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Excluding To Be Determined Partners

2007

Namibia

Country Contacts

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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, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 71,951			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		6,768	0	6,768
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		30,000	0	30,000
Care				
	End of Plan Goal: 115,000	102,399	92,734	195,133
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		60,953	0	60,953
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		5,264	0	5,264
Number of OVC served by OVC programs		41,446	92,734	134,180
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		189,373	0	189,373
Treatment				
	End of Plan Goal: 23,000	42,300	3,000	45,300
Number of individuals receiving antiretroviral therapy at the end of the reporting period		42,300	3,000	45,300

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 71,951			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		8,130	0	8,130
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		39,000	0	39,000
Care				
	End of Plan Goal: 115,000	137,476	90,520	227,996
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		82,476	0	82,476
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		6,524	0	6,524
Number of OVC served by OVC programs		55,000	90,520	145,520
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		105,765	0	105,765
Treatment				
	End of Plan Goal: 23,000	50,000	3,500	53,500
Number of individuals receiving antiretroviral therapy at the end of the reporting period		50,000	3,500	53,500

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4443
Planned Funding($): $ 306,086.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4403
Planned Funding($): $ 1,307,975.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Namibia National Teachers Union
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Lironga Eparu
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Twinning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4654
Planned Funding($): $ 415,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American International Health Alliance
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4379
Planned Funding($): $ 1,200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Blood Transfusion Service of Namibia
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4380
Planned Funding($): $ 854,500.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Comforce
New Partner: No

Mechanism Name: Cooperative Agreement U62/CCU025166

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4382
Planned Funding($): $ 2,103,026.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Development Aid People to People, Namibia
New Partner: No

Mechanism Name: ACQUIRE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4442
Planned Funding($): $ 582,269.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: EngenderHealth
New Partner: Yes

Sub-Partner: Instituto Promundo
Planned Funding: $ 21,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4404
Planned Funding($): $ 218,797.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Church Alliance for Orphans, Namibia
Planned Funding: $ 291,889.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4405
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Fresh Ministries
New Partner: No

Mechanism Name: Cooperative Administrative Support Units (CASU)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4666
Planned Funding($): $ 104,102.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IAP Worldwide Services, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4661
Planned Funding($): $ 320,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: International Laboratory Branch Consortium Partners
New Partner: Yes

Mechanism Name: The Capacity Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4406
Planned Funding($): $ 8,732,445.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: Catholic Relief Services
Planned Funding: $ 2,184,172.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Namibian HIV Clinicians Society
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXS - ARV Services

Sub-Partner: Lutheran Medical Services, Namibia
Planned Funding: $ 1,390,002.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Pharmaceutical Society of Namibia
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Anglican Medical Services
Planned Funding: $ 156,247.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing
HTXS - ARV Services
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Lifeline/Childline/Schools
Planned Funding: $ 308,952.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Lifeline/Childline/Training
Planned Funding: $ 523,607.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing
HTXS - ARV Services
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Lifeline/Childline Voluntary Counseling and Testing
Planned Funding: $ 563,246.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Lifeline Childline Proposed Voluntary Counseling and Testing
Planned Funding: $ 137,897.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding: $ 437,485.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding: $ 204,269.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Democratic Resettlement Committee
Planned Funding: $ 185,468.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Walvis Bay Multi Purpose Center, Namiba
Planned Funding: $ 213,738.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner:	Namibia Red Cross
Planned Funding:	$ 127,270.00
Funding is TO BE DETERMINED:	No
New Partner:	
Associated Program Areas:	HVCT - Counseling and Testing

Sub-Partner:	Development Aid from People to People
Planned Funding:	$ 171,874.00
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Areas:	HVOP - Condoms and Other Prevention HVCT - Counseling and Testing OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Health Communication Partnership

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4422
Planned Funding($): $ 3,674,758.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 500,000.00
Early Funding Request Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning to direct funding as a local NGO under Namibian law, known as Nawa Life Trust (NLT). Pending results of the required pre-award survey, including financial/ organizational capacity evaluation and recent information regarding timing for availability of FY07 funding, it will initially enter into a 'Leader with Associates Award' under JHU/HCP as NLT/JHU and move to direct funding when it meets all eligibility requirements under USAID's Acquisition and Assistance regulations. This process will ensure the continuity of program activities. The direct funding mechanism will replace the Associates Award and be implemented as soon as Nawa Life Trust is deemed eligible and is approved through the Botswana USAID Regional Contracting office.

As a result of using the 'Leader with Associates Award or moving to a direct funding mechanism, there is no longer the possibility of receiving forward funding from the JHU/HCP mechanism as has been done in the past. JHU/HCP local office has consistently met it targets and has expended its FY budgets within the implementation year, ending March 30. Since funding is usually not available to partners until end May of each year, this could result in an attendant shortfall in funding and cessation of activities for Nawa Life Trust. Therefore, it will be necessary to provide early funding to ensure that funding is available for a smooth transition and continuation of activities.

Early Funding Associated Activities:

Program Area:HVSI - Strategic Information
Planned Funds: $465,692.00
Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: $1,268,027.00
Activity Narrative: This activity is linked to ACQUIRE OHPS #8031 which allocates funding to support capacity building o

Program Area:OHPS - Other/Policy Analysis and Sys Strengthening
Planned Funds: $783,383.00
Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: $856,445.00
Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning

Program Area:HBHC - Basic Health Care and Support
Planned Funds: $301,211.00
Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning

Sub-Partner: College of the Arts
Planned Funding: $ 56,269.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ibis
Planned Funding: $ 53,731.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Research Facilitation Services
Planned Funding: $ 111,538.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Nawa Life Trust
Planned Funding: $ 2,728,702.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVSI - Strategic Information
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Center for AIDS Development, Research, & Evaluation
Planned Funding: $ 98,478.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: MEASURE DHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4444
Planned Funding($): $ 171,134.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Macro International
New Partner: No

Mechanism Name: Rational Pharmaceutical Management, Plus

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4315
Planned Funding($): $ 4,097,446.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: Cooperative Agreement U62/CCU024084

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4383
Planned Funding($): $ 17,382,647.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health and Social Services, Namibia
New Partner: No

Mechanism Name: Ministry of Health and Social Services, Namibia

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6168
Planned Funding($): $ 197,300.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health and Social Services, Namibia
New Partner: No

Mechanism Name: Cooperative Agreement U62/CCU024419

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4384
Planned Funding($): $ 2,604,500.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Namibia Institute of Pathology
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4407
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Namibia Nature Foundation
New Partner: No

Mechanism Name: DOD/Social Marketing Association

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6145
Planned Funding($): