activities to achieve the project goals of increasing: abstinence and faithfulness, abstinence until marriage, secondary abstinence, knowledge about the consequences of early sexual activity, and knowledge of individual sero-status. The program also aims to decrease violence and gender-based violence, and empower youth with messages to reduce stigma and discrimination. Five hundred youth leaders will be trained as trainers to provide HIV/AIDS prevention programs to their peers such as "Survivor Africa," a prevention education program for youth between the ages of 12-18. 'Time to Talk' is another peer education program that will reach youth ages 10-24 with messages to minimize their risk of HIV infection. Other prevention programs will address reproductive and sexual health, life skills, and risky sexual behavior. Sermons from rectors will cover topics on all of the program's objectives. Ten workshops will be held with parishes, community centers and schools to address risky sexual behavior and encourage voluntary testing. Ten dramas will be performed to promote the delay of sexual debut, secondary abstinence, faithfulness within marriage and monogamous relationships. Nineteen sermons will be given to reduce stigma. Five radio ads and campaigns will be conducted to help educate the community about HIV/AIDS prevention. Classes on life skills and parenting skills will be taught to families and caregivers. Families and caregivers will be given referrals or linkages to external services such as counseling and testing, food and clothing centers, and medical services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	500	☐
Number of A/B radio spots produced		☑
Number of A/B TV spots produced		☑
Number of youth reached with A/B messages through mass media		☑
Number of adults reached with A/B messages through mass media		☑
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese	32	☐

Target Populations:

Adults

Faith-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Gender

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Military Action and Prevention Program (MAPP)
Prime Partner: Social Marketing Association/Population Services International
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3830
Planned Funds:
Activity Narrative: *MAPP will intensify educational efforts by adding a focus component on abstinence* before marriage and faithfulness while married. MAPP team experience and documentation indicates that many soldiers do not understand the value of faithfulness. MAPP will conduct workshops with male and female soldiers from all regions with the purpose of creating an understanding that abstinence can be a viable option and to thoroughly discuss faithfulness to one partner, communication within marriage, the sexual rights of women in marriage and discordance within marriage. Facilitators will be drawn from the Namibian Legal Assistance Centre, the Council of Churches of Namibia and experts in the field of marital relations. Trainees will incorporate workshop information into their on-going work as peer educators in the regions. Behavior Change Communications (BCC) materials will be developed to support this activity such as an abstinence and faithfulness handbook and an abstinence and faithfulness workshop report.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	40	☐
Number of A/B radio spots produced		☑
Number of A/B TV spots produced		☑
Number of youth reached with A/B messages through mass media		☑
Number of adults reached with A/B messages through mass media		☑
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese		☑

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3875
Planned Funds:
Activity Narrative: This activity is a continuation of FY04 and FY05 USG support and relates to MoHSS PMTCT (#3882), MoHSS/other (#3880), MoHSS CT (#3926), and MoHSS ARV Services (#3876).

(1) By September, 2006, we expect to have 260 community counselors assigned to health facilities and by November, 2006, we expect to have and maintain 300. A total of 92 community counselors have been supported and assigned to 42 health facilities by the Namibia Red Cross Society through USG support to MOHSS. Additional community counselors will be recruited, trained, and placed in health facilities in order to assist doctors and nurses with provision of prevention messages; CT services; counseling and testing for PMTCT, ART, TB, and STI services; and ART adherence. USG will also continue its support for a CT Advisor to support the Directorate for Special Programmes and the assistant Senior Health Programme Administrators (SHPAs) in the regions to manage the programme. Note: Funding for this activity is distributed among the following 5 program areas (20% each: PMTCT, Other Prevention, Counseling &Testing, ARV services).

A high proportion of community counselors' clients will be sexually active HIV-positive patients in health facilities, providing an opportunity for prevention through positives. 40% of community counselors' time will promote couples counseling and encourage all their clients, but particularly PLWHA, to reduce their high risk behaviors through abstinence, being faithful to one partner or promoting "secondary abstinence." Couples counseling and testing will also be reinforced to identify prevention opportunities through discordant couples (approximately 12% of couples in CT are discordant). It is expected that those community counselors who are openly HIV positive will have an influence in reducing stigma and discrimination.

(2) Support for Health Promoters. USG support will continue to provide incentives for the 100 MoHSS Health Promoters (HPs) recruited and trained in FY05 to work in the constituencies, Katutura East and Katutura Central in Khomas Region, to reach a further estimated 92,711 people. HIV prevalence in Katutura was 22% amongst pregnant women in 2004 and an estimated 20% of PLWHA in Namibia reside in this densely populated and impoverished urban area. Most Namibians who migrate to the capital city in search of work reside in this area of Windhoek. Thus this expanded program, with increased focus on HIV/AIDS prevention practices and services in the highly populated township of Windhoek, will eventually reach an estimated 164,748 people (2001 Census).

With FY05 funding, training of existing HPs is being expanded to include HIV/AIDS prevention, behavior change, and lay counseling. FY06 funding will include support 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 N$200 (~US$30) monthly volunteer allowance of each new HP.

The cost of this activity will be split 50:50 between Prevention-AB and Prevention-other (MoHSS/Other prevention #3880).

The current 58 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. The HPs will provide linkages to CT 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 will be promoted amongst members of the public who are already sexually active.

(3) Together with partner NGOs, representatives from the Directorate of Social Services, MoHSS participated in the PEPFAR-supported meeting on HIV and alcohol in Tanzania in August 2005. Through collaboration with active NGOs/FBOs, support will be given to MOHSS, which chairs the National Drug Control Commission, to convene stakeholder meetings and develop materials to educate the public about the association between alcohol consumption, high-risk sexual behavior, and HIV infection.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Training	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	65,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	6,500	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	150	☐
Number of A/B radio spots produced		☑
Number of A/B TV spots produced		☑
Number of youth reached with A/B messages through mass media		☑
Number of adults reached with A/B messages through mass media		☑
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese		☑

Indirect Targets

N/A

Target Populations:

Adults

Discordant couples (Parent: Most at risk populations)

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	DAPP
Prime Partner:	Development Aid People to People, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3927
Planned Funds:	

Activity Narrative: This activity is a continuation of FY05 activities. Costs for the activity are allocated uniformly across 5 program areas: PMTCT (#3928), AB (#3927), Other Prevention (#3931), Palliative Care-BHCS (#3929), and ARV Services (#3930).

As a new procurement in FY05 and following OGAC approval, HHS/CDC completed the competitive procurement process and awarded a Cooperative Agreement to DAPP in September 2005. This activity is heavily leveraged with the Global Fund, which awarded DAPP with start-up funds to cover the regions of Omusati, Oshana, and part of Ohangwena and Oshikoto. However, DAPP only received its funding from the Global Fund in July 2005, and in August began its first training of Field Officers for the Global Fund catchment areas. Implementation is now expected to proceed at a rapid pace.

The USG will support Development Aid from People to People (DAPP) for a community based approach called "Total Control of the Epidemic" (TCE). This 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 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. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) (2001 DHS). They have an estimated population of 28,000 PLWA. 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 stop spreading the virus through promotion of abstinence and delay of first sexual encounter, and being faithful to a partner of known 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 and 150 Field Libraries will be established.

Each Field Officer will be trained in a 4 week, pre-service training which will include 3 weeks of theory and 1 week of practice. Each will also be supplied with a tool kit consisting of various HIV/AID booklets, manuals, and information materials. 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 2,000 people per Field Officer over 3 years).

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	90,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	9,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	300	☐
Number of A/B radio spots produced		☑
Number of A/B TV spots produced		☑
Number of youth reached with A/B messages through mass media		☑
Number of adults reached with A/B messages through mass media		☑
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese		☑

Indirect Targets

N/A

Target Populations:

Community leaders
Community-based organizations
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Coverage Areas

Ohangwena

Kavango

Oshikoto

Mechanism: Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4048
Planned Funds:

Activity Narrative: In FY06, JHU will promote abstinence, faithfulness, delay of sexual debut, partner reduction through addressing social and community norms affecting these behaviors, the development of related messages and focus on building the capacity of relevant line ministries and community partners to plan, design, and implement communication strategies through two components:

(1) In FY05, JHU redirected the Ministry of Information and Broadcasting's (MIB), National HIV/AIDS Communication campaign, "Take Control," from a focus on condom messages only to abstinence, faithfulness and couple testing messages in collaboration with "Take Control" consortium partners, including UNICEF, the MoHSS, and other community partners. This campaign featured real people who provided testimonials about their actions related to abstinence, faithfulness, and couple testing--based on pre-test findings that indicated that this approach was more effective than campaigns that use actors and scripted messages. The campaign utilized a combination of print, radio, and television media. Print materials (over 40,000 posters in 3 languages) were distributed through Community Action Forums (CAFs), Ministry Information and Broadcasting (MIB) offices, MoHSS, and USG partner organizations; 4 TV and 3 radio spots aired several times a day in 2 languages starting in July 2005. USG funding has helped to leverage additional funding and supported private/public partnerships for the broadcast and placement of the campaign materials: Namibian Broadcasting Corporation (NBC), a GRN parastatal, provided free broadcasting on television and radio stations, frequently at prime time; the MoHSS paid for production and placement of 35 billboards throughout the nation using the campaign messages; "The Namibian" newspaper, which has the largest circulation in the nation, donated one page per week dedicated to the campaign and related issues. Household and network surveys, to be conducted in the latter half of 2005, will provide a mid-term assessment of the reach and impact of the AB "Take Control" campaign. In addition, another USG C&T partner, the Social Marketing Association, surveyed new clients coming for testing during the campaign as to why they have come for testing. During the campaign months of July and August, SMA's New Start Centers recorded the highest number of clients ever with figures increasing by 12% in July and an additional 5% in August. Designation of TV referrals went up by 40% in July and by an additional 2% in August and for posters and signs went up by 68% in August.

In FY06, JHU will continue to provide technical assistance to build the capacity of the MIB and "Take Control" partners to plan, design and implement national media campaigns around abstinence and delay of sexual debut, partner reduction, and targeting PLWHAs with prevention for positives messages. In FY05, JHU will hire a media and design specialist to support this capacity building effort. JHU staff will also train MIB and MoHSS staff on how to work with ad agencies, conduct focus group research and the use of research results for message development. This technical assistance will continue in FY06 with an added emphasis on how to strengthen MIB and MoHSS's in-house capacity to coordinate the development of communication materials and resources in collaboration with a wide variety of USG partners (e.g. CAA, New Start, NBC, etc) and other stakeholders and development partners and their programs (Lironga Eparu, UNICEF, UNFPA, etc.). This capacity building effort will be implemented through 4 production and design workshops; training on pre-and post-testing of all messages and materials; and design and production for 2 AB message-focused radio PSAs, 1 AB message-focused TV PSA, and 2 AB message-focused print materials -- all translated into three local languages and broadcasting leveraged through the NBC. These activities link to JHU activities in Other/Policy Analysis and System Strengthening (project #4338).

(2) Piloting and scale up of Participatory Life Skills Approaches, which will move beyond educational approaches and address specific community-based responses to HIV/AIDS prevention. JHU will support communities to adapt the following menu of community mobilization activities to the Namibian context:

a) Sports for Life (SFL) is a participatory behavior change and life skills program targeting young male adults 18-24 years of age and their adult authority figures to promote healthy behaviors using a competitive teams approach. SFL participants range from coaches, teams, and youth groups, to faith-based groups, health workers, educators, government officials and sports heroes. Events include coaching clinics and tournaments and accompanying BCC materials and community media are used to promote and create coverage of events. SFL will be scaled up in FY06 to all 18 communities where Community Action Forums (CAFs) have been established.

b) Use of community drama to address many underlying problems contributing to HIV/AIDS identified in the previously conducted community assessments, such as alcohol abuse, unemployment, and gender violence. Several CAFs have included such dramas in their action plans in FY05. JHU has trained and worked with local drama groups in two communities to develop scripts and present community performances. In the FY06, JHU will expand this intervention an additional 10 community sites.

c) As a result of JHU's network analyses and community mapping, community choirs have been identified as a popular community activity in which many people participate. In Oniipa, the CAF has established its own choir and has started spreading HIV/AIDS messages and information during choir practices and prayer sessions. In FY06, JHU will expand its support to choirs in CAF communities by providing HIV/AIDS training and resource materials.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	85,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	250	☐
Number of A/B radio spots produced	2	☐
Number of A/B TV spots produced	1	☐
Number of youth reached with A/B messages through mass media	400,000	☐
Number of adults reached with A/B messages through mass media	400,000	☐
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

International counterpart organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Community Action Forum members

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4720
Planned Funds:
Activity Narrative: The USG has been working with churches and their faith-based affiliates to implement age appropriate youth programs focused on delay of sexual debut, abstinence and faithfulness since 2003. In FY06, under a locally procured cooperative agreement, Family Health International (FHI), will continue USG support to these organizations with a focused and significant emphasis on organizational management and monitoring capacity development in order to graduate partners to direct funding. It will strengthen financial and management systems, reinforce routine program monitoring and evaluation and improve use of programmatic data for decision making. It will also provide technical assistance and leadership to partners and conduct regular monitoring of activities to ensure achievement of programmatic goals. Through previous FHI efforts, 3 key local implementing partners have now been identified for FY 07 direct funding. Specific program targets, populations, and activities are described below for each partner.

The Evangelical Lutheran Church in Namibia (ELCIN) HIV Youth Prevention Program aims to reduce the rate of HIV-prevalence among youth 14-25 through delay of sexual debut, abstinence until marriage and discouraging risk behaviors among sexually active youth. ELCIN works nationally but also in the Oshiwambo-speaking North. In FY05, ELCIN worked closely with the German Evangelical Lutheran Church to develop a culturally and age appropriate 15-session Christian Family Life Education (CFLE) curriculum. The curriculum was finalized in Aug 05 and approved by the ELCIN Church Council in Sept 05, and will be translated into 2 local languages. A resource book for facilitators and a TOT manual are under development; 150 TOTs will be trained, and the first group of 300 youth will be reached this year. In FY06 the ELCIN program will roll out this curriculum to all 100 congregations to reach 7,000 more youth.

ELCIN AIDS ACTION,(ELCAP), a Lutheran faith-based organization, will continue to scale up its AB outreach activities through Oshiwambo-language community radio programs, follow-on workshops with traditional leaders and their constituents, and community and church workshops to reach an estimated 10,000 community members by 300 trained staff and volunteers.

With USG funds the Youth Education Program (YEP) of Catholic AIDS Action (CAA) has been offering two life-skills prevention programs using adapted versions of Adventure Unlimited (youth 8-13) and Stepping Stones (older youth 14-25). Adventure Unlimited utilizes behavior-forming exercises, role-plays, and participatory games to address responsible decision-making, communication, and abstinence-skills. Stepping Stones applies a balanced approach by focusing on delay of sexual debut for younger youth, with the addition of faithfulness for those in relationships.

In FY06, CAA will provide 170 Stepping Stones courses and 150 Adventure Unlimited courses, reaching 6,400 youth in 9 regions (through 14 local offices). Additionally, CAA will hold 10 one-day information workshops to reach 150 parents and local community leaders; retrain 10 Regional YEP coordinators and 100 existing peer educators (PEs); and train 200 new PEs, on issues of social support for these children in HIV-infected and affected families. To meet these targets CAA will hire 3 more YEP officers and 2 regional coordinators.

The Rhenish Church will focus AB prevention on 600 youth aged 10-18 yrs by targeting member congregations and schools in the Erongo and Hardap Regions, including youth groups and Sunday school classes. 20 individuals will be trained to implement this program, which includes group activities and weekend camps for building self-esteem and assurance for responsible decision making and for prevention education, using curricula material from Stepping Stones, Adventure Unlimited, and Window of Hope, the MOE after-school program for grades 4-7.

The Apostolic Faith Mission (AFM) will continue to work with AFM local congregations to offer AB prevention messages through community dramas as a component of its

holistic program that also includes home-based care, counseling/referrals, and OVC support. In FY06, AFM aims to reach 2,500 members of its congregations and communities with AB messages, primarily in the northeast.

The Lifeline/Childline (LL/CL) School Program uses drama as a communication and learning tool for children to safely address issues of sexual assault, gender violence, and HIV/AIDS. In FY06, program activities will be expanded to reach 30,000 children and teachers in Grades 3-4 and 7-8 in 70+ schools across 11 regions of the country, teaching children about human sexuality with an emphasis on delay of sexual debut, and encouraging them to be supportive of adults and children infected or affected by HIV. Vulnerable or abused children will receive additional counseling and specialized support services through 200 trained teachers and counselors. LL/CL will also expand its Windhoek-based English community radio call-in program on HIV prevention to all regions. The program will be broadcast in 2 local languages in selected regions through leveraging of the Namibia Broadcasting Corporation (NBC) resources, which covers cost of air time.

Since 2004 with USG support, Change of Life Style (COLS), a non-denominational, Christian organization, has been promoting AB messages and youth development through its Christian Family Life Education (CFLE) program. In FY06, COLS will strengthen the capacity of local churches in the Khomas and Erongo regions via training and participatory workshops, small group programs, and recreation activities that are consistent with Christian values to enhance knowledge and responsible decision making and behavior related to reproductive health and HIV prevention among 3,000 youth ages 8-16 yrs. Additionally, COLS will conduct programs to sensitize 600 religious leaders and parents and run youth-weekend activities for an additional 500 youth.

Development Aid from People to People (DAPP) has worked in Namibia since 1990 to combat poverty and illiteracy, provide vocational training, and conduct HIV awareness and prevention activities in the under-served northwestern rural areas. Its Hope Youth Project, a school-outreach program which the USG began funding in 2004, focuses on AB messages; empowers youth to make informed decisions about health and sexual behavior; empowers girls to say no and defend themselves from sexual coercion; and aims to break down stigma & discrimination. In FY06, 22 schools in the Northwest will be reached: 44 teachers, 22 volunteers and 220 youth will be trained as peer educators; 550 youth will be newly enrolled in Hope clubs (after-school clubs set up by peer educators); and 2,800 youth will be reached through their peers. Teachers, volunteers, and students trained during FY05 will be monitored and supported in continuation of their activities.

The youth program of the Walvis Bay Multi-Purpose Center uses multi-media participatory drama and peer education to promote AB messages and behaviors. In FY05, 2,949 youth were reached through the program. In FY06, the program will conduct a survey of 10 local schools to identify and develop opportunities for new initiatives and support; mobilize teachers and students in these schools around abstinence and faithfulness; train 50 peer educators to provide 2,300 students with AB information/education and referrals to MPC to access social services partners and other community resources. The youth program will implement 4 school holiday programs (1-2 weeks each) to provide students with HIV/AIDS education, AB interventions, and skills development opportunities.

The Sam Nujoma Multi-Purpose Center in Ongwediva aims to reach 1,500 students with AB messages in FY06 by training 50 peer educators in local schools using the previously developed and USG supported curriculum. US Peace Corps volunteers will support this program.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	67,900	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	33,000	☐
Number of individuals trained to promote HIV/AIDS prevention *through abstinence and/or being faithful*	1,216	☐
Number of A/B radio spots produced		☑
Number of A/B TV spots produced		☑
Number of youth reached with A/B messages through mass media	50,000	☐
Number of adults reached with A/B messages through mass media		☑
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Teachers (Parent: Host country government workers)

General population

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Social Marketing Association/Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4739
Planned Funds:
Activity Narrative: SMA will focus on the prevention strategies of abstinence and being faithful to reduce the occurrence of cross-generational sex. Specifically, BCC efforts with young women and girls as part of Wake Up Namibia, a program addressing cross-generational sex, will constitute a multi-faceted intervention comprising interpersonal communication, multi- and mass media, and participatory clubs. SMA's proposed program will contribute to the Emergency Plan prevention targets by reaching 15,000 young women and girls in their communities. SMA will also train 147 community members to promote HIV/AIDS prevention through abstinence and/or being faithful.

Cross-generational sex is the practice of older men having sex with young women and girls who are desperate for food and necessities. This practice is a key factor driving infection rates among young women, whose infection rates are consistently higher than their male peers. Wake Up Namibia programming will leverage a formal relationship recently developed between PSI and the African Union (AU) to address cross generational sex in 8 target countries across the continent.

Through focus group discussions and information gleaned from community mobilization events and trainings, SMA has ascertained that the "sugar daddy" phenomenon is pervasive and "accepted" in Namibian society. It is reported to SMA teams that in the case of some particularly poverty stricken families, young girls are encouraged to find a "sugar daddy" who can help provide food for the family. The desire for food and other necessities reduces a sense of risk perception by the girls and their families. The goal of Wake Up Namibia will be to increase understanding of the dangers of cross generational sex to girls, families and communities, reducing societal acceptance and thereby decreasing cross generational sexual encounters. Reducing peer and societal acceptance of having sex for food and necessities, and increasing a young women's sense of self-worth and self-risk is critical to achieving *the goal of reducing cross generational sexual encounters.*

During the first year of this program, the SMA program will explore opportunities and consult with counselors, church and community leaders, school professionals, and other development partners to explore and engender best practices for the Namibia context and to determine how best to support these young women and girls, e.g., training for employment opportunities, home and school gardens to produce food and income,

Interpersonal Communications
IPC messages and programs will be developed to increase risk perception in young girls and women and to reduce peer pressure for involvement in cross-generational relationships. Research has revealed that risk perception on the part of young girls and women is exceptionally low regarding cross-generational relationships. IPC activities in high prevalence areas will address these issues in a participatory, interactive method focused on strategies to build responsible decision making skills, perception of personal risk, how to protect themselves from infection, identify safer alternatives and community resources.

Being Faithful
SMA's HIV/AIDS prevention and education program with the Namibian police PolAction Project will include components on cross-generational sex as an unacceptable practice and on the importance of faithfulness in marriage and committed relationships. Military Action and Prevention Programme (MAPP) and

Corridors of Hope program surveys indicate that many do not understand the concept of faithfulness and do not think it is even possible. SMA will seek to dispel this myth. Focus groups will be conducted with the police to further explore attitudes towards cross-generational sex and faithfulness. PolAction will also conduct workshops with police HIV focal persons from all regions in order to develop an understanding of faithfulness and commitment, the importance of communication within marriage, the sexual and legal rights of women, address issues of sero-discordance and the practice of cross-generational sex. Facilitators will be drawn from the Legal Assistance Centre, the Council of Churches in Namibia and experts in the field of marital relations. Trainees will incorporate workshop information into their on-going work as peer educators in the regions. Materials will be developed to support these activities such as a peer educator handbook.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	147	☐
Number of A/B radio spots produced		☑
Number of A/B TV spots produced		☑
Number of youth reached with A/B messages through mass media		☑
Number of adults reached with A/B messages through mass media		☑
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese		☑

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Caregivers (of OVC and PLWHAs)

Sugar daddies

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Caprivi

Erongo

Khomas

Ohangwena

Kavango

Oshikoto

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5379
Planned Funds:
Activity Narrative: This activity relates primarily to Community Mobilization/Participation and secondarily to Information, Education and Communication. AB is the primary focus of the project. Youth clubs formed under this project will promote: gender equity by emphasizing inclusion of girls in activities and through educational materials and counseling; male norms and behaviors by stressing abstinence from sex and substance abuse among teenagers aged 13-18; education through a wide array of educational opportunities including reading, science, health, information technology, and other activities; stigma and discrimination education through HIV/AIDS educational counseling and written materials that will complement club activities; twinning through use of Peace Corps Volunteers assigned to manage the projects at the regional and institutional level; and volunteerism with the approximately 70 Namibian volunteer club leaders/counselors to be recruited for this project.
Under the supervision of State Department Public Affairs Section (PAS), the Youth for Hope Association will work with a variety of U.S. and Namibian organizations, including: Peace Corps, the youth and sports ministry, Namibian Basketball Federation, Family Health International, John Hopkins University, the National Library system, OVC centers, schools, faith-based organizations and various other grassroots organizations. The target audiences are youth aged 7-18.
These audiences will be reached through Namibian volunteer counselors who are given leadership, counseling and health training to prepare them to lead theYouth for Hope clubs. PCVs and other American volunteers are also assisting in training the counselors and managing the organizations. Club leaders agree to lead by example. In addition to training for volunteer leaders, the project also is providing in-kind support for the clubs, such as books, computers, games and sports equipment/facilities.
In-kind support is provided by PEPFAR funding, Public Diplomacy funds, and donations by private institutions, primarily American. This project hopes to achieve HIV/AIDS awareness and practice of AB by offering healthy alternatives to destructive influences and by providing education and counseling. Most communities have no sports facilities, equipment, or extra-curricular educational materials to occupy youth. Community life centers around local bars. Youth quickly fall pray to high risk activities and there are few if any positive peer role models. This project seeks to form at least 30 clubs across Namibia in the first year reaching at least 1,500 youth, and training at least 70 club leaders/counselors.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	70	☐
Number of A/B radio spots produced		☑
Number of A/B TV spots produced		☑
Number of youth reached with A/B messages through mass media		☑
Number of adults reached with A/B messages through mass media		☑
Number of people reached with AB messages through mass media		☑
Number of parishes where education and training workshops will be conducted in the diocese		☑

Target Populations:

Community leaders
Orphans and vulnerable children
Peace Corps volunteers
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area:

Program Area Context:

The Namibia Blood Transfusion Service (NAMBTS) is responsible for collection and testing to ensure an adequate and safe blood supply throughout Namibia. It was established in 1963 as an NGO and in 1987 incorporated as the blood collection and testing laboratory. The NAMBTS national transfusion center in Windhoek operates within leased MoHSS facilities and achieves cost-recovery through charging service fees to hospitals for blood products. In 2003, there were 18,000 blood collections, 19,000 in 2004 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 0.35%. The main challenges that NAMBTS faces are an inadequate supply of safe donors, aging equipment, 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.

The USG established a direct-funding relationship with NAMBTS in FY04. USG also supported technical assistance from WHO which included a needs assessment and placement of a WHO technical advisor to assist NAMBTS and the MOHSS to develop a national blood policy. To date, a national working group of relevant stakeholders has been established and a policy has been drafted. A 5 year strategic plan, legislation, national guidelines on appropriate clinical use of blood are all being formulated under the Ministry of Health and Social Services of Namibia with technical support from WHO. An important contribution of USG support has been to bring MOHSS, NAMBTS, and the Namibia Institute of Pathology together to plan collaboratively for the first time.

Also in FY05, a blood donation site was added in Windhoek and a laboratory was added in Swakopmund. Additional equipment has been procured and personnel have been placed and trained to improve recruitment of donors and processing of donated units. A KAPB survey of health workers, staff within the NAMBTS, and blood donors will also be completed in 2005 to guide donor recruitment material development. In addition to the new blood transfusion center being created in Swakopmund, there are prospects of an additional center for collection and processing in Oshakati. The USG is the only source of donor support to the NBTS; the GRN provides all other financial and technical support. There is no support to the NBTS through the Global Fund.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	7
Number of individuals trained in blood safety	65

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5123
Planned Funds:
Activity Narrative: The World Health Organization received Track 1 funding beginning in FY04 to provide technical assistance to the Blood Transfusion Service of Namibia (NAMBTS), Ministry of Health and Social Services (MoHSS), and Namibia Institute of Pathology (NIP). Following a needs assessment and situation analysis in FY04, which identified several technical assistance needs in terms of policy, guidelines, and associated training, substantial progress was made in FY05. A long-term WHO technical advisor (TA) with extensive experience on blood safety was assigned to Namibia. The first national Blood Policy was drafted following an extensive consensus-building process and is under review by the MoHSS policy committee. A major challenge has been bringing the NAMBTS, MoHSS, and NIP together for the first time to deliberate on respective roles and responsibilities, and the policy development process greatly facilitated development of those relationships. The TA has now facilitated the organization of a working group of relevant stakeholders to develop a national 5-year strategic plan for blood safety.

The major areas of emphasis in FY06 will be approval and dissemination of the first national Blood Policy; development of the first blood safety 5-year strategic plan; supporting blood collection points to increase donors; developing national guidelines for appropriate clinical use of blood; and technical assistance to facilitate training of NAMBTS, MoHSS, and NIP staff on quality management, screening for transfusion transmitted infections, counseling of clients; and assessing the cost-effectiveness of different testing strategies to prevent transfusion transmitted infections.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

General population

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Host country government workers

Public health care workers

Laboratory workers (Parent: Public health care workers)

Implementing organizations (not listed above)

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Blood Transfusion Service of Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 5124

Planned Funds:

Activity Narrative: The national blood transfusion services in Namibia are operated by the Blood Transfusion Service of Namibia (NAMBTS) in Windhoek. NAMBTS became a recipient of USG support in FY04 through a direct funding Cooperative Agreement. One laboratory center in a country as vast as Namibia had proven to be inadequate to meet the safe blood supply needs of the country. With USG support, NAMBTS has since opened a second laboratory center in Swakopmund, a third donor site in Windhoek, and the process is underway to open a new donor center in Swakopmund. During FY05, an equipment upgrade for the blood component laboratory was completed; two additional blood transfusion officers were hired and trained; a part-time medical officer was hired and trained for consultations; and an officer for quality management and training was added. NAMBTS capacity to supply units of blood increased from 18,000 in 2003 to 19,000 in 2004 with an estimated need of 22,000 units per year.

USG support will also be continued in FY06 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. Emphasis areas during FY06 will include implementation of a new information system for the NAMBTS; completion of renovations at the donor and laboratory facility in the Erongo Region; implementation of a quality management system for the service; completion of upgrading of equipment for the blood components laboratory; identification of a new site for the national headquarters; training of medical technicians and donor clinic staff; ongoing training of blood users in the appropriate use of blood and blood products; and the development of clinical guidelines for the use of blood in Namibia.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	7	☐
Number of individuals trained in blood safety	55	☐

Target Populations:

Adults
Policy makers (Parent: Host country government workers)
General population
Children and youth (non-OVC)
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Host country government workers
Public health care workers
Private health care workers

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

With USG Track 1 funding, University Research Co., LLC (URC) is assisting the Ministry of Health and Social Services (MOHSS) to develop and create an enabling environment for safe injection and waste management practices in the country. URC, together with MOHSS, and in partnership with WHO and UNICEF conducted a rapid baseline assessment in June 2004 to identify gaps in existing injection-related practices, adapting tools from the Safe Injection Global Network (SIGN) Toolkit. Interviews were conducted with health-related policy-makers, health managers, health care providers (public and private), and community members. The analysis looked at quality of services, rationale for demanding or providing injections, compliance of providers with safe injection practices, and other aspects of care related to injections. The analysis also looked at injection-seeking behavior by patients and their caregivers. The baseline assessment showed a number of quality gaps, including over-prescription of medical injections, improper injection and a lack of consistent waste disposal procedures, among others.

The MoHSS's Occupational Health Unit and Immunization Program is 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. Beginning in April 2004, the URC in partnership with the MoHSS, established the National Injection Safety Group (NISG), which meets on a monthly basis.

Since the start of the project interventions, there have been significant changes in prescription practices as well as administration procedures of medical injections. For example: the average number of types of injections prescribed per patient per treatment has declined from 1.42 to 0.71; only 57% of pilot facilities had copies of national safe injection guidelines, currently, 94% of pilot facilities have copies of the standard treatment guidelines. The availability of Post Exposure Prophylaxis (PEP) guidelines has improved from 35% to 88%. Practices on preparation and administration of injections have been improved. The proportion of facilities where needles are removed from multi-dose vials has improved from 47% to 80%. The practice of recapping of needles has been reduced from 53% to 20% where the recapping is still performed to remove needles from vacutainers. This practice will be eliminated with the implementation of disposable vacutainers. The percentage of facilities disposing sharps per national guidelines has increased from 37% to 98%. In addition, there has been a decline in sharp injuries, as well as increase in the number of health workers receiving PEP after needle-stick injuries.

URC and another USG partner, MSH, are working closely to promote the rational use of injectable medicines in the country. Interventions such as implementation of stock cards for control of equipment and supplies will be implemented and monitored. The MoHSS is in the process of obtaining an official tender for the safety containers for sharps disposal. It is expected that the Ministry will take a year or two to get its procurement system for sharps disposal containers up and running. In the interim, URC will procure limited supplies of this sharps disposal containers per MOHSS specifications.

The USG is the only donor directly funding Safe Injection and Waste Management practices although WHO and UNICEF are providing policy support.

Program Area Target:

Number of individuals trained in injection safety	1,600

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 3774
Planned Funds:
Activity Narrative: The USG-supported Medical Safety Injection Program in Namibia started in April 2004. The project will be implemented over a five year period to cover all the healthcare facilities (health centers and hospitals) in the country. Some facilities will be supported directly while other facilities will be supported through the collaborative approach. The collaborative approach, which links a number of facilities together in a region, will be used for rapid scale-up of best practices. The medical injection program aims to develop quality assurance and quality improvement mechanisms in the health system to reduce the transmission of HIV/AIDS and other blood borne pathogens through injections and sharps among healthcare workers and their clients. URC is working closely with the Namibian Ministry of Health and Social Services (MOHSS) to develop capacity at hospital and health center levels for increasing compliance with safe injection and waste management practices. A National Injection Safety Group (NISG) has been established to lead, support and monitor injection and waste management policies and practices in the country. Before developing the interventions, a rapid needs assessment was conducted to look at the existing injection and waste management practices to identify opportunities for improvement. Based on the assessment results, the URC/Namibia team worked with MOHSS and other partners to develop National and Regional improvement plans. The other interventions include: training to improve provider knowledge and skills about national safe injection and waste disposal practices; behavior change to reduce demand for unnecessary injections among providers and patients; availability of injection equipment, sharps disposal bins, and other related supplies through improved logistics and rational use of injectables; compliance with safe injection policies through supervision and monitoring; availability of post-exposure prophylaxis for healthcare workers who receive needle-stick injuries.

The URC team has developed a basic training course for increasing awareness among health workers regarding safe injection and waste disposal practices. The course describes the safe injection standards and how providers/facilities can comply with them, as well as procedures for the safe withdrawal of blood for blood tests. The course also provides basic skills on how to monitor compliance among healthcare workers as well as how to influence the patient's behavior of demanding unnecessary injections. URC will also train facility teams in analyzing their performance (outputs) and quality (compliance) indicators. The staff will use trend lines to see if the interventions are having desired results on a monthly basis.

In FY 05, the project interventions will have been implemented in 5 regions (Khomas, Karas, Oshana, Omaheke, and Erongo) covering 45 facilities. In FY 06, the project interventions will be scaled up to cover 90 facilities in the current 5 regions plus 3 new regions (Caprivi, Kavango, and Kunene) of the country. The number of facilities to be reached in each region is established in consultation with the Regional Health Management Committee and is based on the collaborative facility linkage approach referenced above. In addition, URC and MoHSS will also start incorporating private physicians and pharmacists in the safe medical injection program. URC will work with hospitals and health centers to identify a core team representing clinical, pharmacy and administrative staff responsible for improving injection practices. Where possible the ARV or infection control committees will take over the safe medical injection function. The facility teams, with support from URC Regional Coordinators and regional health staff, will be responsible for developing plans for improving medical injection practices. URC will assist each facility team in developing a strategic plan for improving injection and waste management practices. The interventions will include: training in injection administration, rational use of injections, waste disposal, and community behavior change, among others. The training will target 1600 doctors, nurses, pharmacists, waste disposal and environmental health

staff among others. The teams will meet quarterly at the regional level to share results of their efforts and identify areas that require more work to ensure higher levels of compliance with safe injection guidelines.

URC and RPM+/MSH (activity #3769) are working closely to promote the rational use of injectable medicines in the country. Interventions such as implementation of stock cards for control of equipment and supplies will be implemented and monitored. MoHSS is in the process of obtaining an official tender for the safety containers for sharps disposal. The Ministry will take a year or two to get its procurement system for sharps disposal containers up and running. In the interim, URC will procure limited supplies of this sharps disposal containers per MOHSS specifications.

At a minimum, URC along with MoHSS will conduct quarterly assessments in each facility to assess whether the facility staff are in compliance with the national guidelines. At least once a year, sample-based surveys will be done in a small number of URC and non-URC sites to assess the differences in compliance with safe injection performance indicators. URC will train district and facility-level supervisors in quality assurance methods and facilitative supervision techniques for improving the quality of safe injection and waste disposal practices.

Targets: Expected compliance with guidelines on Safe Injection and Waste disposal guidelines: 85 percent. The expected value is based on compliance with guidelines in facilities covered by the program in Year 1.

Emphasis Areas	**% Of Effort**
Policy and Guidelines	10 - 50
Training	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Local Organization Capacity Development	10 - 50
Commodity Procurement	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in injection safety	1,600	☐
Expected compliance with guidelines on Safe Injection and Waste disposal guidelines	85	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Coverage Areas

Caprivi

Erongo

Karas

Khomas

Kunene

Kavango

Omaheke

Oshana

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

Sexual transmission is the primary cause of HIV/AIDS infection in Namibia. High risk, mobile populations are a major factor in HIV/AIDS transmission, as shown by the substantially lower infection rates in more remote areas of Namibia and the growth of infection rates in some areas with larger mobile populations against the back-drop of a reduction in the overall infection rate in Namibia in pregnant women. Many employees are exposed to risky situations of HIV transmission due to their work situation as they are separated from their original communities and families, with little opportunities to establish or maintain long-lasting relationships. This situation affects many different types of workers, including mine workers, fish factory workers, uniformed services, teachers, truck drivers. For women living near companies or at roadside settlements, prostitution provides one of the few prospects of earning funds for food, clothing, health care and education for themselves and their children. Measures are necessary such as comprehensive programs that promote abstinence, mutual faithfulness of partners with known sero-status and consistent condom use.

To achieve a lasting reduction of HIV transmission, the USG works with Namibian partners such as the Namibian Business Coalition on HIV/AIDS (NABCOA), the Chamber of Mines, the Walvis Bay Multi-Purpose Center and the Sam Nujoma Multi-Purpose Center, in accordance with the National Medium Term Plan on HIV/AIDS. Workplace interventions will provide targeted outreach mainly to the private sector, but also will expand into government services, the largest employer in Namibia. With USG support to the Namibia Red Cross Society (NRCS), a total of 92 community counselors have been placed in 42 public health care settings during FY05 where a large number of HIV-positive patients are seen and an additional 160 counselors will be placed during FY06. This is a central USG strategy for "prevention through positives" in Namibia, which includes counseling and education for correct and consistent condom use and condom distribution. Door-to-door education through community educators will roll out during FY06 in densely-populated, high-risk areas of Windhoek and in the highly populated northern regions of Ohangwena, Oshikoto, and Kavango.

Namibia's Third Medium-Term Plan (MTP III) on HIV/AIDS the first objective in the defense sector's plan is 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." The USG has partnered with the Namibian Defense Force (NDF) and the Ministry of Defense in Namibia on the MAPP since 2001. 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. 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. The USG 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.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	1,980
Number of targeted condom service outlets	459

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Military Action and Prevention Program (MAPP)
Prime Partner:	Social Marketing Association/Population Services International
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3831
Planned Funds:	
Activity Narrative:	Mobilization of the high-risk military community will be aggressive including education/entertainment or "edutainment", training, Behavior Change Communication (BCC) materials distribution and targeted distribution of the "soldiers' condom." Edutainment events ranging from 3-8 hours will be carried out on all bases. Activities include dramas which depict real life choices and dilemmas facing soldiers, lectures with question and answer sessions, contests featuring promotional items as prizes, films and testimonials by Military Action and Prevention Program (MAPP) team members who are living with HIV. These events are interactive with presenters working the crowd for maximal involvement by the soldiers in the learning process. A BCC film made under COP 05 as a sequel to the popular film "Remember Eliphas" will be used to motivate soldiers to change their behavior.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,500	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	130	☐
Number of targeted condom service outlets	47	☐
Number of soldiers attending half day HIV educations seminars at the Remember Eliphas Education Center	720	☐
Other/policy analysis and system strengthening		☑
Number of local organization provided with technical assistance for HIV-related institutional capacity building - 10 Number of individuals trained in HIV-related institutional capacity building - 20 Number of individuals trained in HIV-related stigma and discrimination reduction - 200 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment - 200		
Other/policy analysis and system strengthening:		☑
Number of local organization provided with technical assistance for HIV-related institutional capacity building		
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related institutional capacity building - 20		☑
mobilization for prevention, care and/or treatment - 200		
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related institutional capacity building - 20		☑
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3880
Planned Funds:	
Activity Narrative:	This activity is a continuation of FY05 and is linked to #3882, 3926, 3876, and 3875.

(1) Support for up to 300 community counselors is requested with FY'06 funds. By September, 2006, we expect to have 260 counselors and by November, 2006, we expect to have and maintain 300 community counselors. A total of 92 community counselors have been supported by the Namibia Red Cross Society through USG support to MOHSS. Additional community counselors will be recruited, trained, and placed in health facilities in order to assist doctors and nurses with provision of prevention messages; CT services; counseling and testing for PMTCT, ART, TB, and STI services; and ART adherence. USG will also continue its support for a CT Advisor to support the Directorate for Special Programmes and the assistant Senior Health Programme Administrators (SHPAs) in the regions to manage the programme. (Note: Funding for this activity is distributed among the following 5 program areas (20% each): PMTCT, Other Prevention, Counseling &Testing, ARV services.

(2) Support for Health Promoters. USG support will continue to provide incentives for the 100 Health Promoters (HPs) recruited and trained in FY05 to work in the constituencies, Katutura East and Katutura Central in Khomas Region, to reach a further estimated 92,711 people. HIV prevalence in Katutura was 22% amongst pregnant women in 2004 and an estimated 20% of PLWHA in Namibia reside in this densely populated and impoverished urban area. Most Namibians who migrate to the capital city in search of work reside in this area of Windhoek. Thus this expanded program, with increased focus on HIV/AIDS prevention practices and services in the highly populated township of Windhoek, will reach an estimated 164,748 people (2001 Census).

With FY05 funding, training of existing HPs is being expanded to include HIV/AIDS prevention, behavior change, and lay counseling. FY06 funding will include support for refresher training, 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 N$200 (~US$30) monthly volunteer allowance of each new HP.

The cost of this activity will be split 50:50 between Prevention-AB and Prevention-other (MoHSS/AB Prevention #3875).

The current 58 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. The HPs will provide linkages to CT 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 will be promoted amongst members of the public who are already sexually active.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Training	10 - 50
Community Mobilization/Participation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	58,500	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	150	☐
Number of targeted condom service outlets		☑
Number of soldiers attending half day HIV educations seminars at the Remember Eliphas Education Center		☑

Indirect Targets

N/A

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Discordant couples (Parent: Most at risk populations)

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Migrants/migrant workers (Parent: Mobile populations)

Partners/clients of CSW (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DAPP
Prime Partner: Development Aid People to People, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3931
Planned Funds:
Activity Narrative: This activity is a continuation of FY05 activities. Costs for the activity are allocated uniformly across 5 program areas: PMTCT (#3928), AB (#3927), Other Prevention (#3931), Palliative Care-BHCS (#3929), and ARV Services (#3930).

As a new procurement in FY05 and following OGAC approval, HHS/CDC completed the competitive procurement process and awarded a Cooperative Agreement to DAPP in September 2005. This activity is heavily leveraged with the Global Fund, which awarded DAPP with start-up funds to cover the regions of Omusati, Oshana, and part of Ohangwena and Oshikoto. However, DAPP only received its funding from the Global Fund in July 2005, and in August began its first training of Field Officers for the Global Fund catchment areas. Implementation is now expected to proceed at a rapid pace.

The USG will support Development Aid from People to People (DAPP) for a community based approach called "Total Control of the Epidemic" (TCE). This 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 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. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) (2001 DHS). They have an estimated population of 28,000 PLWA. 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 educated 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 effective prevention strategies together with local health professionals. 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 sites 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 to sexually active individuals, 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 with 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 condom distribution points in the fields so that

the sexually active population, including sexually active youth, 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. In 2006, 81,000 sexually active persons in the target areas will be 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. The Field Officers will address dangerous socio-cultural practices that fuel HIV transmission - such as gender-based violence, "Sugar Daddies," and alcohol abuse.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	81,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	150	☐
Number of targeted condom service outlets	50	☐
Number of soldiers attending half day HIV educations seminars at the Remember Eliphas Education Center		☑

Indirect Targets

n/a

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Discordant couples (Parent: Most at risk populations)
Mobile populations (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Ohangwena

Kavango

Oshikoto

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4726
Planned Funds:
Activity Narrative: The USG has been implementing community and workplace HIV/AIDS prevention programs through three partner organizations since 2003. In FY06, under a locally procured cooperative agreement, Family Health International (FHI), will continue USG support to these organizations with a focused and significant emphasis on organizational management and monitoring capacity development in order to graduate partners to direct funding. It will strengthen financial and management systems, reinforce routine program monitoring and evaluation and improve use of programmatic data for decision making. It will also provide technical assistance and leadership to partners and conduct regular monitoring of activities to ensure achievement of programmatic goals. Through previous FHI efforts, 3 key local implementing partners have now been identified for FY 07 direct funding. Specific program targets, populations, and activities are described below for each partner.

The Walvis Bay (WBMPC) and Sam Nujoma Multi-Purpose Centers (SNMPC) aim to reduce the rate of HIV infection in their communities through (1) community services offered at the Centers (largely for older, out-of-school youth) and (2) workplace interventions. With previous USG support they have conducted awareness sessions with youth to increase knowledge of HIV/AIDS issues and prevention strategies, selecting and training volunteers as Peer Educators, and supported on-going skill and knowledge development of outreach workers and peer educators through monthly review sessions and refresher trainings. Additionally, they have trained out-of-school youth in computer literacy, health outreach, and counseling, thereby building the capacity of local out-of-school youth to find gainful employment. The programs also provide education and information on the correct and consistent use of condoms as well as making condoms available, particularly to sexually active youth.

The workplace programs provide HIV/AIDS awareness education to private businesses, government institutions and parastatals through building the capacity of select individuals to provide on-going education to their peers, using previously developed training manuals and IEC materials. Both centers work with Peace Corps volunteers and British VSOs. To partially sustain their activities, the Centers charge the private sector for the workplace training package (on a fee-for- services basis), and charge general public users of the Centers for computer classes and catering services provided by the centers' respective youth and PLWHA groups.

WBMPC activities for FY06 will include information sessions for 40 local company managers in fishing and other port industries to illustrate the impact of HIV/AIDS on the workplace and the benefits of implementing a workplace program. Also, MPC Health Educators will: continue to conduct weekly outreach sessions in local bars for 2,000 high risk individuals including truckers, CSW, seafarers, port and dock workers; and conduct 10 HIV/AIDS awareness sessions within the small-and-medium-enterprise (SME) sector to reach over 300 workers. Additionally, over 80 new Peer Educators will be trained and the 100 peer educators deployed in 2005 will be provided with refresher training and support through monthly meetings convened at the WBMPC, who will reach over 4,000 workers. WBPMC also will continue to design and publish a quarterly newsletter for distribution to peer educators. WBMPC will also train 60 Community Peer Educators and sponsor motivational talks in the community at large on HIV/AIDS, prevention, treatment, correct and consistent condom use and issues of stigma and discrimination. Over 8,000 people will be reached through these community awareness sessions and IEC events.

The SNMPC will reach over 2,000 workers in the local SME sector and other

workplaces using 50 trained health outreach workers (who typically are out-of-school youth attending the MPC). The MPC will train a total of 100 people (50 counted under A&B) in peer education and outreach health education through 12 workshops, and conduct 60 IEC events for 3,000 people in the community.

The Chamber of Mines (CoM) is a private advocacy organization consisting of 56 member organizations with over 10,000 employees. Originally constituted for the promotion, protection, and support of the mining industry, CoM began working in HIV/AIDS in 1996. As a result of this initial work, the CoM developed an HIV/AIDS awareness, prevention and care program, which is currently being implemented at 15 member sites and workplaces. This comprehensive workplace program uses the same curriculum as the Multipurpose centers, targeting mainly the private sector, and particularly employees and their dependents in the mining industry, Namport, Telecom, Namibian Breweries and other non-mining industries. In FY05, USG funds supported one staff member and leveraged another position through mining organizations' contributions to CoM, materials development, and logistics (cost-shared with CoM and individual companies) to support implementation of this program, which reached 12,000 workers and community members. In FY06, the CoM aims to reach approximately 14,000 workers, their families, and community members through training and retraining of 300 peer educators and hosting of IEC events and HIV/AIDS awareness sessions. It will continue to mainstream its comprehensive workplace program for peer education and community outreach to employees' families and communities within its overall Occupational Health and Safety Program—in order to extend the reach of its HIV/AIDS messages. The program also provides education and information on the correct and consistent use of condoms as well as making condoms available to employees and their families.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	33,340	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	490	☐
Number of targeted condom service outlets	2	☐

Target Populations:

Adults

Factory workers (Parent: Business community/private sector)

HIV/AIDS-affected families

Truck drivers (Parent: Mobile populations)

Seafarers/port and dock workers (Parent: Most at risk populations)

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Erongo

Karas

Khomas

Oshana

Otjozondjupa

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4730
Planned Funds:
Activity Narrative: 1.Peace Corps Volunteers (6). Through the CHHAP project, Peace Corps/Namibia will field six Volunteers throughout the country to support community mobilization in the battle against HIV & AIDS. Several Volunteers will work directly with FBOs/NGOs to identify community needs and priorities and to promote local services and community-based actions (including Community Action Forums) engaged in stemming the HIV/AIDS pandemic. In accordance with each organization's programming, Volunteers will apply their skills to educational and developmental activities for OVC, as well as to support home-based care efforts. Other Volunteers will work with the Ministry of Youth and Sports' Regional Multipurpose Centers and Youth Offices to strengthen their outreach to Namibian youth, with special emphasis on promoting healthy life styles, HIV/AIDS prevention measures and life skills development. These Six Volunteers will have two-year assignments in 2006-08; ten more PCVs will be recruited for service in 2007-09.

2.Crisis Corps Volunteers (6). The main component of this activity is support for HIV/AIDS-focused projects through the assignment of Crisis Corps Volunteers to areas where critical short-term assistance is needed. Six CCVs will be recruited for 6-month assignments to support the efforts of Faith Based Organizations at the community level and/or the Ministries of Health and Youth/Sports at the regional and district levels. The efforts of the CCVs will provide support for community mobilization and local organization capacity development, with special emphasis on education, communication and information sharing. As a result of the training and technical assistance to be provided by the CCV, at least four implementing partners will be able to strengthen and expand their outreach and care to target communities. Moreover, as the possibilities of returning to the Caprivi Region are explored, Crisis Corps Volunteers could be used to develop pilot projects in the region, in preparation for the possible assignment of regular two-year Volunteers.

3.*HIV/AIDS Technical Training of all Volunteers. The majority of Peace Corps* Volunteers in Namibia are involved in the fight against HIV/AIDS. In order to improve the delivery of technical and program information on HIV/AIDS prevention to Education and Health Volunteers, the Peace Corps will organize an annual "All Volunteer HIV/AIDS Conference" to bring approximately 100 Volunteers from all parts of Namibia together for three days of seminars, workshops and groups discussions on HIV/AIDS. In addition, the Peace Crops will organize specific "In Service Training" (IST) aimed specifically at 40 Health Volunteers working full-time on *HIV/IDS prevention and capacity building as a two-year assignment. Training topics* will include best practices in community mobilization, and monitoring and reporting. Given the recent request of PCVs to help build capacity and provide trainings through the Ministry of Youth, National Service, Sport and Culture, techniques on life skills training as well as the facilitation of youth development and youth participation will also be included. These trainings will also provide a forum for obtaining systematic feedback on community circumstances of HIV/AIDS, norms and behaviors associated with prevention, treatment and care and reporting on results for semi-annual COP *M&E. Finally, approximately 56 incoming Volunteers in FY06 will* receive several days of instruction focused specifically on HIV/AIDS during their "Pre-Service Training" (PST). Sessions include cultural aspects related to HIV & AIDS, the epidemiology of AIDS in Namibia, sector responses to HIV & AIDS, approaches to community entry and the use of assessment tools. As Volunteers gain more experience in the field, additional sessions focusing on grief and loss management as well as Monitoring and Evaluation skills will be provided.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐
Number of targeted condom service outlets		☑
Number of soldiers attending half day HIV educations seminars at the Remember Eliphas Education Center		☑
Other/policy analysis and system strengthening Number of local organization provided with technical assistance for HIV-related institutional capacity building - 10 Number of individuals trained in HIV-related institutional capacity building - 20 Number of individuals trained in HIV-related stigma and discrimination reduction - 200 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment - 200		☑
Other/policy analysis and system strengthening: Number of local organization provided with technical assistance for HIV-related institutional capacity building	10	☐
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related institutional capacity building - 20 mobilization for prevention, care and/or treatment - 200		☑
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related institutional capacity building - 20	20	☐
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related stigma and discrimination reduction	200	☐
Other/policy analysis and system strengthening: Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	☐

Target Populations:

Adults

Community leaders

Faith-based organizations

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Social Marketing Association/Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4749
Planned Funds:
Activity Narrative: Despite high levels of awareness and knowledge about HIV/AIDS, sexual transmission continues to drive the epidemic. One of the major contributors to this phenomenon is economic migration of naturally mobile populations including (mainly male) police, soldiers, and transport workers leading to multiple sexual partners and transactional sex.

To address this issue, SMA seeks to go beyond awareness raising by utilizing community mobilization and very focused educational events to encourage people in these highly vulnerable communities and commercial sectors to engage in one or more risk reducing strategies, such as, abstinence, faithfulness, partner reduction, correct and consistent condom use and knowing their HIV status. This activity narrative describes those activities involving prevention approaches beyond Abstinence and Being Faithful. BCC activities will include:

1)Community mobilization and educational events at border sites, secondary schools in vulnerable communities (as requested by the schools), bars, police camps and within communities through the Traditional Authorities structures in Kavango and Caprivi regions and Oshikango, Walvis Bay and Windhoek;
2)Demand creation amongst participants for C+T and ARV services;
3)Targeted behavior change program with the Namibian Police including liaison with C+T centers to provide mobile testing services to police camps;
4)Ongoing communication and HIV education at border sites and along transport corridors
5)Highly targeted social marketing of male condoms through traditional (petrol stations, pharmacies, supermarkets, etc.) and non-traditional outlets (truck stops, bars, village kiosks, shebeens, base canteens).

SMA's proposed program will contribute to the Emergency Plan prevention targets as follows:

•Reach 40,000 individuals from mobile populations (sex workers, truckers, informal traders, and border officials) through BCC education activities at selected border sites;
•Social market 600,000 condoms at 360 targeted service outlets.These outlets will include formal and informal drinking establishments and clubs, kiosks, village markets, cuca shops, supermarkets, filling stations,trunk stops and brothels in high transit areas.

Activity component #1 - HIV Prevention Intervention for Police
The Ministry of Safety and Security has requested a rapid and aggressive intervention with all branches of the Namibian police. SMA will expand on a comprehensive program to educate police on their risk of HIV infection and to motivate them to adopt safer sexual behaviors. Behavior change messages including partner reduction, fidelity to partners, consistent condom use, and accessing C+T services will be promoted through the following activities:
•Peer educator trainings with high-ranking officers and troops will be held;
•Condoms will be procured as part of "C" prevention education activities for high risk groups; extending availability of the uniformed services condom to all police canteens nationwide;
•Targeted IEC materials will be developed and adapted from MAPP for the police;
•Advocacy meetings will be conducted with both civilian and uniformed wings of the Ministry of Safety and Security to encourage the Ministry to be proactive in management of HIV;
•Establishing and supporting the position of a Namibian Police HIV/AIDS coordinator;

•Creating access to a mobile C+T unit to operate nationwide at police camps, barracks and training places;
•Initiating the formulation of a fully functional, observable, and fair HIV/AIDS policy;
•Participating with the MOD in the yearly joint armed services infectious diseases conference held in Windhoek; and,
•Facilitating closer co-operation between MSS and MOD in prevention and care initiatives.

Activity component #2 - Expansion along the Northern border
An extension of Corridors of Hope (CoH) BCC activities into and at the Kavango region is urgently required. The Kavango region borders Angola and Botswana. Until recently this area was subject to armed conflict. The ceasefire brought about much cross-border trading, migration, and increased economic activity with Angola. In Kavango region there are two official border crossings into Angola and one official border crossing in to Botswana.

SMA delivers its powerful IPC messages through many instruments. SMA's flagship special events are Health Awareness Days (HADs), which enable SMA to use a variety of entertaining but educationally based approaches to engage audience attention and participation. The focus is on involvement of the Traditional Authorities in planning and implementation of edutainment events. SMA's belief is that the control of HIV including care and prevention is best handled from the inside of the Traditional Authorities' already strong cultural structures. SMA's HADs are often held within the tribal court and include a speech by the Induna (leader), a drama by SMA, question and answers with the community, a quiz / competition followed by a condom demonstration (outside of the court as requested by the Induna), a talk by local home based care groups and community discussion.

Under the proposed program, SMA will continue to expand its existing activities in high transit areas with vulnerable groups and proposes to execute the following activities:
•IPC and IEC for health awareness at border sites, bars, truck stops, trading areas, local schools and villages;
•Conduct quarterly workshops targeting commercial sex workers and/or vulnerable women and girls;
•Refer target groups to local New Start centers and PMTCT and ARV access points;
•Adding additional services (e.g., STI treatment and extended hours) to certain New Start mobile and static centers based on demand;
•Incorporate campaign discouraging cross- generational sex programming into educational events
•Develop IPC materials to be used to reach truck drivers waiting to cross the border

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	60	☐
Number of targeted condom service outlets	360	☐

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

People living with HIV/AIDS

Seafarers/port and dock workers (Parent: Most at risk populations)

Girls (Parent: Children and youth (non-OVC))

Migrants/migrant workers (Parent: Mobile populations)

Partners/clients of CSW (Parent: Most at risk populations)

Sugar daddies

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Caprivi

Erongo

Khomas

Ohangwena

Kavango

Oshikoto

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5690
Planned Funds:	
Activity Narrative:	To address the high risk behavior as a result of excessive alcohol abuse in its community, the JHU supported, Rehoboth Community Action Forum (CAF) initiated a partnership with the National Shebeen Association (an association that ensures the registration of local bars in communities throughout Namibia and monitors conformance to Namibian alcohol laws) to advocate for stricter controls over illegal shebeens (bars), hours of operation and underage drinking. In addition, the CAF partnered with the local New Start VCT Center to hold HIV/AIDS awareness sessions with shebeen owners and regular customers. Anyone interested in going for a test as a result of these awareness sessions receives a free New Start testing voucher. A case study on this activity was presented at the O/GAC Alcohol and HIV/AIDS conference in Tanzania in August 2005, which resulted in much interest from other countries to implement similar projects. Using Rehoboth as a model intervention, in FY06 JHU will work with the National Shebeen Association to replicate this activity with other CAFs and interested USG partners and stakeholders. Additionally, drawing on the best practices disseminated at the Alcohol Conference, JHU will work with the Namibia Coalition on Responsible Drinking (CORD), the National Shebeen Association, the Directorate of Social Services at the MoHSS and CAFs to build a systematic approach to messages and communication strategies supporting community activities that highlight the link between alcohol abuse and HIV infection.

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

Namibia's health care network comprises 31 district hospitals, 4 referral hospitals, 35 health centers, >240 clinics and hundreds of community care points within hospital catchment areas. Their primary health care strategy includes referral networks between the community and higher-level facilities. However, the human and financial capacity of the health care system is under severe strain and the continuum between facility-level and community-level care is fragmented. The rapid rollout of ART through 2005 convinced clinicians of the importance of a HIV/AIDS care continuum. With expansion of ART and home-based care (HBC) dominating efforts in FY05, greater emphasis will be directed to strengthen the quality of HIV/AIDS palliative care in Namibia in FY06. The USG will add a doctor for quality assurance to the Ministry and assess the feasibility of the HIVQual system in the Namibia context. In August 2005, a limited assessment by the USG helped to identify scale-up opportunities and challenges to improve access, availability, quality, and accountability for a broad range of palliative care services, providers (professional and nonprofessional), and delivery models necessary to reduce the pain and suffering (physical, psychological, supportive, and spiritual) associated with HIV disease. This has resulted in a plan to strengthen facility and community level palliative care service delivery, national policy and guidelines, and training to support expansion of quality HIV/AIDS palliative care in Namibia. For health workers in facilities, the USG will continue support for modification of WHO's Integrated Management of Adult Illness (IMAI) modules and revision of the national care and treatment guidelines to provide a useful framework for a systematic MoHSS-led approach to comprehensive palliative care for the first time in Namibia. The USG will also continue to work with UNAM to improve the HIV/AIDS content in the post-graduate training course for nurses on clinical diagnosis and prescribing. The USG will support implementation of a cost-effective package of care for all eligible PLWHA, including cotrimoxizole prophylaxis (Stage III,IV disease or CD4<300 or HIV-exposed/infected children), malaria prevention, hygiene promotion, targeted nutrition counseling and supplementation, TB screening and isoniazid preventive therapy, appropriate pain and symptom management, and linkages with ART support, child survival strategies for HIV positive children, counseling and testing, and HIV prevention for PLWHA throughout the care continuum. FBOs/NGOS that provide most HBC through their volunteers and interact at both the clinic and hospital level, responsibilities of community care providers will be expanded and training and supervision improved through practical skill development, nurse supervision and by strengthening coordination and the referral network. Technical assistance and training will be provided in partnership with the African Palliative Care Association and a local association will be established; consultations will be held with policy makers within the MoHSS to review national policy, opioid prescription and integration of palliative care into HBC. FY05 support for a targeted nutrition strategy will be continued and the pilot food supplementation program will be expanded to limited numbers of malnourished PLWHA at ART, HBC, and VCT sites. As Government capacity to support nutrition care and community care is limited, NGOs/FBOs will need to assume responsibility for most services. Development of a sustainable national incentive program to increase participation/reduce attrition of volunteers is underway. The USG is also coordinating with the Global Fund's 5 year contribution to palliative care which began 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.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	286
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	51,000
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3841
Planned Funds:
Activity Narrative: This is a continuation of FY05 and relates to #3866, 3895, and 3894. I-TECH support focuses on human resources and training and includes the following:

(1) Continued salary support and local travel expenses from FY05 for one nutrition advisor for a period of 6 months to provide technical assistance to the Food and Nutrition Subdivision of the Ministry of Health and Social Services (MoHSS). Her assistance will include development of clinical nutritional guidelines for HIV/AIDS, including infant and child feeding and monitoring. She will also conduct training and provide on-site follow-up support visits to clinical sites. She will also provide oversight to the targeted short-term nutritional supplements for eligible ART patients that is funded by the USG through MoHSS to the Namibia Red Cross Society (see#3876).

(2) 25% salary support for a curriculum developer to assist the nutrition advisor to develop a nutrition curriculum. One training of trainers (TOT) and 5 regional in-service trainings on nutrition and HIV/AIDS for 120 health care workers will be conducted.

(3) Two TOTs in IMAI, which will take place following the adaptation of the World Health Organization's Integrated Management of Adult and Adolescent Illnesses (scheduled for end 2005), which targets nurses. Subsequently, these trainers (which will include 24 NHTC tutors and 16 regional implementers--40 total trained as TOTs) will conduct 10 in-service trainings and train a total of 200 health care workers. The IMAI training package addresses stigma and discrimination issues of health care workers through the use of Expert Patient Trainers.

(4) Three in-service trainings on Opportunistic Infections (OI) to train 90 physicians. These trainings will be conducted by in-country physicians selected and trained by I-TECH, as well as by the 2 clinical mentors funded by ART (project #3866). Additionally, a series of OI case studies will be produced on videotape and DVD for use in trainings, including digital video conferencing (DVC).

Training of health care workers in care & treatment of HIV, including nutrition, IMAI & OIs will directly benefit PLWHAs, including infants and young children. In addition, the IMAI training package includes a set of patient education materials that will be adapted for use in Namibia.

Total I-TECH administration costs are distributed equally across the 6 program areas that I-TECH supports (i.e., 1/6 PMTCT, 1/6 BHCS, 1/6 C&T, 1/6 TB/HIV, 1/6 ARV services, 1/6 Other Policy)

Emphasis Areas	*% Of Effort*
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

N/A

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3877
Planned Funds:
Activity Narrative: This activity is a continuation of FY05 and relates to #3876, 3896, 3893, 3842, and 4000.

(1) During FY05, the USG leveraged resources with the MoHSS to begin renovation of outpatient areas of 5 of its 35 hospitals to accommodate Communicable Disease Clinics (CDC) and improve efficiency and patient flow. A CDC is an integrated area in outpatient areas where palliative care is delivered along with ART. 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. $25,000 will be provided in FY06 for MoHSS to purchase equipment and furniture (e.g. weighing scales, desk, chair, examination table) for the newly renovated CDCs. The cost of this activity will be split 1/3 with Palliative Care: BHCS and 2/3 with ARV Services.

(2) Vehicles will be procured for 10 MOHSS facilities to provide adequate support and supervision to facilities within the catchment area of the hospital, trace defaulters, and strengthen existing outreach services. The cost of this activity will be split 1/3 with Palliative Care: BHCS and 2/3 with ARV Services.

By the end of 2006, these activities will enable an estimated 15,000 PLWHA to receive quality palliative care services according to the national guidelines.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

These activities will enable an estimated 15,000 PLWHA to receive quality palliative care services according to the national guidelines.

Target Populations:

HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Potentia Namibia Recruitment Consultancy
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3894
Planned Funds:
Activity Narrative: This activity is a continuation of FY05 and relates to #3893, 3876, 3877, 3866, and 3841.

The lack of training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive care and treatment services on the scale and at the level of quality that is required. The USG-supported model in Namibia is to provide these services within Communicable Disease Clinics that are integrated into hospital outpatient departments.

This activity provides supplemental health personnel to the Ministry of Health and Social Services (MoHSS) through Potentia, a private-sector Namibian personnel agency. The partnership with Potentia began in FY04, when Potentia was funded as a local sub-partner through a HHS/CDC Task Order with FHI in order to more rapidly deploy urgently needed staff. However, in September 2005 following successful completion of an openly competitive USG procurement process, Potentia was awarded a new Cooperative Agreement and will receive direct funding from FY05 onward. FHI funding for this activity ends November 2005.

With USG funding, Potentia will continue to administer a salary and benefits package equivalent to that of the MoHSS to provide supplemental doctors, nurses, and pharmacists to public hospital clinics.

To date, our experience and data from the MoHSS ART/care HMIS has shown that for approximately every three HIV-infected patients who are evaluated for ART, two are started on ART and one is not yet eligible and is enrolled in comprehensive HIV care. Therefore, in FY06 1/3 of the budget for this activity will be assigned to Palliative Care: Basic Health Care and Support and 2/3 will be assigned to Treatment: ARV Services (see project #3893). Note that this is a change from FY04 and FY05 budgeting, which split funding equally between these two Program Areas.

Both HHS/CDC and the MoHSS participate in the selection process of health personnel who are then trained and provided with field support by ITECH, HHS/CDC, and the MoHSS through USG funding. This USG-supported procurement of human resources has been central to Namibia's success to date with meeting ART targets in FY04 (>4,000 patients) and FY05 (>11,000 patients), 86% of whom are clinically managed in Ministry health facilities where these personnel are based.

In FY05, personnel under this activity were assigned to the following hospitals: Keetmanshoop, Walvis Bay, Katutura, Windhoek Central, Gobabis, Otjiwarongo, Grootfontein, Oshakati, Outapi, Engela, Eenhana, and Rundu. In FY06, additional personnel will be added to existing sites based on site performance and burden of disease in the hospital catchment area. Negotiations with the Ministry to support new sites are underway to leverage resources with the Global Fund, but may include Luderitz, Karasburg, Swakopmund, Okahandja, Okakarara, Opuwo, and, finally, Katima Mulilo where demand has exceeded the capacity of the MoHSS and the Bristol Myers Squibb project to meet the high demand. From FY05 to FY06, projections under this activity are that doctors will be increased from 27 to 35, nurses from 20 to 30, and pharmacists from 18 to 20, however, these determinations will be made through ongoing site monitoring by the USG and MoHSS in order to maximize site capacity and performance.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	29	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	☐
Number of PLWHAs referred for appropriate care and support		☑

Indirect Targets

N/A

Target Populations:

People living with HIV/AIDS

Pediatric AIDS patients

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: DAPP
Prime Partner: Development Aid People to People, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3929
Planned Funds:
Activity Narrative: This activity is a continuation of FY05 activities. Costs for the activity are allocated uniformly across 5 program areas: PMTCT(#3928), AB (#3927), Other Prevention(#3931), Palliative Care-BHCS(#3929), and ARV Services(#3930).

As a new procurement in FY05 and following OGAC approval, HHS/CDC completed the competitive procurement process and awarded a Cooperative Agreement to DAPP in September 2005. This activity is heavily leveraged with the Global Fund, which awarded DAPP with start-up funds to cover the regions of Omusati, Oshana, and part of Ohangwena and Oshikoto. However, DAPP only received its funding from the Global Fund in July 2005, and in August began its first training of Field Officers for the Global Fund catchment areas. Implementation is now expected to proceed at a rapid pace.

The USG will support Development Aid from People to People (DAPP) for a community based approach called "Total Control of the Epidemic" (TCE). This 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 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 geographic areas have been chosen because they are contiguous with neighboring regions where TCE is being introduced with funding from 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) (2001 DHS). They have an estimated population of 28,000 PLWA. 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 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 availability of care and support services, but not directly providing those services. By the end of FY2006, the 150 Field Officers will have reached 2,800 PLWA and have referred them for appropriate care and support.

Emphasis Areas	% Of Effort
Training	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Number of PLWHAs referred for appropriate care and support	2,800	☐

Indirect Targets

N/A

Target Populations:

Community leaders
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)

Coverage Areas

Ohangwena

Kavango

Oshikoto

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4000
Planned Funds:
Activity Narrative: The major emphasis area for this activity is infrastructure. RPSO will assist USG Namibia by providing high quality technical guidance and required contracting authorities mandatory by USG regulation. HHS/CDC requires the services of local construction contractors to effect renovations at select sites throughout Namibia in the implementation of its FY06 PEPFAR program.

In support of Government efforts to provide palliative care services, USG will provide renovations to five district hospitals providing palliative care to People Living with HIV and AIDS to improve the ability of those clinics to serve greater numbers of patients and provide a wider range of services in the provision of HIV-related palliative care for the growing number of patients in need of health care services. Renovated areas will allow for health care providers to counsel patients how to stay healthy, prevent opportunistic infections and the transmission of HIV, as well as the significant signs/symptoms that need to be reported to a health care provider. See related activity ARV services #3842.

By the end of 2006, it is projected that the USG Namibia PEPFAR portfolio of programs will enable an estimated 6,600 PLWHA to receive a comprehensive range of palliative care options in these upgraded government hospital sites.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Number of PLWHAs referred for appropriate care and support		☑

Indirect Targets

It is projected that these activities will enable an estimated 6,600 people living with HIV/AIDS, including children, to receive a comprehensive range of palliative care options in these upgraded government hospital sites.

Target Populations:

People living with HIV/AIDS
Pediatric AIDS patients
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)

Coverage Areas

Erongo

Kunene

Ohangwena

Otjozondjupa

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Military Action and Prevention Program (MAPP)
Prime Partner:	Social Marketing Association/Population Services International
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	4471
Planned Funds:	
Activity Narrative:	MAPP's palliative care program will provide nutritional supplements to soldiers living with AIDS. Nutritionally enhanced porridge (E'Pap) will be procured and distributed at Namibia's only 2 military hospitals. An estimated 1200 soldiers will be provided with HIV-related palliative care and the hospitals and the Remember Eliphas Education Center (REEC). Miltary staffs at the two military hospitals will provide the opportunity to engage eligible HIV positive patients on the importance and benefits of good nutrition. The REEC conducts three educational sessions per month and performs outreach visits to soldiers in Home Based Care (HBC-such events will afford the chance to explain in detail the steps necessary to effect positive behavior change regarding nutrition and living with HIV or AIDS).

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	☐
Number of PLWHAs referred for appropriate care and support		☑

Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4727
Planned Funds:
Activity Narrative: The USG has been working with five faith-based organizations to implement home-based care programs since 2003 and to introduce palliative care into community care programs since 2005. . In FY06, under a locally procured cooperative agreement, Family Health International (FHI), will continue USG support to 4 of these organizations with a focused and significant emphasis on organizational management and monitoring capacity development in order to graduate partners to direct funding. It will strengthen financial and management systems, reinforce routine program monitoring and evaluation and improve use of programmatic data for decision making. It will also provide technical assistance and leadership to partners and conduct regular monitoring of activities to ensure achievement of programmatic goals. Through previous FHI efforts, 3 key local implementing partners have now been identified for FY 07 direct funding. Specific program targets, populations, and activities are described below for each partner.
USG has supported training of volunteers in home-based care since 2003 using the following methodology: Regional FBO staff train new volunteers over a period of six months and provide monthly or bi-monthly follow-up visits for supplemental training and supervision., HBC volunteers are trained to assist PLWHAs and their families with supportive counseling, nutrition information, some symptom management, and referral to services. Trained volunteers distribute home-based care supplies, conduct outreach education to encourage positive living and promote the use of VCT, PMTCT, and ART services, and follow up with the volunteer group-chairpersons. HBC organizations also host PLWHA support groups depending on the level of interest and openness among PLWHAs. FBOs based in the north (ELCIN, and TKMOAMS) will continue to meet regularly with other stakeholders (e.g., Red Cross, Ibis, GRN Regional AIDS Coordinating Committees (RACOCs), etc.) to maximize co-ordination, promote consistency of service, and conduct joint planning. In the ELCIN and ELCAP programs, pastors and deacons will continue to oversee the program in each church, while regional staff will continue to assist with monitoring and supervision.

The Lutheran Church's programs ELCIN and ELCAP will scale up their HIV-related care and support activities in the north and central/southern parts of the country. ELCAP activities will include continued mobilizing and training of 60 local congregations to provide community care, including church hostel parents, women's-, men's- and youth- leagues, and selected church choirs. Trained volunteers will mobilize, train, support, and monitor chronically-and-severely-ill PLWHAs living at home and their families. Workshops, community-awareness activities, and church-based programs will be used to educate and support family members, community care volunteers, and church leaders on issues of access and adherence to treatment. 600 volunteers will provide community care and support for treatment adherence to 1,200 PLWHA and their families. Training or refresher training in community care will be provided to all 600 volunteers; additionally 310 church-elders will be trained and supported to implement care and support activities in their congregations and 25 PLWHA support groups will be established.

ELCIN AIDS Action will build upon village-based ELCIN parishes to mobilize, train, support and monitor 60 groups of 1,000 volunteers to provide community care. Trained volunteers will offer counseling and training to family members on best-care practices. Volunteers will provide supportive counseling, advocacy, referral, and direct assistance by way of washing, cooking, and hands-on care for comfort and relief. At each parish, a Deacon will continue to provide oversight with additional monitoring and supervisory support by staff. ELCIN will care for 6,000 clients, support 5 active PLWHA groups, and train 600 new volunteers and 100 church leaders.

AFM AIDS Action's integrated care-prevention-and-OVC support program fills a critical

gap in Namibia's network of service by focusing on those areas of the country and people not reached by other organizations, including the Maize-triangle (Grootfontein, Tsumeb, and Otavi), some Khoi-San communities, and the under-served rural north. The 5 AFM pastors trained as Trainers of Trainers in community care in 2005 will increase AFM's volunteer base to 49. In FY06, 30 additional volunteers will be trained and these 79 volunteers will serve approximately 500 clients annually. Funding will include the purchase of a vehicle to enable access to remote rural areas.

TKMOAMS, a non-denominational faith-based organization based in Oshakati that works at the village level, will continue to improve the quality of services within grass-roots communities in the north. The professional staff members concentrate on issues of quality control, monitoring, supervision, and capacity building at the local level. TKMOAMS management will conduct outreach/community visits to provide the necessary quality-assurance supervision to volunteers and clients. At least 800 volunteers will receive a one-day refresher-training, apprising them of latest developments in community care techniques. It will improve volunteer incentives, and build volunteers' skills enabling them to increase their client base to 3,000 in FY 06. An additional 100 volunteers, including PLWHA and 30 men, will be trained in the under-served Oshikoto, Omusati and Ohangwena regions. In support of PLWHAs, 3 new support groups will be established.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	120	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,700	☐
Number of PLWHAs referred for appropriate care and support		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.06: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4735
Planned Funds:
Activity Narrative: The USG has worked with five faith-based hospitals and 1 FBO to improve palliative care services for PLWHA. Support to these faith-based partners will continue in FY06 in order to sustain and expand services established in previous years. In FY06, the CAPACITY Project, an umbrella and capacity strengthening organization, will assume responsibility for management and administration of these programs. This responsibility will include providing technical assistance to improve the quality of existing palliative care services (including providing appropriate and adequate clinical training, support, and supervision for health care providers in prevention and treatment of opportunistic infections, alleviation of HIV/AIDS related symptoms and pain, support for adherence to ART and strengthen facility-based referrals and outreach) and expanding service delivery to include decentralized health centers and clinics. Targeted assistance will be provided through supportive clinical supervision, mentoring, standards dissemination, training, monitoring, and systematic data collection. CAPACITY will update clinical operational standards with partner organizations as required and improve workforce planning, monitoring and reporting systems to ensure rapid scale-up of essential treatment services. Target populations, program targets, and activities for FY06 for sub-partner organizations are described below:

In FY2006, CAPACITY will support 1 Lutheran Medical Service (LMS) and 4 Catholic Health Service (CHS) hospitals to improve the capacity of their staff to provide palliative care/basic health care for PLWHA. LMS and CHS will provide in-service and refresher training, strengthen referrals to and from the faith-based affiliated and other community organizations with whom they work (e.g., Catholic AIDS Action, ELCIN, ELCAP, AFM, TKMOAMS), and develop and assist PLWHA support-groups in the community. In collaboration with other USG partners (see I-TECH #), LMS and CHS will train 100 health professionals at district-level health facilities on the curricula developed by the MoHSS with USG support. Topics will include the prevention and treatment of opportunistic infections, and supportive treatment for persons with advanced HIV disease who either are not eligible for, or do not respond to ART. LMS and CHS will each provide 2,500 patients with palliative care.

In FY06, CAPACITY will support 1,500 CAA active volunteers to provide palliative care and community outreach in 120 sites to 6,000 clients. Following the success of pilot interventions during 2005, continued emphasis will be on training men for community care. 20 new volunteers will be trained as community care trainer-of-trainers over an eight-month period; they in turn will train 30 groups of new or replacement volunteers (200-300); 1,000 current volunteers will receive 40 hours of refresher training; and 15 PLWHA support groups will be established. The CAA HBC manual will be updated to include comprehensive community care, printed and disseminated.

In order to ensure an indigenous solution to provide high-quality and culturally appropriate community-based palliative care, 2 retired Namibian nurses will be hired by CAA and offered focused capacity building through a distance learning program either in Uganda or South Africa, both of which have well-established palliative care training programs. With the assistance of the RHAP/O/GAC palliative care regional senior technical advisor and the African Palliative Care Association, these nurses will develop a training course and materials specifically for palliative care and train 200 experienced and previously trained, community care volunteers in the north-central area of Namibia from three FBO organizations: Catholic AIDS Action (100 volunteers), ELCIN AIDS Action and TKMOAMS (an average of 50 volunteers each). Key staff from all five above-mentioned organizations would be trained further in palliative care service provision and supervision (this would include a special focus on

death and dying, grief work, pain- management, and assessment/referral skills) in collaboration with the African Palliative Care Association which will also assist in forming a Namibian Palliative Care Association.

Additionally, CAA will continue its support to its regional advisory boards to facilitate local networking among CAA, churches, community groups, and businesses; to offer in-kind local assistance; and to promote community ownership.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	125	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,000	☐
Number of PLWHAs referred for appropriate care and support		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Hardap

Ohangwena

Kavango

Omusati

Oshana

Oshikoto

Caprivi

Erongo

Karas

Khomas

Omaheke

Otjozondjupa

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Social Marketing Association/Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4740
Planned Funds:
Activity Narrative: The objective of this component is to provide nutritional supplements to persons living with HIV. This funding will support the procurement of nutritional supplements and training of counselors and clients in nutritional supplementation and will result in the distribution of PLWHA-targeted nutritional information and products at 21 C+T sites, 5,100 individuals provided with HIV-related palliative care, and 120 people trained to provide HIV palliative care.

C+T of clients provides the opportunity to engage PLWHA on the importance and benefits of good nutrition. The focused one-on-one dynamic of the counseling sessions affords the chance to explain in detail the steps necessary to effect positive behavior change on this issue. C+T sites and post-test clubs are a logical source of nutritional information and products for PLWHA.

With USG support, SMA has been running a small pilot project since March 2004 providing nutritionally enhanced porridge (E'Pap) to approximately 5,100 HIV positive needy clients receiving ARV therapy in four C+T centers. Expanding the pilot to all C+T and other select USG partner locations is a logical next step. SMA also proposes coupling access of E-pap with a recommended daily allowance (RDA) multivitamin to provide added positive health impact for PLWHA. Recepients will receive E'Pap until they have regained appropriate body weight and /or started to eating food, this will be determined in conjuction with service provider.

SMA recommends a four-pronged strategy:

•Promote the use of high-quality nutritional products. These products may include E'Pap and an RDA multivitamin;

•Distribute these nutritional products free of charge through direct service-delivery organizations such as Catholic AIDS Action (CAA),TKMOAMS, ELCIN AIDS Action, hospitals or New Start centers;

•Deliver "positive eating" education and communications through highly targeted channels to support these nutritional products, and other healthy behaviors in HIV/AIDS nutrition; and the reduction of stigma and descrimination associated with " positive eating" ; and

•Training of volunteers and home-based caretakers in nutritional issues.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	21	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,700	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Food

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.06: Activities by Funding Mechanism

Mechanism: South Africa-Regional Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4797
Planned Funds:
Activity Narrative: In order to ensure an indigenous solution to provide high-quality and culturally appropriate community-based palliative care, in FY 05, with the assistance of the regional palliative care senior technical advisor, the African Palliative Care Association will provide technical assistance to USG community-based care partners to develop a training course and materials specifically for the expansion of home-based care to palliative care for community care volunteers in the north-central area of Namibia for three FBO organizations: Catholic AIDS Action, ELCIN AIDS Action and TKMOAMS. In Fy 05, 20 key staff from all above-mentioned organizations will be trained further in palliative care service provision and supervision (this will include a special focus on death and dying, grief work, pain- management, and assessment/referral skills). In FY 06, APCA will support the 3 FBO organizations in training of 200 community based care (project # 4735) givers in the expanded curriculum.

In FY 05, The African Palliative Care Association will also support the formation of a Namibia Palliative Care Association and developing a consensus among USG partners, the GRN and other stakeholders by conducting a strategic planning workshop; development of TOT strategic plan; advocacy training workshop for stakeholders followed by an advocacy workshop with government officials.

In FY 06, under the initial leadership of African Palliative Care Association and in primary partnership with Catholic AIDS Action and other USG implementing partners (including MoHSS, LMS, CHS), a Namibian Palliative Care Association will be formed. Working with the O/GAC regional palliative care technical advisor, USG partners will conduct a needs assessment and map existing community care services, and leveraging funding from the Anglican Church of Southern Africa will hold the first national Palliative Care conference.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Number of PLWHAs referred for appropriate care and support		☑

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Caregivers (of OVC and PLWHAs)

Coverage Areas:

National

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

With the highest reported TB case rate in the world (813/100,000 in 2004), the burden of TB in Namibia is further compounded by a severe dual TB/HIV epidemic (estimated 60% HIV prevalence in TB patients). TB is the main cause of morbidity/mortality in PLWHA, and HIV/AIDS is the most common complicating disease in TB patients. Namibia has implemented the DOTS strategy since 1996, but performance outcomes remain poor with a 70% "success" rate and a 14% high default rate. A suspected growing MDR-TB problem may also be linked to HIV. Lack of infection control for PLWHA in congregate settings may also be a contributing factor. MoHSS cannot currently provide quality care to all PLWHA having TB disease. Though included in new TB guidelines, routine screening of PLWHA for signs and symptoms of active TB followed by timely TB diagnosis and treatment; screening of HIV+ persons for isoniazid preventive therapy (IPT) eligibility and referral; routine counseling and testing for TB patients; and use of cotrimoxazole prophylaxis in patients with TB/HIV are not yet implemented in a systematic manner. Referral systems for PLWHA with TB need strengthening to access a continuum of HIV/AIDS 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 involved in CT, PMTCT, ART, palliative care, and TB/HIV services.

To date, TB patients have had limited access to HIV testing and counseling, but that is changing with the introduction of ART and the expansion of eligibility criteria to include WHO Stage III disease. To increase capacity, a new cadre of USG-supported community counselors was started in FY05 to provide counseling and rapid testing in health facilities - 92 counselors have been assigned to 42 health facilities to date and this will increase to 300 counselors in FY06. As PLWHA seek ART, more patients with previously undiagnosed TB are being identified. Integration of TB/HIV services into ART clinics remains an important USG priority. According to the HIS for ART, approximately 24% of patients on ART and 11% of palliative care patients seeking ART have active TB. The expansion of VCT and PMTCT services identifies more PLWHA in the earlier stages of HIV, many of whom are eligible for IPT.

In FY06, USG will continue to provide technical assistance to national program management in the Ministry to improve support and supervision to the regions, expand HIV testing of TB patients, strengthen prevention and care of OI, TB screening and treatment for PLWHA, and to roll out the TB/HIV components of Namibia's first Medium Term Plan for TB control. Through USG support in FY05, a TB/HIV training curriculum for health workers has been developed and collaboration is underway to adapt WHO's curriculum on Integrated Management of Adult Illness (IMAI) to strengthen HIV/AIDS care, including TB/HIV, at the primary health care level. The use of the recording and reporting system, including the Electronic TB Register, will also be supported to better monitor TB/HIV co-morbidity and to monitor program performance. The Ministry reliably supplies TB drugs and supplies, and provides health staff and infrastructure for management of patients with TB/HIV.

The Global Fund supports the supply of fixed dose combination drugs (FDC) and is leveraging with the USG to conduct a MDR-TB survey. The KNCV TB Foundation has provided technical assistance to the NTCP in past years, which will be continued in FY06 through both short and long-term TA. Under separate USAID funding, the USG will provide $675K to support the National TB Control Program to strengthen their monitoring and evaluation capacity, implement a Community Based–DOTS program in Erongo (a region with the highest MDR-TB), and accelerate the pace of DOTS expansion to meet national targets. The funding will also support an assessment of the NIP laboratory and provide recommendations.

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	34
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	250
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,120
Number of HIV-infected clients given TB preventive therapy	4,485

Table 3.3.07: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: *University of Washington*
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3870
Planned Funds:
Activity Narrative: The focus of I-TECH support is on training. Funding will cover:

(1) Three in-service trainings in TB/HIV for a total of 90 government health professionals (physicians and advanced TB nurses). These trainings will be conducted by staff of the NTCP (National TB Control Program) and physicians selected and trained by I-TECH as part of a Physician Training Group.

(2) The IMAI course will also train health care workers, primarily nurses, in TB/HIV. (Costs for this activity will be covered by Palliative Care: Basic Health Care and Support, project #3841) The IMAI training package addresses stigma and discrimination issues of health care workers through the use of Expert Patient Trainers.

(3) 2 in-service trainings in TB/HIV for 40 private physicians will be conducted in collaboration with the NTCP and the Namibia HIV Clinicians Society. (Costs for this activity will be shared with ART Services, project #3866).

Health care workers trained in TB/HV will directly benefit PLWHAs by providing appropriate care and treatment.

Total I-TECH administration costs are distributed equally across the 6 program areas that I-TECH supports (i.e., 1/6 PMTCT, 1/6 BHCS, 1/6 C&T, 1/6 TB/HIV, 1/6 ARV services, 1/6 Other Policy)

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	34	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	130	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,120	☐
Number of HIV-infected clients given TB preventive therapy	4,485	☐

Indirect Targets

N/A

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3896

Planned Funds: [redacted]

Activity Narrative: [redacted] new for Potentia in FY06 because the funding for local positions is being transferred from ITECH to Potentia in order to save on administrative costs. This includes the cost of administrative staff hired by ITECH to support its training operations, which is distributed 1/6 to PMTCT, CT, palliative care, TB/HIV, ART services, and strategic information.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Indirect Targets

N/A

Target Populations:

National AIDS control program staff (Parent: *Host country government workers*)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Royal Netherlands Tuberculosis Association
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4436
Planned Funds:
Activity Narrative: The USG has provided technical support to the National TB Control Program (NTCP) of Namibia with limited but useful TA since 2002. The assistance has led to successful NTCP application for Round 2 Global Fund supported community-based TB activities, as well as a successful application for a proposal that will support TB/HIV integration activities (Round 5 of the Global Fund). The technical assistance provided to the NTCP has improved coordination of collaborative TB/HIV activities. In FY06, USG support will continue to provide long-term TA through a physician with TB/HIV expertise from within the region to support TB/HIV and NTCP planning and management issues at the national level, as well as provide full-time support to TB-HIV integration activities. USG support will continue to 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.

Approximately 120 health care providers throughout the country will be trained to provide clinical prophylaxis and treatment for TB to HIV infected individuals, in acollaboration with I-TECH.
Health care providers will be supervised to provide care and treatment in a non-discriminatory and patients supporting environment (See I-TECH activity #3870)

In addition, part-time external TA will provide technical support, as required – for hands on policy implementation, supervision and M&E, planning and budgeting, and capacity building for integrated HIV/TB activities. An additional will be leveraged from Development Assistance (DA) funds to support implementation of TB-HIV community based DOTS (Directly Observed Treatment Short-Course) in Erongo, the region with the highest multi-drug resistant (MDR)-TB in Namibia.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	*Target Value*	*Not Applicable*
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	120	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Policy makers (Parent: Host country government workers)

PLWHA infected or affected by TB

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

The USG OVC program responds to the GRN National Strategy on HIV/AIDS (MTP3 2004-2009), to provide care and support for OVC, and to the Ministry of Gender Equality and Child Welfare (MGECW) -led Permanent Task Force on OVC five-year strategy and work plan. The program builds upon the results obtained from an OVC rapid situation analysis funded by USG in partnership with the GRN, UNICEF, UNAIDS and WFP in Feb 2005. The results were disseminated at the 3rd National OVC conference and used to prepare a National Plan of Action (2006-2010) with regional partners, stakeholders, and other ministries. The National Plan of Action's Goal is: To scale up a national OVC response by implementing 5 Basic Strategies in order to provide essential care and support to OVC (approximately one fifth of all children) most in need; Target Population as of 2005: Approx. 171,000 OVC (includes child-and-elderly-headed households); Target Population by 2010: Approx. 249,000 OVC. The 5 Basic Strategies are: Rights and Protection; Education; Care and Support; Health; Management and Networking. A September 2005 costing of the National Plan of Action involving implementing partners, stakeholders and development partners resulted in an estimated $47 million need if all components of the 5 Basic Strategies were included; for the Care and Support Strategy alone to achieve its goal of strengthened capacity of communities to absorb and care for OVC (psychosocial support, food security, social assistance), the cost would be approximately US$23 million. Meeting these needs and obtaining the necessary financial resources will require a focused partnership between the GRN (including relevant line ministries, MOE, MoHSS, MGECW, MOJ, MRLG&H), the Global Fund, USG partners, and other stakeholders including UNICEF, UNAIDS and schools and communities. Fortunately, Namibia is very committed to its OVC and has already achieved all of the OVC UNGASS goals.

In FY06, USG support to the National Plan of Action and expand its program to include strengthening access to basic education and ensuring OVC the opportunities to lead healthy and productive lives. Within Namibia, school fees are often waived for OVC. However, these schools rely on school fees to meet some operational costs and implement quality educational programs. As a result, the schools with the highest concentration of OVC are equally vulnerable. In collaboration with the MOE and MGECW, the USG program will work in 6 target regions in the north with the most vulnerable schools to develop strategies to improve OVC enrollment and retention rates. Strategic partnerships will be formed with USG and community partners to support vulnerable schools with small grants and improve community capacity to provide essential health, educational, psychosocial, and supportive services. Additional resources will be leveraged from the Global Fund to equip the same schools with school counselors and provide nutritional support. Development Assistance and African Education Initiative resources will also be leveraged to provide textbooks, scholarships, and training for teachers.

The USG program will also work with NGO/CBO/FBO partners to strengthen the capacity of family and community-members to meet the needs of OVC. Partners will work together to adopt a holistic approach to care and support of OVC in community-based settings, with special attention to those who have lost more than one set of caregivers and/or live in child-headed households. Community care volunteers will be mobilized to support the needs of OVC as an extension of palliative care (before and after the parent's death). Trained counselors will provide psychosocial support to build resilience, working to ensure full participation in local society (attending school and receiving all available benefits and services), and include OVC in prevention-education, income generation, vocational skills training, and after-school clubs/activities.

Program Area Target:

Number of OVC served by OVC programs	48,000
Number of providers/caretakers trained in caring for OVC	4,198

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Project HOPE
Prime Partner:	Project HOPE
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3779
Planned Funds:	
Activity Narrative:	This project will help to alleviate the economic burdens, extend vital education to strengthen quality of life, and expand utilization of health services for 638 households with OVC through direct activities. Project HOPE is undertaking household strengthening initiative by creating Village Health Banks (VHB) specifically comprised of households caring for orphans and vulnerable children. Project HOPE's VHB methodology provides two key elements critical to the care of OVC: vital increases in family income, and enhanced health knowledge and use of services. These lead to improved quality of life among impoverished and vulnerable families. The VHB program provides small-scale loans to groups of women in the Oshana and Omusati Regions (Onamutai, Omaalala, Okatindi, Oshoopala, Oshihenge, Ekamba, Othika and Olupumbu), who are caretakers of orphans, to start or expand their income generation activities. Communities with OVCs and their caretakers are identified by partner organizations (Catholic AIDS Action, ELCIN AIDS Action, and TKMOAMS activity #4750). With the help of volunteers from these organizations, Project HOPE holds introductory meetings to explain the VHB concept and to gather a list of willing participants. Participants are then interviewed (by the volunteers from the partner organizations) and background checks are done (to ensure reliability in loan repayment). Participants then receive extensive business skills training and are mentored throughout after they open their businesses. When the women repay the loans, they receive an hour of health education (safety and security, education, health, food and nutrition, mental and psycho-social health, civil rights and responsibilities). A key project component is the provision of education addressing the unique needs of OVC and the households caring for them through the network of VHBs. Specific content will include responsible health, grief management, and valuable home & life skills. Furthermore, with a strategy of empowering individuals as well as other community organizations to do the same – overall local capacity to benefit OVC will be strengthened. Further through coordination with local partners (Catholic AIDS Action, ELCIN AIDS Action, and TKMOAMS) and other organizations (RACOC, Sam Nujoma Multi Purpose Center, Lifeline/Child line, NNFU/RICE, Ohangwena Pilot Project), OVCs and their families, from the households with which Project Hope will work will receive all services which are available locally from those partners (e.g. support for school uniforms, bursary from the MGECW, youth club participation, bereavement counseling and other psycho-social support). Both TKMOAMS and ELCIN AIDS Action will receive sub-grants in the amount of [redacted] respectively, to assist in the targeting of communities and to provide OVC psycho-social health training to the participants and their families.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,106	☐
Number of providers/caretakers trained in caring for OVC	638	☐

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Omusati

Oshana

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3780
Planned Funds:
Activity Narrative: Family Health International (FHI) and the Church Alliance for Orphans (CAFO) will provide a full-scale, comprehensive response that covers essential elements of OVC care and support – nutrition, household economic strengthening, medical and nursing care, social welfare, psychological support, shelter, human rights and legal support, and access to education – in the mutually reinforcing manner necessary to successfully respond to the crisis in Namibia. This activity will expand on the 172 CAFO community-based, participatory programs located in their congregations that have the requisite management and absorptive capacity to expand OVC services to 2000 OVC in Namibia's 13 regions. Activities under this project will be as follows:

Establishing a system for disbursement of rapid grants to local implementing agencies: With assistance from FHI, CAFO will disburse grants to local implementing agencies in Namibia within the first 6 weeks of start up. FHI will set up systems by which local faith-based organization (FBO) offices can track and display grant disbursement, reliably noting financial amounts and recipients. FHI will also build CAFO's capacity to: effectively coordinate and sustain programs of local level and member organizations; to strengthen the grants management system; and for CAFO and its sub-grantees to mobilize internal and external resources.

Provide Psychosocial Support to OVC: Train key actors in children's lives to equip them with skills to counsel and support children and families; enhance communication skills and household level dialogue with the help of community volunteers and peers who will be trained by professionals in these specific skills. Experience indicates that orphans relate closely with those persons who have supported their parents during their illness – volunteers, faith leaders, extended family members and neighbors; strengthen networks of extended family and friends through organized opportunities for dialogue (e.g. community meetings, forums and support group meetings) and community mobilization and participatory development tools such as Appreciative Inquiry (AI), Participatory Learning Appraisal (PLA) and Participatory Rural Appraisal (PRA); team with support groups to assist PLHA and their families with succession planning through memory books/boxes, will writing, identification of guardian and on-going support for children.

Provide Educational Support to OVC: Provide learning materials and uniforms to school children; work with communities to advocate for recruitment and training of additional teachers to compensate for those sick or dying; organize forums with school groups of parents, teachers, local FBOs and CBOs to build and strengthen referral and linkages with other program and local initiatives; continue to provide technical assistance, manuals and other resources to current skills training and HIV prevention activities being carried out by the FBO partners and sub-grantees, such as life skills camps, prevention education, apprenticeships and skill development for youth to reach more children and at-risk youth.

Provide Nutritional Support and Counseling to OVC and their households: Train community based care providers, CBO and FBO HIV program staff on nutrition education, particularly for children living with HIV/AIDS; collaborate with PLHA support groups and Positive Living Clubs to offer HIV and nutrition education and counseling for PLHA, parents and guardians; work with community based care providers and HIV program staff to incorporate food relief (e.g. therapeutic feeding) and nutrition education into HBC programs and livelihood programs; build public-private partnerships to augment ongoing nutritional support initiatives of implementing partners; link implementing agencies to programs and donors through whom they can access food.

Provide Health Care Services to OVC within households: Distribute small grants to enable FBO and CBO HBC programs to procure basic hygienic products such as soap and bandages; allocate small grants to subsidize transportation of children to clinics and hospitals for medical care; within households already benefiting from services, expand number of children who receive health services.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	10 - 50
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
HIV positive children (6 - 14 years)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3781
Planned Funds: [redacted]
Activity Narrative: In FY05, the Academy for Educational Development (AED) has begun implementation of activities that respond to the impact of HIV/AIDS on the delivery of quality education to OVC and focuses on the needs of OVC and their communities to assist them to remain in school. PEPFAR support is supplemented by Development Assistance (DA) funds and African Education Initiative (AEI) funds. In FY05 and FY06, AEI funds are being used to provide scholarships for girls, textbooks, and teacher training, while in FY06 DA funding through the Global Development Alliance will be used to support OVC.

FY06 PEPFAR-funded activities will continue to build upon those launched in FY05. The project is working in six target education regions of northern Namibia. In FY05 with DA funds AED undertook a preliminary assessment to determine the size and geographic location of the OVC population within these six regions in grades 1-7. The exercise revealed a total of 43,959 OVC identified in 22 representative school circuits (out of a total of 37 circuits); and that, in some schools, OVC represent up to 40% of primary school students.

To date with PEPFAR funding, AED has established a project office in the north and hired a project advisor, training manager, and database/IT consultant. AED, working closely with the Ministry of Education HIV/AIDS Unit (HAMU), the Ministry's Education Management Information System (EMIS) Unit, and the Ministry of Gender Equality and Child Welfare (MGECW), has begun to develop a school-focused OVC database that will provide information on the educational status and outcomes of HIV/AIDS-related OVC, and their access to CBO or NGO support initiatives. Data elements will include school enrollment, attendance, retention, and drop-out rates, as tied to access to benefits and services and educational achievement. PEPFAR FY06 funds will be used to finalize the database structure, continuously populate the database through the work of field-based Inspectors of Education and school-based counselors, and feed regional databases and the centrally located EMIS. Linkages will also be developed with the OVC registration and GRN benefits distribution database being developed by the MGECW (see project OVC FHI 3780).

Four major areas in which OVC need support to remain in school include: assistance with school fees, provision of school uniforms and school materials, psychosocial support, and targeted food and nutritional support. (Note: Although, GRN policy is to waive school fees for OVC, there are often many obstacles to obtaining this exemption. Additionally, with no funding from school fees, schools with a high percentage of OVC are becoming increasingly "vulnerable" due to lack of resources.) Using the information gained from the two OVC databases, a two-tier grant program will be implemented. Approximately [redacted] in FY06 resources will be used to support highly vulnerable schools in Northern Namibia to improve the quality of education. Funds will be used by schools for activities and materials that would otherwise have to be foregone, due to lower school development funding. Up to 50 vulnerable schools will use resources to undertake activities such as upgrading school learning materials, books and library facilities; improving physical classroom space and school facilities; increasing access of learners to school by supplementing transportation options for home to school travel; and, where needed supplement the school-based feeding program.

With FY06 funds AED will support the Urban Trust of Namibia (UTN) to train and fund up to 88 Community-Based Volunteers to initiate school/community/parental initiatives in each education circuit to provide after-school mentoring and tutoring, extra-curricular activities for OVC, and training for OVC caregivers. Under the second tier of the grant program, UTN will assist community members with the development

of grant proposals to address additional OVC needs, e.g., for more intensive counseling, school fees, uniforms, and materials, etc. In support of this grants activity, AED will fund [redacted] in small grants to these communities. AED will also provide salary support for a Grants Manager and a Grants Account Manager. Activities will be implemented in approximately 150 schools in 12 targeted school circuits. Approximately 12,000 OVC will benefit from an integrated package of support and benefits in FY06, and approximately 600 caregivers will be trained to provide care and support for OVC. These programs will be coordinated with the MOE's school-based OVC nutritional support program funded by the Global Fund in Namibia. As a number of other NGOs are already working with OVC in certain schools within the targeted regions, AED will ensure coordination of activities between HAMU, MGECW, and individual circuits and schools, so as to avoid duplication. AED will enable local education officers and communities to drive the design, application and implementation of activities. AED will also work with HAMU to link the Ministry of Education's school counselor training program for OVC psychosocial support and peer counseling training (also funded by the MOE through the Global Fund) to the small grants and the UTN programs.

During FY06 AED will also undertake operational/formative research, by developing and implementing a tool to evaluate the relative effectiveness of interventions and support provided to the 12,000 OVC on learning and educational outcomes. Specifically, the research will allow an analysis of snapshot and longitudinal data to look at the relative impacts of various OVC interventions (school feeding programs, material/school uniform provision, after-school activities, mentoring and tutoring activities, school-offered psychosocial support and counseling, etc.) on school retention, quality of learning experiences, and learner performance. The 88 UTN volunteers will be trained to undertake the data collection of a panel of approximately 200 OVC and a stratified sample of 1000 OVC. A structural equation or LISREL model, and other targeted regressions will be developed, which will permit analysis and reporting of multiple interventions impacting multiple outcomes. The information gained from the research will permit targeted programming of Emergency Plan, Global Fund, MGECW, MOE and NGO funding resources for OVC, with a view towards increasing educational impact.

Additionally, AED will support 2 workshops (5 days each for 60 participants) with the Namibia National Institute of Educational Development on integrating HIV/AIDS into the MOE curriculum for primary schools.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Community Mobilization/Participation	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	12,000	☐
Number of providers/caretakers trained in caring for OVC	600	☐

Target Populations:

Community-based organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Education inspectors

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Education

Stigma and discrimination

Coverage Areas

Caprivi

Ohangwena

Kavango

Omusati

Oshana

Oshikoto

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Organization for Resources and Training
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3782
Planned Funds:
Activity Narrative: The Organization for Resources and Training (ORT) a Jewish faith-based organization has been implementing training programs for youth internationally in various countries for 120 years and in South Africa for 70 years. Its Skills, Opportunities, and Self Reliance (ORT) activity will enhance the lives and vocational development of 1,450 OVC and strengthen the capacity of families and communities to protect and care for them by providing economic, psychosocial, and other support services. The program will support vocational and job skills training for OVC, encourage youth development, and work at a community based level with municipalities and NGO partners to ensure access to essential services. Initially and for FY 06, ORT will operate in Rehoboth, Otjiwarongo, and Windhoek. In all activities and areas, OVC will be located through local NGOs and CBOs, schools and other organizations which have worked with OVC. All beneficiaries will be drawn from the most vulnerable areas of each town.

ORT will soon receive FY05 funds to begin activities which will be continued in FY06. Key activities include:

(1) Vocational training, which aims to raise the income of households with OVC in the three towns. ORT will also provide additional input in areas around life skills and issues for OVC. It will address gender issues and stigma and discrimination issues. Activities in Windhoek are in collaboration with local partner, KAYEC TRUST, a Namibian vocational training and youth development NGO. KAYEC will offer self-employment training and support in vocational trades to 600 OVC in Windhoek.

ORT will also provide job training and income generating opportunities for OVC in Rehoboth. This will be accomplished by strengthening the community's HIV/AIDS organization, the Rehoboth AIDS Association (RAA) to support small income generating projects and training. Small community groups linked to OVC, HIV/AIDS, and women's will benefit from the increased capacity of the RAA. RAA will also be supported to address issues around stigma and discrimination. Direct number of OVC trained in Rehoboth will be 60.

ORT will also support the institutional strengthening of a skills training centre (COSDEC) in Otjiwarongo and increase the intake of OVC by this centre. COSDEC will work to identify additional areas of skills training for OVC that will generate income for OVC and their families. Activities will include new course development and staff training and as well as identifying and facilitating access for more OVC from the community. Direct number of OVC trained in Otjiwarongo will be 180. New course design and training will reflect gender considerations as will the actual number of girls selected for support and training on each course.

(2) Youth Development to improve youth's life skills and help them advocate for their needs, play a proactive role in their communities' development, and prepare them for employment. Direct number of in-and-out-of-school OVC reached will be 500. KAYEC Trust will manage this activity, called the International Youth Award (IYA), in different community locations in all three towns. The IYA offers a combination of sport and informal life skills training to young people 14 years+ (both girls and boys) to encourage young people to develop a sense of responsibility to the community; a sense of adventure; their own potential, skills, and interests; and an interest in physical activity and sport. This is accomplished through sports training; life skills training (including the roles and rights of men and women and stigmatization issues); community service activities; and project-sponsored expeditions.

Psycho-social support is also provided to youth at these after-school programs. Community service activities will be tied to existing community initiatives. For

example, community service by IYA youth will be undertaken through CBOs in Rehoboth such as home based care. In Otjiwarongo youth will attend the COSDEC for their skills training. Programs will also be based out of the municipality-run multi purpose center. Additionally, youth will receive food in the afternoon and special cases will be referred to the relevant authorities.

(3) Local organizational capacity development for 3 community organizations (KAYEC, COSDEC and Rehoboth AIDS Association (RAA)). This includes increasing the scale and scope of local OVC initiatives. Assistance will be given to COSDEC in Otjiwarongo to increase the output and the scope of the COSDEC by increasing the number of OVC attending the training. A VSO volunteer has been placed with COSDEC and has already identified a course to implement for OVC and households affected by OVC. The aim is to link the COSDEC more securely within the municipal and local framework of support and services that can be provided to OVC, .e.g. the C&T centre and community mobilization activities supported by JHU and other partners in Otjiwarongo. Capacity development assistance to KAYEC includes a two-year VSO placement of a skilled volunteer for IYA and assistance to help KAYEC expand to more areas of the country. The VSO volunteers will provide technical assistance to KAYEC on youth development, psychosocial support, and implementation of IYA awards for OVC. They will also strengthen monitoring and evaluation by KAYEC.

This activity also relates to activities in Other- Policy and systems strengthening (community mobilization (JHU/CCP project #4338).

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	1,340	☐
Number of providers/caretakers trained in caring for OVC	40	☐

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Food

Education

Coverage Areas

Hardap

Khomas

Otjozondjupa

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4750
Planned Funds:
Activity Narrative: The USG has been working with churches, their faith-based affiliates and relevant line ministries to implement OVC programs since 2001. In FY06, under a locally procured cooperative agreement, Family Health International (FHI), will continue USG support to partners with a focused and significant emphasis on organizational management and monitoring, capacity development in order to graduate partners to direct funding. It will strengthen financial and management systems, reinforce routine program monitoring and evaluation and improve use of programmatic data for decision making. It will also provide technical assistance and leadership to partners and conduct regular monitoring of activities to ensure achievement of programmatic goals. At the National level, the Ministry of Gender Equality and Child Welfare (MGECW) will ensure a supportive social and policy environment for OVC. The USG will continue to provide technical support to the MGECW, support to its OVC Permanent Task Force and the recently developed and costed National Plan of Action (2006-2010). The National Plan of Action's Goal is: To scale up a national OVC response to provide essential care and support to OVC. Support will be provided to: (1) develop guidelines for registration of children's homes and shelters; (2) streamline application procedures for social grants; (3) support structures for both OVC and their caregivers at the community level; and (4) implement a national OVC registration in conjunction with the National Planning Commission and other stakeholders. About 25,000 OVC receive government assistance through social grants; 5,000 additional OVC will receive assistance in FY06 with this USG support. Additionally, with UNICEF and the MGECW, USG will co-sponsor the 4th National OVC Conference, enabling government and civil society to collectively identify issues, plan, coordinate and implement solutions regarding OVC.

At the regional level, Lutheran partners, ELCAP and ELCIN, will continue to serve OVC as an outgrowth of their existing home-based care programs. In 2005, they trained their volunteers to identify most vulnerable OVC and to provide psychosocial support and grief counseling. In 2006, ELCIN will serve 5,000 OVC (primarily in the north) focusing on the following objectives: (1) registration of OVC, (2) training 1,000 volunteers in psychosocial support, (3) mobilization of church and congregant resources for OVC in their communities, (4) working with traditional leaders to leverage communal land for agricultural activities in support of OVC, and (5) in partnership with other USG partners (Project Hope #3779) support micro-finance projects.

ELCAP will build the capacity of 200 family and community caregivers (primarily in the central and southern regions of the country) to provide psychosocial support, counseling and referral, and direct material aid to 1,000 OVC. It will train information providers, community leaders, and local resource people on the rights of disadvantaged OVC in Namibia to increase OVC access to free education, health care, and social grants, and will organize self-help projects within community groups.

CAA is Namibia's largest provider of community-based support to OVC, and will serve 16,000 in 2006. Local HBC volunteers monitor the needs of OVC as an extension of palliative care. In FY06, 60% of CAA's 1,500 active volunteers in 9 regions will be trained in Building Resilience Among Children Affected by HIV & AIDS, a manual produced and translated by CAA. The neediest OVC (a subset of the 16,000, estimated at 6,500) also will be eligible for limited educational assistance, e.g. school uniforms, school supplies, school fees, and other material support. 8 communities will provide after-school clubs that include supplemental nutrition, assistance with homework, HIV prevention-education, and informal recreation, serving 1,200 children. 14 day-retreats or overnight camps will be implemented for 6,000 children. 20 trainers will be trained as TOT for provision of psychosocial support, and 30

existing TOT will receive refresher courses. CAA will also provide training and support to at least 50 caregivers, and conduct 14 single-day awareness sessions with local leaders in communities.
Philippi Trust (PT) develops programs for, mobilizes resources for, and provides OVC with peer and psychosocial support. It serves OVC primarily in the central and southern areas of the country. Following on FY05 activities, in FY06 PT will train an additional 150 youth aged 16-21 years in basic listening and responding skills. A subset of highly motivated graduates of this course will be given an additional 6-day training to become Youth Leaders. The Youth Leaders will help run a series of experiential learning camps for 300 OVC, which will emphasize overcoming fears and loss while imparting life-skills and knowledge of HIV prevention and care. The Youth Leaders also will reach 600 OVC through Kids Clubs, which meet biweekly or monthly to address needs and organize recreational activities.

The Church Alliance for Orphans (CAFO) assists local church congregation to develop programs for OVC within their communities. Currently, with USG support CAFO works with over 360 member congregations to build their capacity by training 100 members on small grants management and advocacy. In FY06, at least 5,000 identified OVC throughout the country will benefit directly from CAFO's capacity-building and small grants.
In FY06, TKMOAMS will train at least 100 local volunteers and community caregivers in the provision of psychosocial support to reach 2,000 OVC (double the number in FY05) with psychosocial support and supplemental food at seven sites in the north central area of Namibia. They will also provide school uniforms as needed.

The Rhenish Church with FY05 USG funding is providing assistance in under-served rural areas in Erongo and Hardap Regions, training volunteers as caregivers, promoting full OVC enrollment, and building the capacity of 12 local churches to develop and run their own programs for 500 OVC by training 50 members. In FY06, a second program manager will be added, as distances involved are too vast for one person to manage.

AFM will train volunteers in psychosocial support for OVC and function as role models and mentors to community caregivers. AFM expects to assist 500 OVC through their extended home care program and an additional 500 through seven affiliated feeding programs.

The Sam Nujoma Multi-Purpose Center After-School Program for 120 OVC is focused on homework assistance, organized recreation and sports, life skills training, and a soup kitchen. It runs support services for OVC caregivers and guardians, and provides some scholarships for vocational training. In FY06, it will hire an OVC coordinator, a position previously held by a VSO volunteer, to continue support for current OVC in the program, and support an additional 40 OVC.

The AIDS Law Unit/Legal Assistance Centre (ALU) promotes a human rights–based approach to HIV/AIDS by fighting discrimination and ensuring access of PLWHA to information and advice on how to provide for their children after death (e.g., wills, nomination of guardians, insurance, and government-supports, etc.). In FY06, ALU will provide direct legal counseling on benefits and rights to at least 300 PLWHA and/or older OVC. The ALU will also assist the MGECW to prepare follow-up information, handouts and brochures on available social grants. It is envisioned that the Child Status Bill and the Child Care Protection Bill (drafted with ALU participation) will have been tabled before parliament and passed into law by early 2006. ALU will incorporate those aspects of the legislation relevant to HIV/AIDS into the OVC Care and Support Training that it conducts.
Lifeline/Childline will provide additional support to 90 vulnerable children identified under their AB Schools programs described .

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	36,110	☐
Number of providers/caretakers trained in caring for OVC	2,620	☐

Indirect Targets

Indirect beneficiaries of the new legislation on the Child Status Bill and the Child Care Protection Bill will be OVC and their guardians nationwide.

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Food

Education

Coverage Areas:

National

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

USG support to counseling and testing is a high priority in Namibia, with the promotion of routine services in the clinical setting and VCT at community centers and through mobile units managed by NGOs and FBOs. Routine services, confidentiality, and protection against discrimination and stigma are being integrated into the new national HIV/AIDS policy. Activities include technical assistance to the MoHSS at the national level, development of national guidelines and training and curricula, establishment of rapid testing and QA, HIS support, renovations, and direct financial support for CT in health facilities, community VCT centers, and mobile units. The USG supports the Social Marketing Association (SMA), a local NGO, to implement a network of 14 community New Start VCT Centers and 2 mobile units, which refer clients to public facilities for clinical evaluation. The SMA network started in 2003 with EU funding and 6 centers. Since FY 04, SMA has received USG funding to expand the network to 8 more centers, including establishing C&T within PMTCT and ART programs in 3 FBO hospitals. The network is based on a "social franchise" concept, wherein SMA provides training, quality assurance, monitoring and rapid test support. Local partners manage their centers on a day-to-day basis in accordance with New Start operational protocols. To date, New Start sites have tested over 41,000 clients and currently are testing 3,800 clients per month, expected to expand to 5,000 per month, end FY 06. Having provided 92/208 counselors respectively to 42 health facilities and 14 community VCT centers in FY05, the USG will continue to support the MoHSS in FY06 to fund a local NGO to provide 250 community or "lay" counselors to health facilities to provide CT. A new MOHSS policy, developed with USG support, allows community counselors to perform rapid tests once they are trained and certified. USG support in FY05 enabled the Namibia Institute of Pathology (NIP) to establish rapid testing quality assurance, training, and follow-up supportive services. Rapid testing was started for the first time in FY05 at 14 New Start VCT Centers and 6 health facilities. Rollout of rapid testing will be a major priority in FY06. The NIP performs >95,000 ELISA patient tests per year, the vast majority for MoHSS and faith-based facilities. These tests will be gradually transitioned to rapid testing during FY06 to improve receipt of results, increase demand and motivation for testing. USG funding in FY 06 will include an independent assessment of how to best meet the C&T needs of widely dispersed and rural populations and expansion of a FY 05 pilot providing food supplements (E-pap & vitamins) to needy PLWHA in regions with highest prevalence. The USG also supports a local NGO to identify and train prospective counselors. The NGO will continue to build the capacity of the MoHSS and FBO/NGOs by training community counselors to meet the demand of expanding counseling and testing services. The USG will continue to support training of health workers and NGO/FBO providers in CT, to supervise community counselors, and to introduce couples counseling in FY06. USG support has leveraged assistance from other development partners. DFID has committed GBP 498,088 to establish post-test clubs at 5 New Start centers. Bristol Myers Squibb is co-funding the New Start center in Katima Mulilo (Caprivi region), supporting all costs for this center until September 2006. SMA will be a sub-recipient under the Global Fund to set up a stand-alone New Start center at Eenhana (1st center in Ohangwena region) and two mobile 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 health facilities principally financed by the USG and the Global Fund. The Global Fund will also provide an assistant CT coordinator in MOHSS to work with the USG-funded technical advisor.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	119
Number of individuals who received counseling and testing for HIV and received their test results	133,000
Number of individuals trained in counseling and testing according to national or international standards	970

Table 3.3.09: *Activities by Funding Mechanism*

Mechanism: .GHAI
Prime Partner: Crown Agents
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3864
Planned Funds:
Activity Narrative: The USG has been the major supplier 3 types of rapid tests to Namibia in FY04 and FY05 – Determine, Unigold, and Hemastrip. Namibia's rapid testing algorithm uses Determine and Unigold in parallel with Hemastrip as a tiebreaker. In FY05, with USG funding Crown Agents procured and delivered 40,000 test kits for New Start VCT Centers. USG also provided funding directly to the Ministry of Health and Social Services (MoHSS) to purchase 100,000 test kits.

In FY06, New Start will purchase its own test kits with USG funds (SMA/CT #4450). However, a need remains for a buffer stock of Determine, Unigold, and Hemastrip test kits in the event of unexpected outages (by MoHSS and New Start) and also for training purposes. Crown agents will procure 10,000 test kits to maintain this buffer stock.

Note: USG will also continue to fund the MoHSS in FY06 for procurement of test kits. See MOHSS/CT #3926.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according *to national or international standards*		☑

Indirect Targets

N/A

Target Populations:

Adults
Family planning clients
Pregnant women
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3868
Planned Funds:	

Activity Narrative: The emphasis areas in this activity include training, local organization capacity building and human resources. Funding covers the following:

(1) A total of 240 health workers will be trained in rapid HIV testing using the curriculum developed with USG support. This relates to #3897, 3926, 3882, and 3890.

(2) One TOT in Voluntary Counseling and Testing 10 subsequent in-service trainings to train a total of 200 health workers. These trainings will be conducted by the 14 in-service tutors supported by I-TECH at NHTC. (Cost for these tutors is borne by Other Policy & Systems Strengthening, project #3895).

(3) One TOT in Couples Counseling and 5 subsequent in-service trainings to train a total of 100 health workers. These trainings will be conducted by the 14 in-service tutors supported by I-TECH at NHTC. (Cost for these tutors is borne by Other Policy & Systems Strengthening, project #3895).

The Couples Counseling training addresses the issues of male norms and behaviors and provides training on addressing domestic violence. Both VCT and Couples Counseling training address the issue of stigma and discrimination by requiring health care workers to develop empathy for patients in role play counseling sessions.

PLWHAs will directly benefit by receiving services from health care workers trained in RT, VCT and Couples Counseling.

Total I-TECH administration costs are distributed equally across the 6 program areas that I-TECH supports (i.e., 1/6 PMTCT, 1/6 BHCS, 1/6 C&T, 1/6 TB/HIV, 1/6 ARV services, 1/6 Other Policy).

Emphasis Areas	% Of Effort
Training	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards	580	☐

Indirect Targets

N/A

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Potentia Namibia Recruitment Consultancy
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3897
Planned Funds:
Activity Narrative: This activity relates to ITECH #3868 and NIP #3890.

(1) In response to a request from the Namibian government, HH/CDC funded PSI in FY04 through a PASA with USAID to provide a Counseling and Testing Technical Advisor to the Ministry of Health and Social Services (MoHSS). This agreement will end in FY06 and Potentia will assume responsibility for funding and managing this position in FY06. The major emphasis under this activity will be human resources and local organization capacity building.

The Counseling and Testing Technical Advisor will continue to provide technical assistance to the head of the Counseling and Testing unit, Directorate of Special Programs, MoHSS to increase access to VCT and routine counseling and testing in the clinical setting. Policy development, quality assurance, and support to field services are important aspects of this position.

The addition of this advisor in January 2005 has resulted in rapid progress with the establishment of a new cadre of lay counselors who assist health workers with counseling and rapid testing in hospitals, health centers, and clinics. He will continue to support the unit with the roll out and supervision of counseling and testing sites in health facilities, as well as the recruitment, training, and allocation of community counselors for counseling and testing and to support other programmatic areas, including PMTCT, AB/Y, Other Prevention, and ART Services (adherence counseling). See related activities MoHSS #3926, 3882, 3875, 3880, 3876. The Counseling and Testing advisor will also guide the national program in the implementation of the VCT guidelines and will support the regions and districts in implementation and monitoring of program effectiveness. Currently there are 92 community counselors in 42 health facilities providing CT services.

This activity also leverages resources from the Global Fund to the Ministry that support an Assistant Counseling and Testing Coordinator to help with the rollout of community counselors and rapid HIV testing, and to non-governmental organizations for VCT services.

(2) Funding for local positions is being transferred from ITECH to Potentia in order to save on administrative costs. This activity includes the cost of administrative staff hired by ITECH to supports its training operations, which is distributed 1/6 to PMTCT, CT, palliative care, TB/HIV, ART services, and strategic information. This also includes the cost of a new Rapid Test Training Coordinator under ITECH who will be assigned to support the Ministry of Health and Social Services with rollout of rapid testing which began in FY05. This Coordinator will be the lead person at national level to identify trainees from health facilities, including community counselors, liaise with other partner organizations, arrange training logistics, identify trainers, and support training monitoring and evaluation.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards	240	☐

Indirect Targets

78,408 - Number of individuals who received counseling and testing for HIV and received their test results;

100 - Number of service outlets providing counseling and testing according to national or international standards

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3926
Planned Funds:	
Activity Narrative:	This activity is a continuation of FY05 and relates to #3864, 3897, and 3868.

During the first half of 2005 alone, the Namibia Institute of Pathology (NIP) performed 48,000 HIV EIA tests for patients in facilities of the Ministry of Health and Social Services (MOHSS), the most of any institution in Namibia. Rapid HIV testing started in freestanding VCT centers and mission hospitals in March 2005 and in 6 MOHSS facilities in July 2005. Further deployment of community counselors and rapid expansion of rapid testing will be a key USG activity in FY06. With FY04 support from the USG, the MOHSS developed criteria for the recruitment, training and deployment of community counselors to serve in health facilities which provide VCT, PMTCT, and ART services, including rapid testing. During FY05, in collaboration with Lifeline/Childline, 92 community counselors were trained in basic counseling skills, VCT including rapid testing, HIV risk reduction, PMTCT, ART, adherence counseling and were deployed to 42 facilities.

(1) This activity includes a monthly incentive of ~$200 for up to 300 full-time community counselors assigned to health facilities. By September 2006, we expect 260 counselors and by November 2006, we expect to have and maintain 300 community counselors in MoHSS facilities. Funding will cover training costs of ~50 new counselors. A total of 92 community counselors have been supported by the Namibia Red Cross Society through USG support to MOHSS. Additional community counselors will be recruited, trained, and placed in health facilities in order to assist doctors and nurses with provision of prevention messages; VCT services; counseling and testing for PMTCT, ART, TB, and STI services; and ART adherence. USG will also continue its support for a VCT Advisor (see #3897) to support the Directorate for Special Programmes and the assistant Senior Health Programme Administrators (SHPAs) in the regions to manage the programme. (Note: Funding for community counselors is distributed among the following 5 program areas (20% each): PMTCT, Other Prevention, Counseling &Testing, ARV services.

Thus the community counselors will greatly increase the accessibility to C&T by providing counseling rapid testing services to an estimated 78,000 clients, excluding PMTCT, in 100 health facilities in FY06.

(2) The USG will also provide funding to the MoHSS to procure and distribute rapid HIV test kits (2 kits per client) for use by health workers and community counselors in health facilities. This will include a total of 100,000 test kits based on a parallel testing algorithm of Determine, Unigold, with Hemastrip or ELISA as the tie-breaker. The rapid test kits will be integrated in the routine MoHSS procurement and logistics system.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	100	☐
Number of individuals who received counseling and testing for HIV and received their test results	78,000	☐
Number of individuals trained in counseling and testing according to national or international standards	50	☐

Indirect Targets

N/A

Target Populations:

Adults

Family planning clients

Discordant couples (Parent: Most at risk populations)

People living with HIV/AIDS

Secondary school students (Parent: Children and youth (non-OVC))

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Social Marketing Association/Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4450
Planned Funds:
Activity Narrative: The Social Marketing Association started counseling and testing (C+T) services in Namibia in 2003 through the development of the New Start network. SMA has borrowed a franchise system of operation from the private sector with the goal of maintaining a consistent level of quality and services, and procedures for all New Start centers and building capacity of local FBO/NGOs to manage these centers. In this way, the public equates the New Start logo with confidentiality, professionalism and quality counseling and testing services. SMA proposes 2006 to be a year with a focus on consolidation, significantly increasing number of clients and assuring quality of service delivery.

In FY 06 an independent assessment of existing and FY05 proposed 2 C+T sites (Grootfontein and Gobabis) will be conducted in order to determine the scope and direction of future sites, e.g., static versus mobile, geographic location, etc. Following O/GAC guidance, and based on the results of the assessment, SMA expects to redirect service provision. Under-performing static centers may be replaced by mobile C+T services and some proposed sites may not be opened. Currently the MoHSS has requested that all mobile service provision be placed on hold until protocols are finalized for mobile C+T. USG partners are working with the MoHSS to expedite establishment of those protocols.

The New Start network has seen over 41,000 clients as of August 2005. Average client-flow has now grown to over 3,800 clients per month. Since October 2003, the USG has been supporting both the extension of services and expansion of the New Start network. It is proposed that the full cost of the centers previously supported by the European Commission be absorbed by USG funding during FY 06. The USG funding will also leverage support, GBP 498,088 , from the Department for International Development (DFID) for post test support clubs, the Global Fund and European Commission for one additional mobile site each and the Global Fund for one static C+T site.

SMA will continue to provide HIV counseling and testing through existing stand-alone centers, mobile and integrated sites. FY 06 funding will also support the procurement of rapid test kits, supplies, and testing services; demand creation for C+T services through targeted mass-and-multi media campaigns; capacity building of local FBO/NGO partners by providing financial, organizational and systems skills training; building practice and counseling skills; supervision and support of counselors; establishment and maintenance of local referral networks; assurance of quality through a variety of monitoring and evaluation strategies (e.g., mystery client surveys) and installing systems to collect client information. In FY 06, New Start activities will result in HIV/AIDS counseling and testing for 47,000 clients; and the maintenance of 15 previously established static C+T sites.

An additional trainer will supplement the current team as it works toward the target of 120 people trained. The monitoring and evaluation team will also be reinforced by two new staff members. This team will continue to visit each center on a quarterly basis, reviewing protocol adherence, and counselor supervision and assessment. The team will also update monitoring tools to include a grading system, allowing SMA to assess quality across the network and to support centers that are under performing.

SMA will continue establishing strong referral links between health facilities with treatment centers and community care and support groups. Specialized training for counselors at New Start has already begun to include a strong focus on ARVs, adherence counseling, prevention for positives and PMTCT. For FY 06, SMA plans to develop a nationally coordinated referral system from New Start centers to the

hospitals and other support services. SMA and its partners will also develop a system to track external referrals to assess the success of the referrals and to monitor them through MIS.

SMA's contention is that every sexually active Namibian should know their HIV status and have access to counseling and testing services. In conjunction with its Other Prevention activities (project #s 3831 and 4749), it will focus on outreach for testing to most-at-risk populations, with particular focus on the target groups for its other program area interventions: the uniformed services, commercial sex workers and young girls and women engaging in cross-generational sex. SMA will increase its delivery of messages like "A trusted partner is a tested partner" and "Know for Sure" while also challenging gender based misconceptions about HIV and testing through PSAs. SMA will employ a variety of channels to deliver messages. The effectiveness of these messages and channels will be assessed on a regular basis using tracking surveys. Tracking surveys collect data on evolving trends in logical framework indicators at the purpose, output, and activity levels within the target population. SMA proposes to maintain an emphasis on C&T including advocacy for C&T among key opinion leaders and development of messages designed to reduce HIV related stigma and discrimination.

SMA will continue to act as the overall coordinator of the New Start franchise network and provide technical assistance to build FBO/NGO partners' capacity to provide quality services and adequately handle finances. Assistance includes the following:

•Providing New Start operational guidelines including mobile operations;
•Executing trainings on protocols and counseling skills (including refresher trainings);
•Supervising and supporting counselors;
•Developing local referral networks and monitoring through MIS;
•Procuring of commodities such as rapid test kits, supplies, and testing services;
•Assuring quality through a variety of monitoring and evaluation strategies;
•Providing financial training
•Providing an information system to capture client information;
•Conducting mystery client surveys;
•Creating demand for C+T services through targeted multi-media campaigns

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	26	☐
Number of individuals who received counseling and testing for HIV and received their test results	47,000	☐
Number of individuals trained in counseling and testing according to national or international standards	120	☐

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Most at risk populations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Food

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Military Action and Prevention Program (MAPP)
Prime Partner:	Social Marketing Association/Population Services International
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	4488
Planned Funds:	
Activity Narrative:	MAPP will continue to support military community counseling and testing at the Remember Eliphas Education Centre (REEC) in the northeast. The REEC will offer soldiers HIV/AIDS education. A second C+T activity will commence at the Army Headquarters hospital complimenting the existing C+T centre at the Windhoek military hospital. A mobile unit will continue to provide on-base C+T services throughout the country. 3500 soldiers will receive HIV counseling and testing services through these initiatives. MAPP in conjunction with SMA's New Start C+T project will train 25 soldiers in C+T, thereby building the capacity of the MOD/NDF to manage the epidemic. Soldiers who test positive will be transferred to an ARV/PMTCT program and will be monitored by MOD/NDF staff to ensure adherence.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	4	☐
Number of individuals who received counseling and testing for HIV and received their test results	3,500	☐
Number of individuals trained in counseling and testing according to national or international standards	25	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4736
Planned Funds:
Activity Narrative: The USG has worked with 3 key faith-based partners to implement counseling and testing and training activities since 2003. Support to these faith-based partners for counseling and testing within five faith-based hospitals and expanding outreach and access to rural communities will continue in FY06 in order to sustain and expand services established in previous years. In FY06, the CAPACITY Project, an umbrella and capacity strengthening organization, will assume responsibility for management and administration of these programs. This responsibility will include providing technical assistance to improve the quality of existing counseling and testing services, and expanding service delivery to include decentralized health centers and clinics. Targeted assistance will be provided through supportive clinical supervision, mentoring, standards dissemination, training, monitoring, and systematic data collection. CAPACITY will update clinical operational standards with partner organizations as required and improve workforce planning, monitoring and reporting systems to ensure rapid scale-up of essential treatment services. Target populations, program targets, and activities for FY06 for sub-partner organizations are described below:

Since 2003, the USG has provided assistance to Emergency Plan partners to strengthen access to and demand for comprehensive counseling and testing services. In FY06, CAPACITY will assume responsibility for the management of these activities, with increased emphasis on improving the quality of counseling and testing services provided within five faith-based hospitals and expanding outreach and access to rural communities. CAPACITY will improve workforce policies and planning, provide clinical technical expertise and training, and strengthen systems to improve counseling and testing performance and manage patient in-flow. CAPACITY will also work with partner organizations to strengthen community counselor outreach, improve linkages and referrals to care, treatment, and prevention activities, and ensure implementation of routine monitoring and reporting systems.

Lutheran Medical Service (LMS) Hospital provides HIV pre-test and post-test counseling through professional nurses and community counselors. Currently an average of 75 clients (VCT and hospital referrals) are counseled daily at the LMS Hospital. Community counselors, when fully deployed, will carry out most of the counseling and rapid testing in the future under supervision of trained health professionals. In FY06, LMS will recruit and provide salary support for 10-15 community counselors and a professional counseling supervisor. Each community counselor will provide at least 2 sessions for every client as well as follow-up counseling sessions when needed. Professional nurses will also carry out rapid testing, in particular, for specific situations where test results are urgently needed, such as for unknown status women in labor. All counselors will further receive follow-up training and psychological support with the assistance of the Lifeline/Childline staff. LMS hospital will provide counseling and testing services to an estimated 12,500 persons including hospitalized and ambulatory (OPD) patients as well as self-referrals. Note: this estimate does not include pregnant women who are included under PMTCT.

Catholic Health Service's integrated counseling and testing centers have been established at 3 CHS hospitals. The fourth hospital (Rehoboth) also offers in-facility counseling and testing for patients and works closely with the local health center (for PMTCT) and the ELCAP New Start VCT center. In FY06, these four hospitals (2 of which service very remote rural areas) will provide counseling and testing services to about 12,500 patients from hospital wards, outpatient departments, and self-referred clients. Each center also will continue organize community outreach to promote uptake of services.

Lifeline/Childline will continue to support counseling and testing by implementing an integrated counseling program to ensure effective services through follow-up support and supervision of 100 community counselors that were trained in basic counseling skills with USG support in FY05. Lifeline/Childline will continue to build the capacity of the above FBO facilities and their affiliates (see activity 4731) and other NGOs by training an additional 75 community counselors in FY06 to meet the increasing demand of the expanding VCT counseling services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results	13,000	☐
Number of individuals trained in counseling and testing according to national or international standards	75	☐

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Factory workers (Parent: Business community/private sector)

Pregnant women

Secondary school students (Parent: Children and youth (non-OVC))

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement: 7

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The Ministry of Health and Social Services (MoHSS) issued its first tender to procure anti-retroviral (ARV) drugs in 2003. This included primarily Indian suppliers of "generic" products, including two-drug combination products, plus contracts with local suppliers of brand-name products such as Efavirenz, which is used on 27% of patients because of high TB/HIV co-morbidity, and Kaletra. To date, Efavirenz has accounted for approximately 1/3 of expenditures for ARV drugs. A number of generic suppliers having FDA approval have recently submitted tenders for their products which will be procured with USG funds in FY06. During the first year of public-sector ARV therapy (ART) in Namibia, which began in June 2003, the MoHSS was responsible for the vast majority of ARV procurement. This is no longer feasible because of high uptake. Global Fund support, which began in mid-2005, includes $1.1 million in 2005, $4.9 million in 2006 and, overall, $51 million during 2005-2009 for ARV drug procurement.

The USG partnership with Namibia was strengthened when a Cooperative Agreement was negotiated with MoHSS in FY04, which included provision for the procurement of FDA-approved ARV drugs. In response to Namibia's successful ART rollout (which reached 11,000 patients in Year 2), USG support for drug procurement increased from [redacted] in FY04 to [redacted] in FY05 and is proposed to increase to $3.6 million in FY06. Based on current projections and available funds from MoHSS and Global Fund, the current funding gap for ARV drugs to reach a total in FY06 of 22,000 patients started on ART is approximately [redacted]

With USG support, the Ministry developed a computerized HIS for ART that is being rolled out to all ART sites. The system generates monthly reporting information on patient enrollment and drug regimens to monitor program performance and assist with drug forecasting. Since its inception no major stock outages have been reported. ARV 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. In FY06, standard operating procedures and job aids for operations in the CMS will be developed and training will be provided to CMS staff.

To enhance the secure transportation of products, the USG has supported development of specifications for network and communications equipment for CMS trucks. In FY06, the required security equipment will be procured, installed, and made operational. 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 been provided to implement a financial audit of CMS accounts; strengthen stocktaking practices; develop a logistics system for the procurement, storage, and distribution of rapid test kits; and develop a CMS procurement policy and procedures manual. Due 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 of 13 pharmacists outside of Namibia is also ongoing. In FY06, USG will support the training of new pharmacy assistants in-country to help simplify the service delivery model for ART.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3883
Planned Funds:	
Activity Narrative:	This is an expansion of FY05 and links to #3876, 3893, 3866, RPM+ #3769, mission ART . Namibia has a strong track record thus far with respect to the rollout of ART. Public ART services began in June, 2003 with USG support, reaching targets of 4,400 patients and 11,000 patients started on ART by the end of Year 1 and Year 2, respectively. By the end of FY06, Namibia expects to have started at least 22,000 patients on ART. To date, more than 600 health workers have been trained in ART provision through ITECH support and 29 hospitals have started ART. The remaining 6 small hospitals are expected to start by the end of 2005. Children account for 16% of patients started on ART and efforts are underway to introduce standardized dosing using weight bands and more capsule and tablet preparations due to the high cost and inconvenience of solutions. Namibia has standardized first and second-line regimens. Approximately 27% of patients have been started on a first-line regimen using Efavirenz as the NNRTI due to the high level of TB/HIV co-morbidity and liver disease. Approximately 1/3 of the national drug budget in 2005 was due to the procurement of Efavirenz alone. A small proportion of patients thus far are on protease inhibitors. Therefore, the targets under this activity are reflective of, and in proportion to USG's contribution to patients expected to receive a USG-funded HIV/AIDS treatment regimen. Generic suppliers with products recently approved by the FDA have applied for tenders with the Ministry of Health and Social Services, but the quantities to be procured under these tenders have not been clarified. We, therefore, assume that ~50% of patients on ART will receive a USG-funded medication under this activity. In FY04, the USG contributed [redacted] in ARV drug procurement through USAID funding to FHI. In FY05, once the Ministry of Health and Social Services (MOHSS) could be funded directly under a new Cooperative Agreement with the USG, MOHSS was provided with [redacted] for ARV drug procurement. The Global Fund began support in July 2005 with a similar amount for drug procurement. USG funds for ARV drug procurement in FY06 will strongly leverage resources with the Global Fund and MOHSS. In addition to ARV drugs, the Emergency Plan is a major supporter of ART services in Namibia through technical assistance, personnel, training, laboratory support, infrastructural improvements, and information systems.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (Includes PMTCT + sites)	34	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (Includes PMTCT + sites).	6,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT + sites).	16,400	☐
Number of indiviuals receiving antiretroviral therapy at the end of the reporting period (Includes PMTCT + sites).	14,800	☐

Indirect Targets

N/A

Target Populations:

People living with HIV/AIDS

Pediatric AIDS patients

PLWHA infected or affected by TB

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

ART services reached a total of 7 public hospitals in 2003, 23 in 2004, and 29/35 in 2005 with 6 smaller hospitals still to start. Selected high-burden health centers may begin to provide ART in FY06. Having reached its target of 4,400 patients in Year 1 (June 2004) and ~11,000 patients (including ~1,650 from the 5 faith-based hospitals and ~9,350 from 24/30 Ministry hospitals) in Year 2, Namibia is on course to exceed its target of 19,000 public patients in Year 3 (June 2006) if USG support is increased significantly. The USG supports the delivery of ART and palliative care through hospital-based Communicable Disease Clinics having referral linkages with VCT sites, health facilities, and community organizations.

Strong commitment from MoHSS with substantial support from the USG has been key to reaching targets. Due to human resource constraints, the USG supported a total of 187 supplemental doctors, nurses, pharmacists, social workers, and community counselors at ART sites in FY05. Addition of these staff was associated with a sharp increase in uptake. Additional personnel will be provided in FY06 focusing on high-volume sites under severe strain from heavy demand. A national QA program, eg, through the introduction of HIVQual, is planned. Supervision and support from the national level with be strengthened through a new medical officer for quality assurance, making better use of the HIS for ART, and site visits. Additional sites will be renovated based on potential public health impact. With >500 health workers trained to date, further support will be provided to MoHSS and the private sector to train and update more health workers through decentralized training and digital video-conferencing. The number of community counselors to support adherence counseling in health facilities will also increase from 92 to 250 in FY06.

Linkages with CT, TB, palliative care, and PMTCT services in particular will be strengthened. The national ART guidelines for adults, pregnant women, and children will be updated based on new WHO recommendations. Routine laboratory tests (blood counts, CD4, liver function tests, etc), which are funded by the USG, will be simplified to lower costs and reduce the strain on services. Eligibility criteria for adults now includes Stage III or IV disease, regardless of CD4, and pregnant women with CD4 <250 compared with <200 for other adults. New diagnostic algorithms for children <18 months based on rapid testing or DNA PCR testing using dried blood spots have been developed. The eligibility criteria for children will be updated to take age, CD4%, and clinical stage into account. Pediatric ART is expected to increase from 16% to 20% of all patients on ART due to more aggressive diagnosis in infants and training. Pediatric regimens will be simplified to adopt the use of appropriate capsules/tablets where feasible and to use weight-banded dosage tables. The PMTCT regimen may be strengthened by adding short-course AZT beginning at 28 weeks gestation to single-dose NVP, plus a "tail" of AZT/3TC to mother/baby to reduce the risk of NNRTI resistance.

Pharmaceutical inventory control systems, procurement policies, security systems, standard operating procedures, and infrastructural improvements at the national and regional medical stores will continue to be strengthened to ensure an uninterrupted supply of quality ARV drugs. The USG-supported HIS for ART in Epi-Info has been adopted by the MoHSS as its standard and will be rolled out to all public sites to support longitudinal monitoring. The transition to an Access-compatible program will be undertaken to be compatible with the new MoHSS HIS. The Compucare software developed with USG support for ART will be rolled out to additional private sector partners.

The USG will continue to leverage its resources for ARV services with those of the Global Fund, which began in mid-2005, as well as the Bristol Myers Squibb project in the Caprivi region.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	34
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	12,500
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	32,900
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	29,600
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	1,525

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3765
Planned Funds: [redacted]
Activity Narrative: In FY05, JHU is assisting the Ministry of Health and Social Services (MoHSS) to develop a communications strategy for new services—that is, to identify priority audiences, standardize messages, develop measurable communication objectives, and highlight information and communication gaps with respect to VCT, PMTCT and ART services. Additionally, JHU has met some of the critical gaps that emerged during this process, for example, creating a set of basic treatment information leaflets, which include a comprehensive PMTCT leaflet for pregnant women, a low literacy leaflet on how to take Nevirapine to be given to HIV+ pregnant women who receive the drug, an ART pamphlet for the general public, and an ART booklet for people already on treatment.
In FY06, JHU will expand upon these activities through:

(1) Continued work with the MoHSS, stakeholders and relevant USG implementing partners to expand the treatment literacy package by developing 2 new, multi-lingual low literacy materials for clients and additional job aides for health care workers.

(2) Continued development of community-based radio programs as a vehicle for treatment literacy and adherence. In FY 05, participation of PLWHAs in communication initiatives was identified as a major gap in the communications strategy development process. In addition, the fact that 80% of Namibians own a radio, yet few organizations use this communication channel to disseminate HIV/AIDS information was also revealed as a missed opportunity. To tackle these issues, JHU partnered with the two key organizations of PLWHAs, Ibis and Uronga Eparu, to provide them with a channel through which they could reach other PLWHAs, affected families, and the broader community with treatment and related messages. The format of this program consists of PLWHAs from Ibis and Uronga Eparu support groups being trained by JHU to develop local content that reflects their personal situation, e.g., addressing issues such as adherence, side effects, having a child if you're HIV+, stigma and discrimination, referral to services etc. – as well as pre-produced core content developed by JHU, to ensure that key information and messages are accurate and consistent. A JHU-supported editorial board determines monthly program themes and monitors the content of the programs to ensure that the facts are accurate and the content is suitable for broadcasting.

This pilot project, which so far has reached an audience of 50, 000 in the Oshakati and Rehoboth area, will be scaled up in FY06 to extend the program format to at least two other community radio stations and then be taken to national scale, in partnership with (and leveraging resources from) the Ministry of Information and Broadcasting and its parastatal, the Namibia Broadcasting Corporation's (NBC) national language and radio services.

JHU will also develop, print and provide radio promotional materials and treatment literacy materials developed with the MoHSS to PLWHAs and CAF members and other USG implementing partners to distribute throughout the community to strengthen the impact of the community and national radio programs. Throughout this process, JHU will continue to train PLWHA and CAF members in media skills and development of radio programs and promotional materials. This activity is linked with Other/Policy analysis and systems strengthening, project #4338.

Funding for this component will support the production of 2 treatment literacy materials for community and MoHSS, 2 job aides, ongoing production of the community radio program, training of PLWHAs and CAF members in media skills and the development of radio promotional materials.

Emphasis Areas	% Of Effort
Training	10 - 50
Information, Education and Communication	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑
Number of people reached with treatment information	100,000	☐
Number of materials developed and distributed	50,000	☐

Target Populations:

Community-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Community Action Forum members

Caregivers (of OVC and PLWHAs)

Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Rational Pharmaceutical Management, Plus
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3769
Planned Funds:
Activity Narrative: In FY06, RPM+ intends to extend activities on promoting adherence to therapy, ensuring improved quality of services and strengthening capacity for pharmaceutical management to the outstanding 21 treatment facilities not covered in FY05. It is expected that this support will translate into better dispensing and quality adherence counseling which will result in improved adherence to antiretroviral therapy in these 21 treatment facilities. This will be achieved through the following activities: 1) In collaboration with NHTC/ITECH, support will be provided for the review, training and implementation of guidelines for Therapeutic Committees at the 5 highest volume treatment facilities (Oshakati Intermediate Hospital, Katutura Intermediate Hospital, Onandjokwe Lutheran Hospital, Oshikuku Hospital and Rundu Intermediate Hospital) for the promotion of the rational use of ARVs and other medicines 2) Provide TA and support for the development and implementation of national adherence monitoring and measurement strategies and the development of cost-effective interventions to improve adherence 3) During FY05 support was provided for the assessment of the storage and infrastructure requirements of treatment facilities to support the scale-up and expansion of ART. The report of this assessment is under discussion with the MoHSS facilities planning section and the USG to determine their relative roles in the provision and/or repair of required infrastructure, and to leverage funding for implementation of the recommendations. In FY06 and initially, support will be provided for improvement of storage facilities to specifically promote ARV management.

A survey of ART management and ARV use in private health facilities and pharmacies nationwide will be conducted, and activities designed and implemented to improve pharmaceutical practices in the private sector. This activity will be undertaken in collaboration with the Namibia HIV/AIDS Clinicians Society and the Pharmaceutical Society of Namibia. Continued support will be provided for the printing and dissemination of the medicine information leaflet developed in FY05. TA and support for the nationwide implementation of medicine information, pharmacovigilance and adverse drug reaction reporting systems will be continued.

To improve on the human resource capacity to deliver ARV clinical services, some recommendations of a recent Human Capacity Development Assessment was conducted in FY05 by RPM+ staff, and which is under discussion with the MoHSS and USG, for adoption and implementation. In anticipation, provision has been made in the FY06 program to provide support for the implementation of selected recommendations, specifically: 1) Working with the MOHSS to strengthen partnerships with the Pharmaceutical Society of Namibia to develop its capacity to market pharmacy and pharmaceutical careers so as to attract prospective students 2) Support will be provided for participation in relevant local and international training programs, conferences, seminars, and meetings to enhance professional networking, including supporting annual meetings of pharmacists and pharmacists' assistants

Support will also be provided to strengthen national management support systems for HIV/AIDS related pharmaceuticals and commodities by providing support to the MoHSS Pharmaceutical Services Division to ensure the maintenance of the highest standards of practice. In collaboration with the NHTC and I-TECH, RPM+ will provide continued on the job training and other modes of training to 50 pharmaceutical personnel in all 34 treatment sites.

To ensure the quality of products used in the palliative care and ART programs, RPM+ will continue to provide TA and support to the Quality Surveillance Laboratory. The positions of the Manager of the Quality Surveillance Laboratory and Pharmaceutical Management Advisors (PMA) which are fully seconded to the MoHSS

will continue to be supported. Salaries for Ten (10) Pharmacists hired during FY05 will also continue to be supported. Continued provision of bridge funding for five (5) newly qualified Pharmacist's Assistants until the MoHSS is able to absorb them as it has in FY 05. MoHSS has established a position to absorb the Pharmaceutical Management Advisor for policy and in FY06 RPM+ will work with the MoHSS to support the transition of this position.

In FY06, ongoing support will be provided for the implementation of the enhancements introduced in previous years to ensure continued strengthening of the pharmaceutical and commodity management systems of the CMS, RMS, and treatment facilities for HIV/AIDS-related pharmaceuticals. This will be achieved through: 1) Continued support to ensure that the newly installed computerized inventory control systems and new workflow patterns at the Regional Medical Stores (RMS) functions as planned. This assistance will require RPM+ to continue collaboration with Impact Africa to conduct a scheduled review of the system and make amendments to the configuration as may be required. Discussions have been held with the MoHSS to ensure that routine maintenance of the system will be taken over by the end of FY 2006. 2) The enhancement of physical security for ARVs in storage and in transit through the provision of enhanced security systems in the medical stores and the implementation of appropriate dispatch and vehicle sealing systems 3) Support for the set-up and maintenance of a web-based ordering system for placing orders with the CMS and RMS to ensure speed and accuracy of managing orders from high volume clients of the stores 4) Continued TA and support for the implementation of SOPs, job aids, and materials developed in FY05 to improve the skills and knowledge of pharmacy personnel in stores management and inventory control and to improve storage practices 5) Continued technical assistance and support to the CMS, RMS and treatment facilities to enhance their quantification and inventory management practices for pharmaceuticals especially, ARVs, RTKs, and other HIV/AIDS related commodities 6) Installation of a computerized inventory control system will be piloted at Oshakati Hospital to accommodate the high volume of HIV/AIDS related pharmaceuticals and commodities managed by this facility 7) Ongoing support for the positions of Pharmaceutical Management Advisor (Logistics), Distribution Pharmacist and Network Administrator for the CMS/RMS system.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	50	☐

Target Populations:

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Regional Procurement Support Office
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3842
Planned Funds:	
Activity Narrative:	The major emphasis area for this activity is infrastructure. RPSO will assist USG Namibia by providing high quality technical guidance and required contracting authorities mandatory by USG regulation. HHS/CDC requires the services of local construction contractors to effect renovations at select sites throughout Namibia in the implementation of its FY06 PEPFAR program. USG will support renovations to five district hospitals providing anti-retroviral therapy (ART) to People Living with HIV and AIDS to improve the ability of the clinic to serve a greater number of patients and provide a more comprehensive range of services in the provision of ART. Patients will be counseled and educated on treatment regimens, including medication name/dosage/frequency, potential side-effects, and management of them. HIV resistance and the significance of a high level of adherence will be addressed. For related activies, see RPSO/Palliative Care, #4000.

Emphasis Areas	**% Of Effort**
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	5	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

N/A

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas

Erongo

Kunene

Ohangwena

Otjozondjupa

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Health Resources and Services Administration
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3865
Planned Funds:
Activity Narrative: This is a new activity for FY06 to provide technical assistance to the Ministry of Health and Social Services (MOHSS) to introduce HIVQUAL to support quality improvement of ART services. With USG support, the MOHSS has made excellent progress with the rollout of ART services since mid-2003, reaching 29 of 35 hospitals thus far and having started 11,000 patients on ART in the first 2 years alone. An information system is in place to monitor uptake but no system is in place to monitor the quality of ART/care services. The USG is providing a medical officer through Potentia to serve in a new quality assurance office that reports to the Undersecretary for Health Services in MOHSS. See related activity # 3876.

This activity will fund technical assistance from one of HHS/HRSA's partners in HIV quality improvement systems, such as the AIDS Institute, New York State Department of Health, which developed HIVQUAL. The purpose of the technical assistance will be to introduce HIVQUAL to MOHSS, support localization of the system to meet Namibia's needs, provide training and capacity building, and to monitor progress with establishing the system in pilot sites during FY06. There will be 2 technical assistance visits and one training workshop to train 20 staff members. The USG provides direct support to all 29 sites in terms of personnel, training, information systems, ARV drugs, and laboratory testing. Working with the Directorate of Special Programs in which HHS/CDC technical advisors are based, the MOHSS will identify the sites in which to pilot HIVQUAL and refine the system before rollout to other sites.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑
Number of people reached with treatment information		☑
Number of materials developed and distributed		☑

Indirect Targets

Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) - 29,600;

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3866
Planned Funds:
Activity Narrative: The emphasis areas in this activity include training, local organization capacity building, and quality assurance and supportive supervision. Funding will cover:

(1) Recruitment and salary support for two experienced HIV physicians (based at Katutura Hospital in Windhoek and Oshakati Hospital) to provide on-site clinical supervision and mentoring to ART sites. They will work with the two nurse-mentors (cost shared with PMTCT, project #3898) to promote a multi-disciplinary approach to HIV care; work with local physicians to develop local capacity for both didactic and hands-on training; assess needs, and provide hands-on and didactic training to address knowledge and skill gaps. They will also work on distance learning initiatives; and assist with ongoing review of curricula, media products, and guidelines as needed.

(2) Recruitment and salary support for two experienced HIV nurses to serve as full-time on-site clinical trainers/mentors (cost shared with PMTCT, project #3898). These nurse mentors also will work with the NHTC tutors to develop and implement skills assessment tools; provide hands-on and didactic training to address knowledge and skill gaps; work on distance learning initiatives; and assist with ongoing review of curricula and media products as needed. They will promote an expanded role for nurses in HIV care.

(3) 3 ART in-service trainings for 120 government physicians, conducted by the HIV physician clinical mentors and by in-country physicians selected and trained by I-TECH.

(4) 3 in-service trainings in ART for 60 private physicians will be conducted in collaboration with the Namibia Clinicians Society. (Costs for this activity will be shared TB/HIV Services, project #3870).

(5) I-TECH will work with the MoHSS Paediatric Guidelines to develop and support HIV paediatric training for 60 doctors and nurses, including clinical rotations at Katutura Hospital.

(6) 25% FTE salary support for a curriculum developer to assist the UNAM Technical Advisor in HIV curriculum integration, and support for three workshops to promote curriculum integration (cost-shared with I-TECH activity under Other Policy and Systems Strengthening, project #3895).

Total I-TECH administration costs are distributed equally across the 6 program areas that I-TECH supports (i.e., 1/6 PMTCT, 1/6 BHCS, 1/6 C&T, 1/6 TB/HIV, 1/6 ARV services, 1/6 Other Policy)

Emphasis Areas	% Of Effort
Training	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	240	☐

Indirect Targets

N/A

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3876
Planned Funds:
Activity Narrative: This activity is a continuation of FY05 and relates to #3842, 3865, 3866, 3877, 3883, and 3893.

(1) Support including $2,677,456 for routine bioclinical monitoring tests (CD4, full blood counts, liver function tests, syphilis and Hepatitis B screening, renal function tests, other tests depending on regimen) performed by the Namibia Institute of Pathology for the estimated 20,000 patients still on ART and for CD4 monitoring of non-ART patients enrolled in palliative care at communicable disease clinics (CDCs). The Guidelines for ART Therapy in Namibia stipulate which tests are to be performed. The Global Fund does not provide financial support for bioclinical monitoring. Efforts will be made in FY06 to simplify the testing regimen and to lower costs. Note that children account for ~16% of ART patients to date.

(2) Support for up to 300 community counselors is requested with FY'06 funds to support adherence counseling at ART sites. By September, 2006, we expect to have 260 counselors and by November, 2006, we expect to have and maintain 300 community counselors. A total of 92 community counselors have been supported by the Namibia Red Cross Society through USG support to MOHSS. Additional community counselors will be recruited, trained, and placed in health facilities in order to assist doctors and nurses with provision of prevention messages; VCT services; counseling and testing for PMTCT, ART, TB, and STI services; and ART adherence. USG will also continue its support for a VCT Advisor to support the Directorate for Special Programmes and the assistant Senior Health Programme Administrators (SHPAs) in the regions to manage the programme. (Note: Funding for this activity is distributed among the following 5 program areas (20% each): PMTCT, Other Prevention, Counseling &Testing, ARV services.

(3) This component funds targeted nutritional supplement support for those who are eligible and on ART, including children. With the introduction of community counselors in FY05, the Namibia Red Cross Society became the first NGO to place staff within MOHSS health facilities. While MOHSS does not provide food supplements to outpatients in need, it would welcome such a contribution from close collaborators such as the Red Cross who work in their ART sites to link patients with nutritional support. Using World Food Program entry and exit criteria for food supplementation, the Red Cross will provide approximately 21,000 person-months of supplementation for patients on ART, probably E-PAP. Community counselors who are assigned to work in MOHSS communicable disease clinics (CDC) will facilitate referral to NRCS access points in the community. Patients will receive nutritional and clinical assessment from MOHSS health professionals who work closely with the community counselors in their clinic. The NRCS will be responsible for procurement, supply logistics, storage, and distribution of the supplements.

(2) Procurement of a modest amount of basic furniture and equipment for renovated Communicable Disease Clinics. During FY05, the USG leveraged resources with the MoHSS to begin renovation of outpatient areas of 5 of its 35 hospitals to accommodate CDC and improve efficiency and patient flow. A CDC is an integrated area in outpatient areas where palliative care is delivered along with ART. 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. $25,000 will be provided in FY06 for MoHSS to purchase equipment and furniture (e.g. weighing scales, desk, chair, examination table) for the newly renovated CDCs. The cost of this activity will be split 1/3 with Palliative Care: BHCS and 2/3 with ARV

Services.

(3) Vehicles will be procured for an additional 10 MOHSS facilities to provide adequate support and supervision to facilities within the catchment area of the *hospital, trace defaulters, and strengthen existing outreach services. The cost of* this activity will be split 1/3 with Palliative Care: BHCS and 2/3 with ARV Services.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Commodity Procurement	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	34	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	12,500	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	32,900	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	29,600	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	50	☐
Number of people reached with treatment information		☑
Number of materials developed and distributed		☑

Indirect Targets

N/A

Target Populations:

Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pediatric AIDS patients
PLWHA infected or affected by TB
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Potentia Namibia Recruitment Consultancy
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3893
Planned Funds:
Activity Narrative: This activity is an expansion of FY05 and relates to #3894, 3898, 3876, 3883, 3866 and 3892. The lack of training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive care and treatment services on the scale and at the level of quality that is required. The USG-supported model in Namibia is to provide these services within Communicable Disease Clinics (CDCs) that are integrated into hospital outpatient departments.

This activity provides urgently needed supplemental health personnel to the Ministry of Health and Social Services (MoHSS) through Potentia, a private-sector Namibian personnel agency. The partnership with Potentia began in FY04, when Potentia was funded as a local sub-partner through a HHS/CDC Task Order with FHI in order to more rapidly deploy urgently needed staff. However, in September 2005 following successful completion of an openly competitive USG procurement process, Potentia was awarded a new Cooperative Agreement and will receive direct funding from FY05 onward. FHI funding for this activity ends November 2005.

With USG funding, Potentia will continue to administer a salary and benefits package equivalent to that of the MoHSS to provide supplemental doctors, nurses, and pharmacists to public hospital clinics.

To date, our experience and data from the MoHSS ART/care HMIS has shown that for approximately every three HIV-infected patients who are evaluated for ART, two are started on ART and one is not yet eligible and is enrolled in comprehensive HIV care. Therefore, in FY06 1/3 of the budget for this activity will be assigned to Palliative Care: Basic Health Care and Support (see project #3894). and 2/3 will be assigned to Treatment: ARV Services. Note that this is a change from FY04 and FY05 budgeting, which split funding equally between these two Program Areas.

Both HHS/CDC and the MoHSS participate in the selection process of health personnel who are then trained and provided with field support by ITECH, HHS/CDC, and the MoHSS through USG funding. This USG-supported procurement of human resources has been central to Namibia's success to date with meeting ART targets in FY04 (>4,000 patients) and FY05 (>11,000 patients), 86% of whom are clinically managed in Ministry health facilities where these personnel are based.

In FY05, personnel under this activity were assigned to the following hospitals: Keetmanshoop, Walvis Bay, Katutura, Windhoek Central, Gobabis, Otjiwarongo, Grootfontein, Oshakati, Outapi, Engela, Eenhana, and Rundu. In FY06, additional personnel will be added to existing sites based on site performance and burden of disease in the hospital catchment area. Negotiations with the Ministry to support new sites are underway to leverage resources with the Global Fund, but may include Luderitz, Karasburg, Swakopmund, Okahandja, Okakarara, Opuwo, and, finally, Katima Mulilo where demand has exceeded the capacity of the MoHSS and the Bristol Myers Squibb project to meet the high demand. From FY05 to FY06, projections under this activity are that doctors will be increased from 27 to 35, nurses from 20 to 30, and pharmacists from 18 to 20, however, these determinations will be made through ongoing site monitoring by the USG and MoHSS in order to maximize site capacity and performance.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	25	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	11,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	22,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	20,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

N/A

Target Populations:

People living with HIV/AIDS

Pediatric AIDS patients

PLWHA infected or affected by TB

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	DAPP
Prime Partner:	Development Aid People to People, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3930
Planned Funds:	

Activity Narrative: This activity is a continuation of FY05 activities. Costs for the activity are allocated uniformly across 5 program areas: PMTCT(#3928), AB(#3927), Other Prevention(#3931), Palliative Care-BHCS(#3929), and ARV Services(#3930).

As a new procurement in FY05 and following OGAC approval, HHS/CDC completed the competitive procurement process and awarded a Cooperative Agreement to DAPP in September 2005. This activity is heavily leveraged with the Global Fund, which awarded DAPP with start-up funds to cover the regions of Omusati, Oshana, and part of Ohangwena and Oshikoto. However, DAPP only received its funding from the Global Fund in July 2005, and in August began its first training of Field Officers for the Global Fund catchment areas. Implementation is now expected to proceed at a rapid pace.

The USG will support Development Aid from People to People (DAPP) for a community based approach called "Total Control of the Epidemic" (TCE). This 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 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. These regions are also highly populated rural areas with high HIV prevalence and worrisome HIV/AIDS related knowledge, attitudes, behavior, and practices (KABP) (2001 DHS). They have an estimated population of 28,000 PLWA. 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 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 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 2,000 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) in 2006.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence	150	☐
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	150	☐
Number of people reached with treatment information		☑
Number of materials developed and distributed		☑

Indirect Targets

N/A

Target Populations:

Community leaders

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas

Ohangwena

Kavango

Oshikoto

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	MoD Treatment, Training, and Oversight RFP
Prime Partner:	To Be Determined
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4489
Planned Funds:	
Activity Narrative:	This is a new activity for the Namibian Ministry of Defense. An entire treatment program must be initiated from scratch and must be consistent with the MoH national treatment program. Assuming MoH concurrence, over 30 MOD/NDF medical members will be trained to manage military members who receive ARVs through ARV/PMTCT programs. 40 MOD/NDF sickbay based peer educators will be trained to provide ARV information and adherence counseling. The MoD's treatment management will occur at the 2 military hospitals after a comprehensive certification process is implemented to gain MoHSS approval to administer and monitor ARVs. A DoD locally hired program manager will manage the DoD fudning for this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	70	☐
Number of people reached with treatment information		☑
Number of materials developed and distributed		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Policy makers (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4737
Planned Funds:
Activity Narrative: The USG has worked with 3 key faith-based partners, an HIV professional society and a private sector provider offering subsidized health services to the working poor to implement Emergency Plan ART, counseling and testing, and training activities since 2003. Support to these faith-based partners will continue in FY06 in order to sustain and expand services established in previous years. In FY06, the CAPACITY Project, an umbrella and capacity strengthening organization, will assume responsibility for management and administration of these programs. This responsibility will include providing technical assistance to improve the quality of existing PMTCT Plus, ART, counseling and testing services, and expanding service delivery to include decentralized health centers and clinics. Targeted assistance will be provided through supportive clinical supervision, mentoring, standards dissemination, training, monitoring, and systematic data collection. CAPACITY will update clinical operational standards with partner organizations as required and improve workforce planning, monitoring and reporting systems to ensure rapid scale-up of essential treatment services. Target populations, program targets, and activities for FY06 for sub-partner organizations are described below:

The USG has supported ART service delivery in 4 faith based hospitals of Catholic Health Services (CHS), as well as 1 hospital of Lutheran Medical Services (LMS) since 2003 and 2004 respectively. By September 2005, over 2,500 patients had received ART at these five hospitals. In FY06, to improve access to services, LMS and CHS in coordination with the MoHSS will explore rolling out of routine monitoring of stable ART patients to health centers. Given current HIV prevalence statistics in the catchment areas of the five hospitals, a total of 4,000 persons per year are expected to develop advanced HIV disease (including 100-200 pregnant women referred by PMTCT). It is expected that about 75% of these will be started on treatment following clinical assessment and CD4 testing, intensive counseling and laboratory screening.

CHS expects to enroll about 1,800 new patients on ART during 2006 and the cumulative number of patients receiving ARV drugs is expected to be about 4,000 patients. To cope with the increased demand for ART services, CHS will further strengthen links between the hospital, the ART clinics, and faith and community-based organizations. CHS will provide ART training for 30 district staff members in anticipation of the roll-out of routine ART services to 1 to 2 district health centers. CHS will hire two additional counselors to assist these centers.

LMS expects to enroll at least 1,500 new patients on ART in FY06 and the cumulative number of patients receiving ARV drugs is expected to be about 3,000 patients. In preparation for decentralization of ART services to selected district health centers, 30 currently employed nursing staff will be trained by USG partners (LL/CC, ITECH) in different program areas including rapid testing, ARV counseling and ARV drug dispensing, and counseling. Three health centers will be ready in 2006 to take over service delivery and follow-up of stabilized patients. LMS will therefore provide ART training for an additional 30 district staff members. To cope with increased demand, LMS will recruit and hire: 1 pharmacy assistant to supervise ARV distribution in peripheral health centers/clinics, 1 doctor, 1 social worker, 1 registered nurse, 2 data clerks and 1 accountant.

The capacity of CHS and LMS staff will continue to be strengthened through their attendance at courses on ART organized and conducted by the MoHSS, the Namibian HIV Clinicians Society, CDC/I-Tech, MSH, and SMA.

With USG funding and leveraged private sector resources technical assistance, the 5

LMS and CHS hospitals are piloting a computerized patient monitoring system that functions on a local area network. This facilitates easy access and maintenance of longitudinal patient records and is capable of generating information for USG and MoHSS reporting requirements.

CAPCITY will assist LMS and CHS facilities to strengthen their links with affiliated faith and community-based organizations (e.g., CAA, ELCIN, and ELCAP) to strengthen patient referrals by community-based caregivers—through development of more formalized referral and patient tracking systems. Hospital and health clinic staff will use these links to assist in the training of community volunteers as treatment supporters and local contact persons for tracing defaulters.

Lifeline/Childline (LL/CL) implements an HIV counseling training program that includes ART adherence counseling in addition to basic counseling, HIV counseling and testing, and PMTCT. As of September 2005, LL/CL has trained 300 community counselors for MoHSS hospitals and NGO/FBO/CBOs partners. In FY06, Lifeline/Childline will train 75 community counselors in ART adherence and counseling to ensure effective service delivery. Lifeline/Childline will also assist NGO/FBO/CBOs, including LMS in building their capacity for supervision, monitoring, evaluation, psychological support, and trauma relief for their staff.

The Namibian HIV Clinicians Society (the Society), which was established with USG funding and FHI technical assistance, has been a key partner in training of private and public health care providers and has become one of the main actors in promoting quality HIV care in Namibia. CAPACITY will continue to work with the Society to strengthen its capacity to respond to the need for continuous professional development through its local branches. In FY06, CAPACITY will provide technical assistance to the Society to disseminate scientific information and best practices through professional development seminars, meetings, networking, and case discussions for at least 500 health professionals throughout the country.

USG has supported since 2004, (through collaboration, technical assistance, funding ($40,000) and leveraging of private sector and other development partner funds (Netherlands - $3.7 million) the incorporation of comprehensive HIV care and treatment into a subsidized primary health care program for the working poor operated by the private sector service provider, Diamond Health. Its primary service delivery site is the Katutura Medical Centre (KMC) in the formerly disadvantaged township of Katutura. In FY06, CAPACITY will leverage funding from the Netherlands to ensure quality of services by providing technical assistance to the Katutura Medical Center to operationalize quality assurance mechanisms, and enhance longitudinal patient monitoring and reporting systems to track ART adherence and follow-up. CAPACITY will also strengthen linkages with faith and community-based USG partner organizations to provide integrated ART services and support within the community, health facility, and home.

USG has also previously provided limited funding [redacted] and technical assistance that has leveraged private sector and other development partner funds (Netherlands – see above) to Diamond Health to develop a computerized HIV patient management system, to be made available at no cost to ART providers in Namibia (private and public) and is currently being piloted at private, FBO and public health facility sites. In FY06, CAPACITY will provide assistance to Diamond Health to further refine the system for clinic-based interventions, including addition of a module that generates automatic follow-up reminders, train new users, and support database maintenance. The system will also include the generation of periodic reports on approximately 2,000 private ART patients, including longitudinal analysis that will allow assessment of quality. In FY 06, training and software will be offered to all members of the Namibia HIV Clinicians' Society to help support quality service delivery in the private sector.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWAs receiving DOT to improve ARV compliance and adherence		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	3,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	7,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	635	☐

Indirect Targets

3,000 patients being treated in the private sector through the members of the Namibian Clinicians Society.

Target Populations:

Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.12: Program Planning Overview

Program Area: *Laboratory Infrastructure*
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

The USG laboratory support team continued its strong collaboration with the Namibia Institute of Pathology in FY05 to provide laboratory services in support of prevention, treatment, and care. The introduction of rapid testing in Namibia for the first time during FY05 was a major development. Namibia also agreed to allow non-laboratory personnel who are trained and under a quality assurance program to perform rapid testing. Rapid testing by non-laboratory personnel is extremely important to reaching targets due to the shortage of health professionals and the experience that ~50% of patients do not receive their results when EIA is used. There are now at least 20 VCT centers, hospitals, health centers, and clinics performing rapid testing whereas there were none in FY04. With the assistance of a USG-funded technical advisor on rapid testing, capacity was improved to support Namibia's rapid test rollout in terms of developing a standard training curriculum for testers, training trainers and testers; validation of dried blood spot testing for quality assurance; development of standard operating procedures for QA and testing facilities; preparation of quality controls and proficiency panels; preparation of starter kits to help launch new rapid testing sites; training of laboratory personnel in the districts to support rapid test sites and testers in their catchment area; support and preparation visits to all new testing sites; development of certification criteria for testers and test sites; and addition of a new QA medical technologist to the NIP. Lack of medical technologists and funds for quality assurance testing remain obstacles to rapid rollout. The Ministry adopted a cautious approach to the introduction of rapid testing and limited the number of sites in FY05, but this should accelerate significantly in FY06 based on the positive experience in FY05.

The arrival of a USG-funded laboratory scientist in mid-2005 to work with the NIP provided a major boost to the introduction of diagnostic DNA PCR testing. Validation of dried blood spot samples for diagnostic DNA PCR testing has since been completed with the NIP. A new diagnostic algorithm for early diagnosis in HIV-exposed and symptomatic young infants has been developed and rollout will be a major priority in FY06. The NIP, however, is a para-statal organization that charges a fee to the Ministry for laboratory testing because it receives no government subsidy and must generate sufficient revenue to meet all operating costs. Its initial test price exceeded what was budgeted, but negotiations are underway to lower the price as the volume of testing increases. The USG leverages resources with the Global Fund which also contributes to the cost of diagnostic PCR testing.

Because rapid testing and diagnostic PCR were more important priorities in FY05, no progress has yet been made with the introduction of surveillance for drug-resistant HIV. This is nonetheless a priority for FY06, though capacity limitations within NIP and the Ministry will remain challenges. The plan is still to perform a threshold survey at sentinel sites, which will be expanded once the threshold has been reached. Capacity will be developed for Namibians to complete viral RNA extraction and genetic sequencing at a laboratory outside of Namibia. Six Namibians who had science degrees from the University of Namibia left to be trained as medical technologists in South Africa in just two years and will return in December 2007 to take up positions in the NIP. Resources will also be leveraged with the Global Fund for the procurement of limited laboratory equipment.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4
Number of individuals trained in the provision of lab-related activities	74
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	350,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3858
Planned Funds:
Activity Narrative: This activity will cover the costs to perform genotypic HIV resistance testing at regional laboratories in southern Africa or at HHS/CDC in Atlanta on samples collected at sentinel surveillance sites. The purpose of this activity is to increase the capacity of Namibia to establish surveillance for drug-resistant HIV. Rather than attempt to introduce genetic sequencing at the Namibia Institute of Pathology (NIP) at this time, which is not feasible, linkages will be expanded with other established laboratories to perform sequencing while building the capacity of the MOHSS and NIP to set up surveillance protocols and procedures, process specimens and complete RNA extraction, ship specimens, analyze and interpret results, and make recommendations to strengthen surveillance and the national ART program.

Submission of samples to a private laboratory in South Africa is too costly, so collaboration with universities in South Africa, Botswana, HHS/CDC-Atlanta, and other options is under review.

The rapid scale up of provision of ART services in the country has placed a strain on the laboratory infrastructure and the capacity of the NIP to respond effectively. Consequently, the USG (see COMFORCE/Lab Infrastructure #3862) has recruited a laboratory scientist with a background in molecular HIV technologies to build capacity at NIP to perform diagnostic PCR testing and to help improve lab protocols and standard operating procedures. This scientist will facilitate protocol development, provide technical support, and help to link the NIP with established laboratories. More than 11,000 Namibians are now on ART in the public sector and the quality of ART prescribing practices in the private sector is often substandard, yet little is known about the extent of drug resistant HIV in Namibia. Access to resistance testing for surveillance and for capacity building within the NIP is therefore a priority.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	☐
Number of individuals trained in the provision of lab-related activities	4	☐

Indirect Targets

N/A

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Comforce
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3862
Planned Funds:	
Activity Narrative:	This activity will provide funding for one laboratory scientist placed at the Namibia Institute of Pathology (NIP) for the purposes of strengthening HIV diagnosis in young infants, introducing HIV incidence testing into routine antenatal surveillance, and to begin surveillance for drug-resistant HIV. It relates to the MoHSS/PMTCT Activity #3882. *In FY05, Comforce hired and placed a laboratory scientist at NIP as a technical advisor* to help develop and implement standard operating procedures to ensure quality services related to diagnostic PCR, CD4, HIV incidence testing, and resistance testing. During FY05, the diagnostic algorithm for pediatric diagnosis using PCR was developed and the use of dried blood spots (DBS) wasfield-tested. The emphasis during FY06 will be collaboration with the Ministry of Health and Social Services (MoHSS) PMTCT program to introduce diagnostic PCR beginning at high-burden sites for symptomatic infants and HIV-exposed infants at 6 weeks of age. Staff in the lab will be trained in PCR and health workers in dried blood spot collection. Also, following training in the BED incidence assay by CDC/HHS in October 2005, NIP will introduce HIV incidence testing with banked specimens when the next sentinel survey is conducted in 2006. Depending on the results of the first threshold survey of drug-resistant HIV, a second survey will also be conducted during FY06/FY07. This activity leverages resources with the Global Fund, the Bristol Meyers Squibb "Secure the Future" project in the Caprivi, which provides funding for PCR tests, and the MOHSS which provides financial support to the NIP to perform diagnostic PCR testing and other HIV-related laboratory services.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities	54	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Indirect Targets

N/A

Target Populations:

HIV positive infants (0-5 years)

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Namibia Institute of Pathology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3890
Planned Funds:	
Activity Narrative:	This activity, which contains 2 components, expands on activities implemented in FY05 and relates to MoHSS C&T(#3926), Potentia C&T(#3897), Potentia ART services(#3893), and TBD lab capacity building for TB, HIV, and malaria(#3899). NIP is responsible at the national level for provision of all HIV-related testing technologies for the public sector. The NIP charges health facilities for tests performed. The public sector now has approximately 11,000 patients on ART since starting in mid 2003 and is expected to reach 23,000 patients in FY06. This has placed enormous strain on the laboratory services with routine tests, the results of which are often delayed and of questionable quality, and has impeded the introduction of new and appropriate technologies. Though viral load testing is not a routine test in the Namibia ART program because of its high cost and feasibility, it is important for Namibia to introduce a modest level of viral load testing in order to improve detection of treatment failure and to better monitor program performance and effectiveness at sentinel sites (e.g., using an indicator of the percentage of patients with undetectable viral load levels at 6 months). (1) The first component of this activity will entail human resources for NIP. Capacity for viral load and PCR testing in terms of training, laboratory renovation, and equipment procurement was completed with USG support in FY04/05; however, a severe shortage of qualified medical technologists who can perform these tests remains. In FY06, funds will provide salary support for 3 medical technologist positions in the central NIP laboratory for diagnostic PCR, viral load, and rapid test quality assurance, and one logistician position to improve laboratory management.The medical technologist positions include: one NIP medical technologist to be continued in the viral load laboratory in Windhoek; a second new technologist who will be recruited from within the southern Africa region and assigned to the PCR laboratory to work with the USG laboratory scientist to process dried blood spot (DBS) specimens and train health workers in order to increase early access of HIV-infected infants to appropriate care and treatment; and continued support (from FY04 and FY05 funding) for a technologist who is responsible for building capacity of NIP for laboratory quality assurance, particularly with respect to supporting the nationwide roll-out of rapid HIV testing. In FY05, the USG supported the NIP in the provision of quality assurance of rapid HIV testing at 20 new HIV rapid testing sites (one MoHSS site in 6 of the 13 regions and all 14 New Start Counseling and Testing centers). The quality assurance program includes the provision of quality control samples, re-testing of 50 samples after start-up in order for the tester to become "certified", a 10% ELISA re-test 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, this technologist also participates in USG-supported training for health workers, lab technicians & community counselors in rapid testing, certification, and support. Additionally, up to 6 student scholarships will be continued for training of new technologists in Zimbabwe. NIP policy is for students to sign a bonding agreement for service to NIP upon completion of studies where they will work in an environment related to HIV/AIDS and Emergency Plan activities. (2) The second component of this activity will go towards capacity-building for diagnostic DNA PCR , viral load testing, and the introduction of the BED incidence assay through the purchase of equipment, supplies, and reagents and further improvement of standard operating procedures and protocols for QA.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Training	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	☐
Number of individuals trained in the provision of lab-related activities	8	☐

Indirect Targets

N/A

Target Populations:

Adults

People living with HIV/AIDS

Pregnant women

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 3899

Planned Funds:

Activity Narrative: This is a new activity for FY06. The USG plans to conduct an assessment of laboratory services provided by the Namibia Institute of Pathology (NIP) in early FY06 with FY05 funding. The assessment will include HIV/AIDS-related quality assurance procedures, diagnostics for opportunistic infections, including TB and malaria, CD4 testing, and bio-clinical monitoring for ART. This activity will support an action plan from the laboratory assessment to address problems identified through targeted technical assistance, training, logistical and information technology support, and quality assurance improvement. Possible US partners include the Association of Public Health Laboratories, American Society of Clinical Pathology, and Clinical Laboratory Standards Institute. The partner will be selected depending on the priorities that are identified during the laboratory assessment. This activity will not support equipment or reagent procurement which is included within the direct-funding mechanism to the NIP through the new Cooperative Agreement with the USG. See NIP/Lab Infrastructure #3890.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	☐
Number of individuals trained in the provision of lab-related activities		☑

Indirect Targets

N/A

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: MoD Treatment, Training, and Oversight RFP
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4490
Planned Funds:
Activity Narrative: If acceptable to the MoH and consistent with the national treatment program, the capacity of the two MOD/NDF laboratories to do HIV CD4 tests will be initiated through the training of military medical personnel. A DoD locally hired program manager will manage the DoD's funding for this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process.

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	☐
Number of individuals trained in the provision of lab-related activities	8	☐
Number of tests performed at USG-supported laboratories *during the reporting period:* 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

Namibia is committed to collect and use strategic information in support of the National Strategic Plan for HIV/AIDS and partner reporting needs. A unified national monitoring and evaluation (M&E) plan has been developed supporting national programmatic and indicator databases including MoHSS, USG, UNGASS, GFATM, and UNAIDS indicators.

USG TA supports the capture and utilization of high quality data to inform health programs and policy while leveraging resources from the Global Fund, the European Commission, and other partners. Information systems have been developed by MoHSS and New Start VCT Centers with USG support, and are being implemented to monitor PMTCT, ART, and VCT services. HIV and TB/HIV surveillance are also being supported with USG TA. The USG has also assisted costing of ART services and modeling of the epidemic. Staffing and training to build capacity is a key emphasis area as lack of human resources remains the most important SI barrier.

The MoHSS operates a facility based national health information system (HIS), which provides statistics on service utilization and impact for program M+E. In FY04, the USG supported establishment of the MOHSS PMTCT HIS that uses the same personnel and data flow as other HIS data. The PMTCT HIS was rolled out to all 34 health districts and captures standard data collected at ANC and maternity units. Similarly, in FY04 the USG supported the MoHSS to develop an automated patient-based ART HIS, which is currently operational at 9 sites supporting 75% of public ART patients and will be rolled out to the remaining sites during FY06. ART/PMTCT data is currently managed by the MoHSS officer in charge of facility-based data nation wide. USG plans for 2006 include leveraging HHS supported initiatives (HIVQUAL and L-STEP) for continuous quality improvement and data-based decision making. In addition, since 2004 the USG has supported the development of a pharmaceutical MIS (PMIS) to track usage and inventory of all HIV related commodities to enable efficient stocking and accurate forecasting. PMIS roll out to all ART facilities is planned by March, 2006.

The USG provides technical support to the new Directorate of Special Programs M&E and research unit that coordinates major surveys. National surveys are institutionalized with antenatal HIV sero-surveys conducted every two years since 1992 and the DHS was conducted in 1992 and 2000 (with an HIV/AIDS module). The next antenatal serosurvey for HIV will be conducted in FY06 with USG technical support and capacity will be developed at the NIP to carry out the BED incidence assay for the first time. Planning for the 2006 DHS and facility survey is also underway with USG support.

The Community-based Information System (CBIS) supports the overarching USG program by providing information on behavioral surveillance and network analysis to inform the development of materials, training curricula, and community action plans, as well as by providing feedback on the effects of programs and materials. The CBIS is designed to implement a cost-efficient system that is scientifically rigorous and provides easy-to-understand information for professionals and laypersons alike to use in their programs and daily lives. In addition, the system will facilitate the exchange of this critical information with PEPFAR and other development partners while contributing to the PEPFAR agenda through targeted evaluations and strengthening SI capacity in local partners and focal communities. The CBIS is composed of four key activities, all with integrated capacity building: 1) an individual/community level program monitoring system, 2) a community self-assessment feedback system, 3) targeted evaluations, and 4) dissemination activities. Implementation of all activities is through a locally owned and operated organization, Research Facilitation Services (RFS), with technical support from USG partners.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	757
Number of local organizations provided with technical assistance for strategic information activities	58

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3768
Planned Funds:
Activity Narrative: JHU plays a lead role in SI with USG/Namibia implementing partners' activities in Namibia. FY06 activities will continue and expand upon those started in prior years (FY 03-FY 05), and introduce several methodological changes as outlined below:

(1) Beginning in FY03, JHU conducted quantitative household and network surveys around MoHSS designated PMTCT and treatment sites and established and continues to maintain an information tracking system with data from these surveys. These surveys were conducted to establish baselines and for formative input for other USG implementing partners and mid-term surveys will be conducted in select areas at two year intervals, subsequent to baseline for monitoring and evaluation purposes. To date and with PMTCT Initiative and Emergency Plan funding over 400 people have been trained in data collection and interview techniques;10,800 people have been surveyed; and 15 baseline and 3 mid-term reports have been written and distributed to over 1,000 people including National and Regional levels, politicians, health workers and community leaders. Additionally, one national and 5 regional workshops have been held to disseminate the survey results for stakeholders, local implementing USG partners and regional and community government decision makers

In FY06, JHU will make three significant changes to the overall research design in order to introduce innovations and meet the objectives of providing scientifically rigorous and programmatically cost-effective strategic information that is streamlined to maximize efficiency. Specifically: (a) Baseline data will not be collected from all 34 MoHSS designated treatment roll-out sites because results to date in previously selected sites have not shown significant variation in key variables across sites. Instead, in FY06 only two more baseline household surveys and two more baseline network surveys will be conducted– one of each in, Khorixas, and Opuwo. These sites were chosen to maximize geographical and cultural diversity within the country. Baselines after FY06 will be added only if doing so will significantly enhance the geographical and cultural diversity not covered by existing data. (b) Mid-term evaluations will be performed at two year intervals in selected sites for each site where baselines have been conducted. For FY 06, these mid-term surveys will be conducted in Oshakati, Rundu, and Keetmanshoop. These sites were chosen to represent geographical and cultural diversity and to cover the regions with low, medium, and high levels of HIV prevalence. (c) In order to institute a research design that allows for greater confidence in making causal attributions, both the household and network surveys from FY06 onwards will comprise a longitudinal (i.e. panel) component nested within the existing survey data collection design. This marks a new feature of the strategic information design for Namibia in that it will be able to track the same individuals over a three-year period. Due to statistical needs and cost considerations, only half of the individuals interviewed will be followed up longitudinally between mid-term and follow-up assessments. The other half of the sample will remain cross-sectional samples, randomly selected at each point in time. Therefore, the outputs will include; 10 surveys conducted – 5 household surveys (2 baseline and 3 midterm) and 5 network surveys (2 baseline and 3 midterm), comprising a total of 3,600 individuals surveyed. One national and three regional dissemination workshops will be held.

(2) When required/requested by other USG partners, JHU has conducted assessments to gather specific HIV/AIDS data or to measure particular interventions. To date, three such assessments have been completed, namely the Trusted Partners Media Campaign, an attitudinal survey regarding counseling and one regarding marriage. Assessments for FY06 are yet to be determined with Emergency Plan partners.

(3) Over the past three years with USG funding, JHU has trained and built the capacity of a local research company, Research Facilitation Services (RFS), to plan, design, manage, and implement household and network surveys, as well as assessments for other USG implementing partners (e.g. measuring the impact of SMA's Trusted Partner media campaign). In FY06, JHU will continue to build the capacity of RFS by providing technical assistance to improve the overall methodology of the baseline surveys and to implement assessments that are yet to be determined by USG partners.

(4) Ministries, USG partners, RACOCs and CAFs have requested that JHU strengthen their capacity to use data being collected in the household and network surveys and assessments in their program planning and management. To meet this request, in FY06 JHU (in partnership with MoHSS, MIB, and other key stakeholders) will hold a series of 4 research utilization workshops. Each workshop will focus on a specific program area, e.g., OVC, VCT, etc., and feature analyses of survey information on the topic and how to apply the research findings to program planning. These workshops are also intended to strengthen multisectoral partnerships and to act as a feedback mechanism for participants to share success stories and lessons learned.

(5) JHU will continue to implement its internal monitoring and evaluation system in order to directly monitor the impact of JHU programs. For community mobilization activities, the system will continue to monitor the extent to which communities have taken ownership of HIV/AIDS prevention efforts and promotion of VCT, PMTCT and ART services.

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
Targeted evaluation	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	☐
Number of local organizations provided with technical assistance for strategic information activities	44	☐
Number of people reached through dissemination workshops	500	☐
Number of community members trained in the community participatory assessment tool		☑

Target Populations:

Adults

Community leaders

Community-based organizations

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Rational Pharmaceutical Management, Plus
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3771
Planned Funds:	
Activity Narrative:	In FY 06, RPM+ will provide technical assistance and support for the implementation of the MIS/M&E system developed in FY05 by the PMIS Taskforce. Activities in this area will result in improved quality of pharmaceutical management information and 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 in FY06 will include : 1)* Continued support for the implementation of the Pharmaceutical MIS and M&E systems 2) Development of a PMIS database with appropriate linkages to the Regional Pharmacists' offices and sites collecting data and the provision of hardware and software to support the PMIS 3) Continued TA and support for the development and implementation of a National ART Commodity Tracking and Monitoring System (ACTS) comprising of a national database, inventory tracking tool and ARV dispensing tools developed by RPM+ 4) Provide the required hardware and software to seventeen (17) treatment facilities to ensure affective linkages of the tracking tools and the office of the ARV Commodities Tracking System (ACTS) 5) Train 20 pharmaceutical personnel in use of the PMIS database.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications *Infrastructure*	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	☐
Number of local organizations provided with technical assistance for strategic information activities	4	☐
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MEASURE DHS
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3778
Planned Funds: [redacted]
Activity Narrative: During FY06 the USG program will provide technical assistance through ORC Macro to the MoHSS and other government partners in planning, coordination, implementation, data collection, data analysis and report writing for the 2006 Demographic and Health Survey. The USG will provide financial support for the AIDS module of the DHS, and will work with the MoHSS to leverage funds from the Global Fund and other development partners to cover the remaining costs. Implementation of the DHS will involve the training of at least 70 people in methodology and data collection.

An initial amount of [redacted] was obligated in the FY05 COP for funding for both a DHS and health facility survey, with the expectation that the balance of funding necessary for the DHS would be obligated from FY06 USG/Namibia funds. Technical committee meetings for the facility survey began in August 2005 and data collection is anticipated in February-March 2006. Implementation of the DHS was delayed and planning will begin in January 2006, with data collection anticipated to begin in July 2006. Results of the DHS will be available beginning in 2007.

Emphasis Areas	***% Of Effort***
AIS, DHS, BSS or other population survey	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3844
Planned Funds:
Activity Narrative: This activity continues USG FY05 funding to Comforce, relates to #3856, 3892, 3859, and 3879, and is to provide technical support to the Directorate of Special Programs, Ministry of Health and Social Services (MoHSS) for 2 Technical Advisors (TA) to Namibian counterparts who are in charge of Monitoring and Evaluation (M&E) and the Health Management Information System (HMIS) at the national level. The Directorate has national level responsibility for all aspects of TB, HIV/AIDS, and malaria.

The TA to the HMIS has helped to establish the current national HMIS for ART and PMTCT, and strengthening of the HMIS for CT in public health facilities is underway. The emphasis in FY06 will be to consolidate HMIS and to further train local on-site data clerks, data analysts, and programmers to expedite reporting, improve data quality, and strengthen local use of information and dissemination. The 13 regional and 34 district HMIS staff will be trained and supported as will 30 data clerks in Communicable Disease Clinics for ART. The protocol for HIV surveillance will also be strengthened, including the introduction of incidence measurement, and support will be provided to conduct the 2006 sentinel survey.

The TA to the M&E Unit will support the implementation of national-level surveys, including the Health Facility Survey and the HIV/AIDS component of the Demographic & Health Survey (DHS). The TA will also provide support to implementation of the Ministry's locally-developed multi-sectoral management information system that tracks progress with the implementation of the Medium Term HIV/AIDS Plan III (2004-2009). Discussions are underway to consider migration of this system to the UNAIDS Crisis Response Information System (CRIS). This unit is also responsible for reporting to the Global Fund and to the UN concerning UNGASS indicators and the WHO's 3x5 initiative.

This activity also leverages resources with the Global Fund to support the Health Facility Survey and DHS, with the European Commission support to the national M&E system, and with WHO support to Namibia's participation in the Health Metrics Network.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	51 - 100
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	133	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Indirect Targets

N/A

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: *HHS/Centers for Disease Control & Prevention*

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: *HVSI*

Program Area Code: 13

Activity ID: 3859

Planned Funds:

Activity Narrative: This activity is a continuation of FY04 and FY05 and also relates to #3844 and 3892.

The emphasis area for this activity will be to support the national Health Management Information System (HMIS) with funding for training of personnel in the collection, reporting, and analysis of routine patient data to monitor counseling and testing, PMTCT, TB/HIV, and ART services. In order to accomplish this, the USG will leverage resources with the Ministry of Health and Social Services to provide training for users of the HMIS in all Ministry and mission health facilities as well as in the 13 regional and 34 district HMIS offices. During FY06, USG will support four central trainings of 20 -25 persons to ensure that staff who are responsible for the data collection, analysis, and reporting will be proficient in the system. Funding will also be used in FY06 to print medical records and reporting forms for ART, PMTCT, and CT. CDC/HQ-based information technology/HMIS personnel will travel to Namibia to provide on-going technical assistance.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	83	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Indirect Targets

N/A

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: *Strategic Information*
Budget Code: *HVSI*
Program Area Code: 13
Activity ID: 3872
Planned Funds:
Activity Narrative: The emphasis area in this activity is monitoring, evaluation and reporting. One I-TECH staff member in Seattle (25% effort) will be supported to provide technical assistance for the Training Information Management System (TIMS) to collect, analyze and report on training data. This includes evaluation of the I-TECH-supported training program and training program monitoring for MoHSS. M&E activities will include evaluations of training courses, skills transfer, and job performance. These individuals and other I-TECH-supported staff will also provide training and technical assistance in M&E of training programs to 50 MoHSS and UNAM staff.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Proposed staff for SI	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐
Number of local organizations provided with technical assistance for strategic information activities	2	☐

Indirect Targets

N/A

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: *Ministry of Health and Social Services, Namibia*
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3879
Planned Funds:
Activity Narrative: This is a new activity for FY06 and relates to #3892 where Potentia will hire a coordinator for the project on Longitudinal Surveillance for Treatment under the Emergency Plan (L-Step). Collecting and analyzing information on the same individuals over time is absolutely essential to monitor outcomes such as program retention and reasons for loss, regimen adherence and change, change in health status, and HIV drug resistance. L-Step will establish a system of longitudinal surveillance of a sample of adults and children on ARV therapy at treatment sites receiving Emergency Plan support, in order to provide the country with standardized cohort information on treatment retention, drop-out, and death, regimen adherence and change, change in health status indicators like weight and function status, co-infection with active TB, receipt of a basic package of HIV care services, and development of HIV drug resistance.

These funds will be used by the MoHSS to fund an organization, eg UNAM, to conduct data collection. The program will be managed in-country by a project coordinator and field worker, implemented through teams of data abstractors and interviewers placed at a sample of USG funded treatment facilities throughout the country. The field worker will assist in the extraction of additional information from patient records and/or interview. This will supplement CDC's ongoing work with an HMIS advisor, M&E advisor and clerks in the field. There is a current foundation of patient records, an epidemiological database, computer infrastructure, and finances available to train staff.

Emphasis Areas	% Of Effort
Proposed staff for SI	51 - 100
HIV Surveillance Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	36	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Potentia Namibia Recruitment Consultancy
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: *13*
Activity ID: 3892
Planned Funds:
Activity Narrative: This activity is an expansion of FY04 and FY05 and relates to #3879, 3844, and 3872. Potentia, a private-sector Namibian personnel agency, has had a partnership with the USG since FY04, when Potentia was first funded as a local sub-partner through a Task Order with FHI in order to more rapidly deploy urgently needed staff. However, in September 2005 following successful completion of an openly competitive USG procurement process, Potentia was awarded a new Cooperative Agreement and will receive direct funding from FY05 onward. FHI funding for this activity ends November 2005.

(1) An extremely important component of this activity is to provide data clerks at public hospital clinics to manage the HMIS for ART at the facility level. Individual patient files are opened on each patient who is evaluated for ART. They also perform data entry into the USG-supported Epi Info computerized HMIS for ART that has been adopted by the MoHSS as its national system. Data clerks take the lead in completing the site's monthly ART reporting form which is forwarded from the district to the regional and national levels. Data analysts will also be funded to assist at the national level with data processing and user support to the data clerks. USG-supported data clerks and analysts have been central to Namibia's successful ART/care reporting to date to the national level, which in turn reports to PEPFAR, the UN, WHO's 3x5 initiative, and to the Global Fund.

Both HHS/CDC and the Ministry participate in the selection process of data clerks and analysts who are then trained and provided with field support by HHS/CDC and the Ministry through USG funding. In FY05, two data analysts were assigned to the head office of the HMIS in Windhoek and 10 data clerks were assigned to the Communicable Disease Clinics for care/ART at the following hospitals: Keetmanshoop, Walvis Bay, Katutura, Windhoek Central, Otjiwarongo, Grootfontein, Oshakati, Outapi, Engela, and Rundu. In FY06, Potentia will be funded to contract a total of 30 data clerks to be assigned to Communicable Disease Clinics and two data analysts to facilitate data management at the national level.

(2) This is a new activity for FY06 and relates to the project on Longitudinal Surveillance for Treatment under the Emergency Plan (L-Step). This activity will hire a project coordinator for L-Step in Namibia. Collecting and analyzing information on the same individuals over time is absolutely essential to monitor outcomes such as program retention and reasons for loss, regimen adherence and change, change in health status, and HIV drug resistance. L-Step will establish a system of longitudinal surveillance of a sample of adults and children on ARV therapy at treatment sites receiving Emergency Plan support, in order to provide the country with standardized cohort information on treatment retention, drop-out, and death, regimen adherence and change, change in health status indicators like weight and function status, co-infection with active TB, receipt of a basic package of HIV care services, and development of HIV drug resistance. The L-STEP program will be managed in-country by a project coordinator and field worker, implemented through teams of data abstractors and interviewers placed at a sample of USG funded treatment facilities throughout the country. The project coordinator will oversee the program's goals and objectives, and direct project activities. This will supplement CDC's ongoing work with an HMIS advisor, M&E advisor and clerks in the field. There is a current foundation of patient records, an epidemiological database, computer infrastructure, and finances available to train staff.

(3) This activity will also fund a part-time M&E Assistant for ITECH to peform data entry and generate reports on training from the Training Information Management System (TIMS).

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Proposed staff for SI	51 - 100
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Indirect Targets

N/A

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MEASURE/Evaluation
Prime Partner: University of North Carolina Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4369
Planned Funds:
Activity Narrative: In FY06 Measure Evaluation will provide technical assistance to USG/Namibia, in particular the USG/Strategic Information team, to strengthen coordination and reporting under the growing Emergency Plan program. An initial planning visit will take place in October 2005 to begin work on the Namibia 5 Year Strategic Information Strategy using central funding already obligated from O/GAC to Measure Evaluation in FY05. The funds requested above will be used to continue this technical assistance over the next fiscal year to meet longer term planning and TA needs. It is proposed that technical assistance be provided to: support in the early phases of DHS planning and coordination until the arrival of the M&E officer who will be seconded to the Namibia Directorate of Special Programs Response Monitoring and Evaluation Unit through CDC; assist with research design and implementation for an evaluation of community mobilization activities; explore opportunities/methodologies for ensuring service quality at USG-supported VCT/PMTCT/ART sites; identify SI training needs; and develop a targeted evaluation plan with timeline and budget.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	5	☐
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
USG in-country staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MoD Treatment, Training, and Oversight RFP
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: *Strategic Information*
Budget Code: HVSI
Program Area Code: I3
Activity ID: 4493
Planned Funds:
Activity Narrative: Five MoD individuals will be trained on how to capture MAPP prevention and C+T statistics and how to monitor military members enrolled in the ARV/PMTCT programs. In this way, defaulting in cases of both ARV and TB will decline and the capacity of the MOD/NDF to manage the epidemic will increase. Computer systems will be procured as necessary to ensure important strategic data is collected and archived. A DoD locally hired program manager will manage the funding for this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process.

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Target Populations:

Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: TBD
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5827
Planned Funds:
Activity Narrative: Funding is requested for support for the Namibia Strategic Information Liaison to strengthen coordination and reporting among USG partners under the Emergency Plan. Support will include preparation of semi-annual and annual program results, country operational plans, tracking of partner activities, coordination with the GRN and fulfillment of GRN reporting requirements.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of people reached through dissemination workshops		☑
Number of community members trained in the community participatory assessment tool		☑

Indirect Targets

N/A

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

The MoHSS is currently in its third National Strategic Plan on HIV/AIDS for 2004-2009 (Medium Term Plan III [MTP III]). The USG supportive intervention component is designed in support of MTPIII, including the following subcomponents: 1.3 Policy and Law Reform; 3.1 Access to treatment, Care and Support (3.1.2), to support expanded treatment, care and support programs; and 5.1 Developing HIV/AIDS Management Capacity including Institutional Capacity.

The MoHSS's Directorate of Special Programs, which oversees HIV/AIDS activities, has limited human and financial capacity, which hampers its ability to coordinate and provide oversight to national programs and development partners. The USG supports capacity building in the new Directorate, contracting staff to fill key positions, and providing infrastructure support. During FY05, the USG provided the Directorate with technical advisors in ART, PMTCT, CT, rapid testing, HMIS, and surveillance and provided a laboratory scientist advisor to the Namibia Institute of Pathology to support molecular technologies. During FY06, technical advisors for strategic information, STI/HIV, and quality assurance will be added and modest renovations will be completed to accommodate additional staff in the Directorate. The GRN notes that sustainability in terms of human resource capacity and some program costs will require more than five years to achieve. The GRN, to address this, is increasing its leadership, management, technical, and monitoring and evaluation capability, enhancing fund-raising capabilities of FBOs/NGOs, building their financial, administrative, and technical expertise and positioning them to absorb development funds directly and providing technical assistance and support to the private sector.

The GRN took HIV/AIDS into account in planning staffing in the health sector taking and the MoHSS has recently developed a "Ten Year Strategic Human Resource Plan 2003-2012". The USG is supporting the MoHSS in estimating staffing requirements for ART, and ongoing assessment (e.g., through health facility surveys) will be required. 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 can't be trained in-country. Most doctors, pharmacists, and laboratory technologists are foreigners temporarily working in Namibia. Support will be continued in FY06 for scholarships to Namibian students to train as doctors, nurses, pharmacists, and medical technologists. Only a small pool of trained Namibian technical and managerial staff exists. Strong 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's Training and Employment Creation also has a very limited number of scholarships for external training that falls well short of national demand for these professions.

While NGOs and FBOs have increased their capacity locally in recent years, these organizations still face a lack of experience and expertise. With support from the USG, over 35 indigenous organizations have received technical assistance, training, and targeted capacity-building over the past five years, especially around issues of needs-identification, program planning and evaluation, financial controls and issues of treatment literacy related to ARV and PMTCT.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	47
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	123
Number of individuals trained in HIV-related policy development	137
Number of individuals trained in HIV-related institutional capacity building	610
Number of individuals trained in HIV-related stigma and discrimination reduction	1,985
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	3,108

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Rational Pharmaceutical Management, Plus
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3770
Planned Funds:
Activity Narrative: In FY06 support will be provided to the Medicines Control Council (MCC) for the implementation of revised medicines registration systems and for the review and development of inspection guidelines for good manufacturing procedures (GMP) evaluations of manufacturing facilities, approaches for monitoring importation of medicines at ports of entry, and post market surveillance systems to assure the quality of medicines, especially HIV/AIDS related pharmaceuticals imported for use in Namibia. In collaboration with ITECH, RPM+ will provide technical assistance and support to the Pharmacist Assistant training by supporting a Pharmacists' Assistants Training Program Coordinator. This position is part of the 10 pharmacists stipulated by a RPM+ MOU with MoHSS.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3860
Planned Funds:	
Activity Narrative:	This activity is a continuation of FY05 activities. Since it includes partial support for the HHS/CDC Country Director and Deputy Director, Programs, this activity relates relates directly to all HHS/CDC activities and to all USG activities as part of the PEPFAR team in Namibia. *In late 2002, the Global AIDS Program of HHS/CDC began its collaboration with* Namibia by opening an office in the Directorate of Special Programs (TB, HIV/AIDS, and malaria), Ministry of Health and Social Services (MoHSS) to provide technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART/care services. The Country Director's time has been mostly spent assisting the Deputy Director, Health Services (TB, HIV/AIDS, and malaria), Directorate of Special Progams, with the development of national technical policies and guidelines, strategic planning for the rollout of new services, workplans for the Directorate, and field guidance and support. To date, the Directorate has been supported to: develop ART, PMTCT, and TB/HIV guidelines and a national rollout plan for these services, guidelines for the selection of community counselors to provide CT in the clinical setting, a rapid HIV testing policy, the HMIS for PMTCT and ART; conduct HIV sentinel surveillance; and complete support visits to all ART sites. The emphasis during FY06 will include updating the ART guidelines, strengthening the ARV regimen for PMTCT, integration of services, strengthening palliative care and pediatric treatment, introducing the incidence assay into HIV sentinel surveillance and surveillance for drug-resistant HIV, accelerating the rollout of rapid HIV testing and *community counselors, and further leveraging of resources with the Global Fund.* FY06 funds will support the addition of a new Deputy Director for Programs (USG direct-hire) who will spend most of her/his time working in the Directorate to establish and roll out guidelines and policies and provide field support.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Indirect Targets

N/A

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3869
Planned Funds:
Activity Narrative: The emphasis areas in this activity are human resources and local organization capacity building. This links with #3860, 3895, 3871, 3841, 3876, 3870, 3868, and 3872. Funding will cover:

(1) Assignment and salary support of a Technical Advisor to the MoHSS Division of Planning, Policy, and Human Resource Development to assist with policy development, human resource forecasting, training strategies, and strategic planning--including the integration of externally funded health professionals, such as I-TECH funded tutors, into the MoHSS infrastructure. This person will also explore the expansion of nursing scope of practice to include greater responsibility in HIV and TB care & treatment.

(2) Support costs for the UNAM, HRD, and curriculum development advisors are also included. Professional development for UNAM, NHTCT, and ITECH tutors/trainers in terms of local training and retreats for strategic planning and updates is also included.

Total I-TECH administration costs are distributed equally across the 6 program areas that I-TECH supports (i.e., 1/6 PMTCT, 1/6 BHCS, 1/6 C&T, 1/6 TB/HIV, 1/6 ARV services, 1/6 Other Policy).

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Indirect Targets

N/A

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3874
Planned Funds:	[redacted]
Activity Narrative:	This activity is a continuation of FY05 for limited scholarships to train Namibian students to become health professionals. This activity relates to NIP/lab infrastructure (#3890) where [redacted] is provided for 6 medical technologists to be trained in South Africa. Without question, inadequate human resource capacity is the leading obstacle to the development and sustainability of HIV/AIDS-related health services in Namibia. As of August 2005, the vacancy rate in government positions in the Ministry of Health and Social Services (MOHSS) was 40% for doctors, 58% for pharmacists, 48% for social workers, and 25% for enrolled and registered nurses. Doctors, pharmacists, and medical technologists cannot be trained in Namibia due to the lack of a medical school and other training institutions. To fill urgently needed nursing positions, this will support MOHSS plans to increase the output of enrolled nurses from the National Health Training Center, who can be trained in two years instead of four years for registered nurses at the University of Namibia. A total of 194 doctors, pharmacists, nurses, and social workers will be trained. Students are bonded to serve the MOHSS upon completion of studies and will work in an area related to HIV/AIDS.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑
Number of health care workers trained in interpersonal communications		☑
Number of TBAs and traditional healers trained in interpersonal communications		☑
Number of scholarships for Namibian student doctors, nurses, pharmacists, and social workers	200	☐

Indirect Targets

N/A

Target Populations:

University students (Parent: Children and youth (non-OVC))

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3895
Planned Funds:	
Activity Narrative:	This relates to #3876, 3871, 3868, 3841, 3870, 3872, and 3866. The bulk of this support is provided to the National Health Training Center (NHTC) and its regional centers (RHTCs).This is a new activity for FY06 to fund Potentia directly for tutors instead of funding Potentia through ITECH in FY04 and FY05 to save on administrative fees. The transition to direct funding to Potentia will provide a savings of ~$150,000 in FY06 due to the absence of ITECH's administrative fees. This activity provides supplemental tutors to the Ministry of Health and Social Services (MoHSS) and lecturers to the University of Namibia through Potentia, a private-sector Namibian personnel agency. The MoHSS National Health Training Center (NHTC) in Windhoek and the 5 Regional Health Training Centers (RHTC) are responsible for all HIV/AIDS related in-service training of health workers and training of new enrolled nurses and pharmacy assistants. The partnership with Potentia began in FY04, when Potentia was funded as a local sub-partner through a HHS/CDC Task Order with FHI in order to more rapidly deploy urgently needed staff. However, in September 2005 following successful completion of an openly competitive USG procurement process, Potentia was awarded a new Cooperative Agreement and will receive direct funding from FY05 onward. FHI funding for this activity ends November 2005. (1) Salary support for 20 current tutors stationed at NHTC and the 4 RHTCs and 4 additional hires to staff new training centers in Swakopmund/Walvis Bay and Caprivi. I-TECH staff will provide them with training in adult learning methods, train them to teach each curriculum, and provide ongoing professional development. 14 tutors will support the NHTC in-service training program, providing training on PMTCT, VCT, RT and IMAI, and 10 tutors will support the Pre-Service training program for enrolled nurses at NHTC. The goals of I-TECH support to the pre-service program are to increase the number of enrolled nurses by upgrading auxiliary nurses and to integrate HIV/AIDS content into the pre-service curriculum. Enrolled nurses can be trained in 2 years compared with 4 years for registered nurses. (2) Hiring and salary support for 5 digital video conference (DVC) assistants—to replace the Crisis Corps Volunteers who were assigned to RHTCs in 2005 to facilitate DVC operationalization. DVC is used to disseminate information, conduct meetings, and augment training across this vast country. (3) Hiring and salary support for a DVC Coordinator, to be assigned to NHTC. The DVC program also provides training opportunities such as HIV case conferences, lectures on OIs and HIV co-morbidities, and video demonstrations of HIV counseling sessions. (4) Continued salary support of a Technical Advisor to the University of Namibia (UNAM) during March-August 2006, to assist the nursing program to integrate HIV into its content at all levels. Funding for 3 nursing lecturers at UNAM will also continue to strengthen HIV/AIDS integration into pre-service training. (5) Hiring and salary support for two new field office staff members: a Curriculum Development Manager who will coordinate the revision and/or completion and approval of all 9 major curricula as well as media products and a Physician Training Manager who will work with local doctors and the clinical mentors to build a cadre of physicians who can provide training and/or mentoring in ART, TB, OI and pediatric ART.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑
Number of health care workers trained in interpersonal communications		☑
Number of TBAs and traditional healers trained in interpersonal communications		☑
Number of scholarships for Namibian student doctors, nurses, pharmacists, and social workers		☑

Indirect Targets

NA/

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
Teachers (Parent: Host country government workers)
University students (Parent: Children and youth (non-OVC))
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4338
Planned Funds:
Activity Narrative: JHU will implement 2 components under this program area:

(1) Community Mobilization:
In FY06, JHU will expand its on-going activities in community mobilization through Community Action Forums (CAFs). A CAF is a group of community members who perform a coordinating and advocacy role by initiating community mobilization activities (CMA) that address HIV/AIDS problems and their underlying factors in their community. By end of FY05, JHU will have supported 15 CAFs to organize and develop action plans, and initiate structured community BCC interventions. (See A/B project # 4048). As part of the action planning process, JHU has trained CAFs to conduct community participatory assessments to identify priority issues. These assessments have proven a key element of CMA, acting as a catalyst to community ownership of its HIV/AIDS problem and leading to the development of action plans that are then implemented by CAFs in partnership with other community partners and/or USG FBO/NGO partners. The assessment is also a key community advocacy activity for the uptake of VCT, PMTCT and ART services. The methodology involves a series of community meetings with opinion leaders, regional governors and municipal governments to generate commitment to the activity.

In FY06, JHU will perform assessments in Opuwo, Khorixas and Luderitz; an additional 3 CAFs will be established, bringing the total number of CAFs to 17, providing strategic geographic/cultural diversity coverage. JHU technical support to CAFs is expected to lead to: 159 community meetings; 2903 community leaders sensitized; 54 peer educators trained; 3 assessment reports produced & disseminated; 252 CAF members from existing and newly established CAFs trained in VCT, PMTCT and ART advocacy and communications; completion of 168 HIV/AIDS awareness activities; and outreach to 8500 community members. FY06 training and support to the CAFs will increasingly emphasize their role in promoting and linking community members to HIV-related health/social services, and in addressing treatment literacy and adherence. (See description for project #3765 under Treatment: ARV Services). JHU will continue to provide training to CAFs in mobilization, monitoring and evaluation, and will sponsor an annual meeting of CAFs for members to share experiences.

JHU will continue development and implementation of the Community Action Pack, a packet of resource materials designed to be used by CAF members and USG partners. In FY06 additional materials will be developed. The Pack will include a community how to implement guide, suggested list of small, achievable activities, posters, etc. Over time, new elements will be added to the Pack, such as a Community Action Newsletter. Packs will also be made available to other NGO partners. TOT utilization training will also be provided.

(2) Human Resource Capacity Development and Network Strengthening
Results from JHU's household and network surveys conducted in 11 communities throughout Namibia indicate the need for interventions that improve the quality of health care services as well as health care workers' HIV/AIDS knowledge and counseling skills. JHU in collaboration with the Ministry of Health and Social Services (MoHSS), Lifeline/Childline, and I-TECH is addressing this issue by training health care workers and community counselors in interpersonal communication (IPC) skills. Based on the success of JHU's IPC training in the faith-based Hospitals, MoHSS Nursing Services requested JHU to train nurses in IPC in government hospitals. Lifeline/Childline also requested JHU's assistance with its 12-week training of community counselors by providing the IPC component of this training. The IPC training package includes trainers' and participants' manuals and job aides. By end

FY05, JHU will have trained 30 trainers, 624 health care workers, and 200 community counselors in IPC.

In FY06, JHU will focus on 3 key activities to take this training to scale:
(a) Standardization and institutionalization of the core IPC curricula and trainings in the MoHSS. To increase efficiency, JHU will work with the MoHSS, Lifeline/Childline, I-TECH and other USG partners to develop a standard training curriculum and job aides for community counselors. Currently there is no one curriculum for community counselors. Similarly, JHU will continue to assist with incorporating IPC into the pre-nursing and in-service training curricula for nurses. This activity links to I-TECH project number# and Lifeline/Childline project #)

(b) Technical assistance to MoHSS with 7 TOTs (total of 70 trained) and revisions/additions to the training materials (resulting in 300 nurses receiving IPC training). JHU will also work with Nursing Services and Lifeline/Childline to incorporate burn-out issues and build peer support structures for nurses and counselors to provide on-going stress support.

(c) Improving links between health facilities and the communities. These activities link with ARV Serices, project #3765.

Traditional birth attendants (TBAs) and traditional healers (THs) have been a neglected group with regard to training and referral systems on VCT, PMTCT and ART. In collaboration with the Namibian Traditional Healers Association (NTHA), JHU will assess the needs and skill sets of THs and TBAs and will then adapt JHU's IPC curriculum accordingly. It is envisioned that IPC training for these audiences will focus on the basic facts of HIV/AIDS, VCT, PMTCT and ART as well as emphasizing the importance of referrals to health care facilities and other HIV/AIDS related services in the community. Through this intervention, these community resource people will be sensitized to their role in preventing the spread of HIV/AIDS and promoting services. The JHU Regional Coordinators and CAF members training will be carried out for 250 TH and 250 TBAs in 5 CMA sites – training 500 people in total.

JHU will also work with the community health facilities and CAFs to engage in dialogue between health providers and the community after providers have participated in IPC training. This would include organizing 20 community events at which the health providers would be publicly recognized for having successfully completed the IPC training, and where they would make a "pledge" to improve quality of communication with clients. This type of approach has been used successfully in other fields with demonstrated impact on the morale of nurses. The community recognition approach also raises the expectations of the public with regard to how they should be treated at the facility.

A previously planned KAP study with the newly inducted cohort of Namibian Parliamentarians (National Assembly and National Council) will seek to ascertain the attitudes and levels of knowledge around HIV/AIDS in general and the specific levels of information required by legislators to address the issue at policy and legislative level, as well as in their representative capacity and outreach roles. The survey findings will form the foundation of an Action Plan to provide the appropriate and relevant technical assistance (e.g. training of key Parliamentarians, Parliamentary staff, committees, and the production of suitable information materials) to Parliamentarians by JHU, to ensure quality of training, accuracy of information and consistency of approach. As this activity will also form an important component of the USAID/Namibia DG program and will be dove-tailed into the overall technical assistance provided to lawmakers, the planning and execution of the activity will be conducted in close collaboration with existing implementing partners, including the Namibia Institute for Democracy and the recently established Namibian Democracy Support Centre and costs to cover the envisaged follow-up activities will be shared.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	22	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	255	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	255	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	755	☐
Number of health care workers trained in interpersonal communications	300	☐
Number of TBAs and traditional healers trained in interpersonal communications	500	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Nurses (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Volunteers
Community Action Forum members
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: *MoD Treatment, Training, and Oversight RFP*
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4495
Planned Funds:
Activity Narrative: The DoD will provide technical assistance to the Ministry of Defense to develop and implement a comprehensive HIV management policy. 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. A DoD locally hired program manager will manage the DoD funding for this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	4	☐
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and *discrimination reduction*		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Policy makers (Parent: Host country government workers)
Host country government workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4728
Planned Funds:	

Activity Narrative:

1. A small grants fund will be made available to PCVs who apply, with their communities and counterparts, for small grants to support community-based initiatives on HIV/AIDS prevention, care, and capacity building. These small grants will follow the guidelines that are established for the Small Project Assistance (SPA) fund that has worked so successfully whereby USAID funds are used for PCV-supported activities in communities. As with SPA funding, planning, implementation, and counterpart funding will be required of the community for eligibility. Grant results will be reported semi-annually consistent with COP reporting requirements.

2. Peace Corps Volunteer Leaders (PCVL) for HIV/AIDS (2). One PCVL will continue to be assigned on a 1-year basis in the northern region at the Peace Corps office in Ondangwa to support Volunteers, all of whom are engaged in one way or another in the fight against HIV/AIDS. An additional PCVL will be placed in the south to similarly support the Volunteers working in that region of the country. These third-year Volunteers will also provide specific support to Volunteers on an ongoing basis for their work with HIV/AIDS programs, including work with PLWHA and peer counseling and support to both Volunteers and their counterparts for accessing resources, sharing lessons, and coping with the circumstances of their work. In both cases, PC/N will provide the necessary furnished accommodations and other infrastructure related to security and communication (including telephone lines, cell phone usage, security upgrades, high frequency radio).

3. Language materials development. The first language of most Namibians is either a Bantu language, which would include Owambo, Kavango, Herero and Caprivian languages; or a Khoisan language, including Khoikhoi (Damara/Nama) and San dialects. Namibia is challenged by the fact that few resources have been developed to facilitate language acquisition for non-native speakers. As professionals within the HIV/AIDS field become more mobile and migrate with the demand for their services, language will be more critical for effective communication and program implementation. Peace Corps has struggled with the reality that materials are scarce or non-existent in the country to train the majority of their 100+ PCVs in the local languages. Thus, support is needed for HIV/AIDS related language materials development, production and dissemination strategies to support the work of volunteers and their communities in the area of HIV/AIDS prevention. These materials not only will benefit the effectiveness of Volunteers, they will increase the cultural competency and effectiveness of any individuals working with local communities.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	40	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	80	☐
Number of individuals trained in HIV-related policy development	80	☐
Number of individuals trained in HIV-related institutional capacity building	100	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	1,600	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,600	☐
Number of health care workers trained in interpersonal communications		☑
Number of TBAs and traditional healers trained in interpersonal communications		☑

Indirect Targets

N/A

Target Populations:

Adults

Community leaders

Faith-based organizations

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4733
Planned Funds:
Activity Narrative: The USG goal of building institutional capacity in Namibia is to increase the effectiveness and capacity of indigenous partners to achieve expanded and quality services while managing their own financial and human resources. In FY06, FHI will work with approximately 20 local non-governmental, faith-based, and community based partners on two important levels: improving organizational effectiveness and strengthening technical capacity for implementation of prevention, care and support activities. FHI will conduct initial organizational assessments by analyzing key areas of risk in organizational management including finance and strategic planning. FHI will subsequently work with each partner to develop a tailored plan that institutes a phased capacity building agenda based upon the organization's strengths and weaknesses. FHI will conduct start-up workshops that address initial administrative matters for all grantees, and provide comprehensive M&E training for partners to manage, implement, and strengthen their own programs. The training and capacity building will vary according to the risks identified in the initial assessments, but partners will benefit from participatory workshops that strategically link organizations through learning networks around focal areas. FHI will strengthen many of the foundational areas of organizational effectiveness including basic USG Emergency Plan Guidance and Reporting, M&E, Financial Accountability, Program Management and Planning, and Quality Assurance. As appropriate, FHI will access and support the provision of technical assistance from selected regional and international partners for local partners to support them in expanding their technical capacity. The vision is eventually to graduate partners from managed program support to direct funding over time by improving their capacity to function independently as an organization. In addition, individual partner activities under this program area:

Policy and Law Reform: The AIDS Law Unit (ALU) of the Legal Assistance Center seeks to establish a legal and social environment that encourages openness about HIV status, ensures the equitable implementation of relevant laws and policies, supports the adoption and implementation of appropriate workplace policies on HIV/AIDS, and encourages access for PLWHA without discrimination to employment, adequate health-care, entitlement services, education, insurance and other benefits. In 2006, ALU will develop workplace policies for at least 5 workplaces; and train 20 individuals on policy, and 80 in advocacy, stigma and discrimination, and access to benefits. At least 8,000 people will be reached through awareness seminars on stigma and discrimination and another 10,000 through print media and materials on rights and benefits. Trainings and seminars will be conducted in one day cycles in conjunction with workshops run by its parent organization, the Legal Assistance Center (LAC), at least one per region, using new and previously developed materials on stigma and discrimination, will-writing, national law and policy and treatment literacy.

Youth: FHI will continue the support for the production of the nationally-distributed Youth Paper, which is included as an insert in the largest daily newspaper. It addresses a wide range of health issues affecting young people, ranging from HIV prevention, OVC issues, and information on where to obtain HIV related care, support, and treatment information and services. An estimated 100,000 in and out of school youth will be reached in 2006 through the Youth Paper. This is double the estimated number reached in 2005 due to the increase in distribution of daily newspaper copies (from 16,000 to 20,000) and distribution of multiple copies of the newspaper to school libraries. Note: Audience research conducted in the recent past indicated that each newspaper is read by an average of 5 people.

Community outreach: Two of the largest FBOs (ELCIN, ELCAP) implement community outreach programs in their respective communities to promote HIV

prevention, voluntary counseling and testing, and care and treatment services (including PMTCT, ART, treatment of opportunistic infections and STIs). The strategy is to sensitize community leaders (particularly church and traditional leaders) to address stigma associated with HIV and AIDS by the adaptation of community-specific communication strategies to improve health-seeking behaviors. This program is conducted in conjunction with the JHU community mobilization and CAF activities. Each faith-based organization will continue to build on its referral and support mechanisms between health facilities and other community stakeholders by setting up two-way referral and support systems for care, support and treatment adherence. Their community mobilization and outreach programs will reach the following community members: ELCAP 4,000 and ELCIN 10,000. To achieve this goal, they will train 100 each in treatment-literacy.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	4	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	☐
Number of individuals trained in HIV-related policy development	20	☐
Number of individuals trained in HIV-related institutional capacity building	90	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	40	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	400	☐
Number of health care workers trained in interpersonal communications		☑
Number of TBAs and traditional healers trained in interpersonal communications		☑
Number of scholarships for Namibian student doctors, nurses, pharmacists, and social workers		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Factory workers (Parent: Business community/private sector)

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Seafarers/port and dock workers (Parent: Most at risk populations)

Migrants/migrant workers (Parent: Mobile populations)

Religious leaders

Key Legislative Issues

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 rights

Stigma and discrimination

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	The Capacity Project
Prime Partner:	IntraHealth International, Inc
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4738
Planned Funds:	
Activity Narrative:	In FY06, CAPACITY will work with Lifeline Childline to improve the quality of their counseling; training and community outreach activities and continue expansion of outreach and access to rural communities. CAPACITY will improve internal workforce policies and planning, provide clinical technical expertise and training, and strengthen systems to improve counseling performance, training and management. CAPACITY will also support Lifeline Childline to improve linkages and referrals to care and treatment service partners, and ensure implementation of routine monitoring and reporting systems. In support of its prevention and counseling programs, Lifeline/Childline implements community outreach programs and conducts community meetings in villages, schools, churches, and through community radio stations leveraging resources from the Namibia Broadcasting Corporation (NBC), a GRN parastatal, -- in the Kavango, Ohangwena, Oshana East and Oshikoto West Regions. Community outreach is significantly increasing uptake of basic counseling services for HIV prevention, rape, and grief counseling, which in turn, has led to increased uptake of related services such as VCT, PMTCT and ART. In FY 05, at the six counseling points where LL/CL works in the 4 regions referenced above, the number of counseling clients increased from about 35 per week to 600 people per month, for an increase of about 400%. The LL/CL community outreach programs have a strong focus on reduction of stigma, voluntary counseling and testing, treatment literacy, positive living, and nutrition. In FY06, this program will reach an estimated 7,000 additional people through 100 trained and retrained staff and volunteers. Community outreach: CAA implements community outreach programs in their respective communities to promote HIV prevention, voluntary counseling and testing, and care and treatment services (including PMTCT, ART, treatment of opportunistic infections and STIs). The strategy is to sensitize community leaders (particularly church and traditional leaders) to address stigma associated with HIV and AIDS by the adaptation of community-specific communication strategies to improve health-seeking behaviors. This program is conducted in conjunction with the JHU community mobilization and CAF activities. CAA will continue to build on its referral and support mechanisms between health facilities and other community stakeholders by setting up two-way referral and support systems for care, support and treatment adherence. Their community mobilization and outreach programs will reach 13,000 community members and 100 will be trained in treatment-literacy.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	*10 - 50*
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	*51 - 100*
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	2	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related policy development	2	☐
Number of individuals trained in HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	40	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	☐
Number of health care workers trained in interpersonal communications		☑
Number of TBAs and traditional healers trained in interpersonal communications		☑
Number of scholarships for Namibian student doctors, nurses, pharmacists, and social workers		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Factory workers (Parent: Business community/private sector)

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Seafarers/port and dock workers (Parent: Most at risk populations)

Migrants/migrant workers (Parent: Mobile populations)

Religious leaders

Key Legislative Issues

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 rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4744
Planned Funds:
Activity Narrative: The Department of State will implement three projects in this area. The Ambassador's HIV/AIDS Self Help Program will directly reach an average of 100 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 second project will support provision of Information, Education and Communication through production of documentary programs on HIV/AIDS prevention broadcast nationally on Namibian Broadcasting Corporation Television (NBC TV). This message will also be conveyed through national dissemination of these documentaries via direct screenings and distribution on video/CD/DVD. Secondly, the project will build capacity for three Namibian organizations to create expertise to inform on HIV/AIDS prevention through documentaries and news programs: Polytechnic of Namibia's Media Studies Center, NBC TV news teams, and young filmmakers who are members of the Association of Namibian Filmmakers.

The documentary films will emphasize gender equity, male norms and behaviors, children and adolescents, OVCs and other HIV affected individuals and stigma and discrimination. The project will also support twinning to strengthen the three organizations mentioned above. An American Fulbright scholar in residence at Polytechnic will carry out the filmmaking training, building academic linkages. The project will target a mass audience of Namibian television viewers, the second largest media audience in Namibia after radio (an estimated 52 percent of Namibians watch television, as compared with 10 percent who read newspapers). TV audience for the documentaries would be a conservative estimate of 200,000, with thousands more reached through direct dissemination. The documentaries will cover a wide range of issues affecting broad audiences although most segments will emphasize youth and women.

The project will take place January-December 2006, centered on a year-long course on documentary filmmaking at Polytechnic. The course will focus on how to produce HIV/AIDS education films. Course will cover such topics as how to interview subjects affected by HIV/AIDS and appropriate content to promote positive effect. PEPFAR partner organizations such as FHI and JHU will advise on messaging. The American Fulbright professor will collaborate with Namibia's most respected documentary filmmaker, Cecil Moller, in teaching the course and guiding production. Moller is a 1999 Humphrey Fellow whose films on HIV/AIDS gender issues have won international acclaim. NBC TV has agreed to broadcast the films. Project will fund scholarships for NBC staff and young independent filmmakers to take the course, as well as consultant fees for Moller and one camera. State will fund the Fulbrighters and Poly will provide all other equipment required. Project seeks to reach hundreds of thousands of Namibians through the powerful medium of television. It also seeks sustainability by providing NBC TV and filmmakers with the expertise to produce their own documentaries and for Polytechnic to train future journalists and filmmakers.

The primary emphasis of the third project is training of leaders in the field of HIV/AIDS treatment and prevention through International Visitor Leadership Program (IVLP) short-term professional study tours in the U.S. The Namibians chosen by the U.S. Mission IVLP nominating committee for these visits are primarily grassroots leaders in the field with wide ranging influence and a comprehensive approach to HIV/AIDS and prevention. Thus, the legislative issues addressed during the

exchanges encompass a wide range of gender, wrap around, stigma and discrimination issues; these visits oftentimes lead to twinning partnerships. PEPFAR links with the IVLP program in funding this program, with PEPFAR funding per diem and international airfare and State Department funding the cost of domestic U.S. transportation and other logistical programming and escort/interpreter costs. IVLP participants spend three weeks in the U.S. meeting with USG officials, professional counterparts and a variety of grassroots organizations to gain firsthand knowledge on how the U.S. manages HIV/AIDS. This knowledge empowers the participants to implement ideas acquired during the visit. The visits also generate effective bilateral relationships at institutional and individual levels that the visitors can leverage to increase the effectiveness of their own organizations. The IVLP exchanges also result in sharing of the knowledge with a large number of influential Namibian colleagues. Past IVLP participants in the field of HIV/AIDS – from grassroots community leaders to local community health officials – have established close collaborative relationships with each other sharing ideas and resources.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	☐
Number of individuals trained in HIV-related policy development	33	☐
Number of individuals trained in HIV-related institutional capacity building	153	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	50	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	153	☐
Number of health care workers trained in interpersonal communications		☑
Number of TBAs and traditional healers trained in interpersonal communications		☑
Number of scholarships for Namibian student doctors, nurses, pharmacists, and social workers		☑

Target Populations:

Community leaders

Community-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

Program managers

Volunteers

General population

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Increasing women's access to income and productive resources

Volunteers

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	TBD
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5844
Planned Funds:	
Activity Narrative:	This activity enables the Namibia EP Team to be poised to assist GRN efforts to ensure vital HIV/AIDS prevention, care and treatment services can be sustained over the long-term. EP funding will allow the USG to broaden and stimulate policy dialogue on the sustainability issue, and respond to opportunities that arise from this dialogue. The short-term objective of this activity is to increase knowledge and awareness among political leaders and policy makers of issues and options related to the long-term financing of the national HIV/AIDS program. TA and/or financial support will be provided to: (a) create opportunities for informed dialogue on the issue; (b) conduct policy and cost analyses to inform the dialogue; (c) conduct planning/forecasting exercises to estimate human and financial resource needs; and, (d) prepare and disseminate information on the issue of financing the national response to the epidemic. The medium-term objective of this activity and subsequent activities is to support the development of a national HIV/AIDS program sustainability plan which moves the nation towards ARV drug independence, a Namibian ARV treatment workforce, GRN ministries and key Namibian NGOs and FBOs with the full capacity to perform the range of HIV/AIDS technical and program support functions; assumption in the national budget of the core recurrent costs of the national program.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑
Number of health care workers trained in interpersonal communications		☑
Number of TBAs and traditional healers trained in interpersonal communications		☑
Number of scholarships for Namibian student doctors, nurses, pharmacists, and social workers		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area 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. The DOS convenes USG Team meetings and 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. Under the leadership of successive Ambassadors, who have been deeply involved in advocating Namibian efforts in the fight against HIV/AIDS with all levels of government, from President Pohamba 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 PLWHA grass roots/community projects. The 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 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 a request by the Ministry of Safety and Security for a similar program with other uniformed services (police, border officials, etc.).In 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 who are responsible for national policy, coordination and management of the epidemic response. CDC is uniquely situated in MoHSS to ensure that Emergency Plan resources are leveraged and coordinated with those of the GRN and other partners, including support from the Global Fund for AIDS TB and Malaria (GFATM).The 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 (RACE) 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. In 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 03/04/05, USAID continued to expand 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 palliative care programs, a prevention program for most at risk populations, and assistance to the MoHSS with pharmaceutical and commodity procurement, management and safe injection practices.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3776
Planned Funds:
Activity Narrative: Human Resources funding for (5) U.S. personnel: HIV/AIDS Officer (FSL), Senior Advisor-Programs (PLP Fellow), USG Strategic Information Officer (PLP Fellow), Health and Development Officer (U.S. DH Foreign Service Officer), Executive Officer/Procurement (USPSC). Locally employed staff (LES), Technical/Program staff: Senior Technical Advisor for VCT, PMTCT, ART, injection safety and pharmaceutical management (1); Technical Advisor for OVC, palliative care, and capacity building, (1); Support staff: Administrative Assistant/Project Assistant, (1); Other Mission Support staff: GSO Specialist, (1); Driver, (1) .

In addition, funding will support:

- Time (20%), travel and per diem for Regional Palliative Care Advisor
- Local office expenses, rent, utilities, communication, mission support, etc.
- Supervision of program and provision of technical assistance through USG and LES personnel, their capacity building and related travel.
- Procurement of all basic office equipment, supplies and maintenance, computers, and 1 vehicle.
- Security and related office administration expenses and ICASS costs.
- Logistics of site visits and other field travel, and vehicle maintenance, insurance and fuel.

Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Regional Procurement Support Office
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	3854
Planned Funds:	[redacted]
Activity Narrative:	CDC office renovations in the Directorate of Special Programs, Ministry of Health and Social Services (MoHSS) are to be implemented in two phases utilizing FY'05 and FY'06 funding. Excavations, foundation work and basic construction to add 6 offices for USG-funded technical advisors, MoHSS counterparts, and Global Fund partners has been funded with FY' 05 funding and construction will begin in November 2005. FY'06 funding is requested to complete phase II of the proposed renovations. Upon completion of Phase II renovations, additional office space will include: 6 offices, a small conference room and space for photocopy equipment and storage space, air conditioners, electrical and mechanical work. [redacted] is requested for Phase II funding to provide additional office space to *accommodate the following new positions: 2 Nursing Supervisors, 1 Strategic* Information Technical Advisor, 1 Financial Analyst, 1 Financial Clerk, and 1 SI Advisor. All renovations are scheduled to be completed by May 2006 .

Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3861
Planned Funds:
Activity Narrative: *This activity relates to ITECH/PMTCT, Comforce/Strategic Information,* Comforce/Counseling and Testing, RPSO

The HHS/CDC staff in Namibia are all located in the Directorate of Special Programs (TB, HIV/AIDS, and malaria), Ministry of Health and Social Services and include a country director (US direct-hire), deputy director of operations (US direct-hire), deputy director of programs (US direct-hire), epidemiologist for surveillance and the HMIS (Comforce), technical advisor for PMTCT (Potentia), technical advisor for counseling and testing (Potentia), technical advisor for monitoring and evaluation (Comforce), 2 nurse supervisors (US direct-hire), an Association of Schools of Public Health (ASPH) fellow, an office manager, a financial analyst, 2 LAN managers, an administrative assistant, 4 drivers, a driver/administrator, and a receptionist. The salaries and benefits of technical and programmatic staff are assigned to the appropriate program area within the Emergency Plan categories, but their management costs are included under this activity. The Country Director is 60% assigned to other policy/capacity building, and 40% management and staffing. The Deputy Director of Operations and the ASPH fellow is 100% assigned to management and staffing.

Being located in the Ministry of Health and Social Services, the HHS/CDC office provides direct logistical and material support to the Directorate's daily programmatic operations and to ART sites in the regions. Operations costs outside of human resources include information technology and digital videoconferencing facilities; telecommunications; photocopying and materials production; printing of guidelines, reports, training curricula, and HMIS records; office consumables; purchase and distribution of rapid test kits; utilities; office expansion; security; staff training; field, conference, and meeting travel; and other daily operations costs.

From this office, the deputy director of operations, office manager/financial analyst, and ASPH fellow liaise with the Program and Grants Office at CDC-Atlanta and provide direct financial management support to counterparts in organizations receiving direct USG funding under Cooperative Agreements. These organizations include the Ministry of Health and Social Services, Namibia Institute of Pathology, Potentia Namibia Recruitment Consultancy, and Development Aid People to People. In addition to the US Embassy procurement and financial management staff, the deputy director of operations also works closely with the facility planning unit in the MoHSS on renovations at ART/PMTCT sites that are contracted under the Regional Procurement and Services Office (RPSO) in Frankfurt.

This activity leverages resources with the European Commission which provides technical advisors to increase capacity of the Directorate and Regional AIDS Coordination Committees; with the Global Fund which provides funding for technical officers in counseling and testing, PMTCT, and ART/care in the Directorate; with the UK's Voluntary Service Organization which provides an accountant to the Directorate's resource management office; and with the Ministry of Health and Social Services.

Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	4701
Planned Funds:	
Activity Narrative:	A civilian program manager will be hired to perform the daily oversight and management of the DoD's HIV/AIDS program in Namibia. In addition, the Military Action and Prevention Program (MAPP), starting in FY2006, will be expanded to incorporate HIV/AIDS treatment for Namibian military personnel. The establishment of this treatment program will be accomplished using a new partner and it will require weekly activities and coordination with the Ministry of Defense, CDC, and the Ministry of Health. The DoD HIV/AIDS program manager, under the supervision of the Defense Attache, will be the primary interface for all USG-related MAPP activities.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 4729
Planned Funds:
Activity Narrative: Peace Corps Namibia intends to establish a dedicated HIV/AIDS Section within the PC Office in Windhoek to consolidate and coordinate in one place all activities of the Peace Corps and Peace Corps Volunteers related to HIV/AIDS prevention. This innovation is required to meet the operational requirements generated by the increasing number of Health Volunteers (34 in January 2006) committed full-time to HIV/AIDS, the projected assignment of five (5) Crisis Corps Volunteers in FY06, and the fact that all Peace Corps Volunteers in Namibia are engaged in one way or another in HIV/AIDS-related projects. As part of the setting up of this new dedicated HIV/AIDS Section, the Peace Corps intends to rent or renovate separate office space to provide a more conducive environment for both Volunteers and staff. The HIV/AIDS Section will be directed by the Associate Peace Corps Director for Health and will be staffed with the following personnel, two of whom were already programmed for in the FY05 COP:

(Current) HIV/AIDS Technical Coordinator to provide guidance and assistance in establishing a comprehensive HIV/AIDS training program, in addition to providing country-specific knowledge about HIV/AIDS prevention, monitoring and control strategies to Peace Corps Volunteers and community health liaisons and training and coaching to strengthen their cultural and communication competencies to meet the needs of local communities related to HIV/AIDS. This position will support all Volunteers in country, in both the Health and Education programs.

(New) Program Assistant/M&E Coordinator to assist in establishing an effective Monitoring and Evaluation system to track the implementation and impact of all PC/N programming related to HIV/AIDS. In addition, this position will develop placement opportunities for incoming Peace Corps Health Volunteer and will provide logistical and administrative support to Volunteers involved in Emergency Plan activities throughout 12 regions of the country. This position will coordinate the deployment and support of all Crisis Corps Volunteers.

(New) Budget Analyst/Voucher Examiner to provide budgetary and administrative support to ensure the effectiveness and fiscal integrity of the growing Community Health and HIV/AIDS Project (CHHAP) for PC/N. With the increasing demands for reporting and monitoring of Emergency Plan expenditures, this individual will manage and track on a full-time basis Emergency Plan related programs, logistic and administrative expenditures and planning related to all PC HIV/AIDS projects in Namibia.

(Current) Program Driver to assist all members of the dedicated HIV/AIDS Section to reach Volunteers and implementing partners at their remote sites and in regional meetings, for training, technical support, program coordination, and supervision.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☐ Yes	☑ No
When will preliminary data be available?	11/1/2006	
Is a Health Facility Survey planned for fiscal year 2006?	☑ Yes	☐ No
When will preliminary data be available?	6/1/2006	
Is an Anc Surveillance Study planned for fiscal year 2006?	☑ Yes	☐ No
If yes, approximately how many service delivery sites will it cover?	24	
When will preliminary data be available?	12/1/2006	
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 2006?	☐ Yes	☑ No

Other significant data collection activities

Name:
TB Survey/Surveillance for Drug Resistant TB-generic protocol

Brief description of the data collection activity:
A sample of sputum specimens that are positive for acid-fast bacilli will be cultured at the Namibia Institute of Pathology and then positive cultures will undergo drug-susceptibility testing. This activity has been delayed until a quality assurance check on the NIP's capacity to perform drug susceptibility testing can be completed in late 2005.

Preliminary data available:
December 01, 2006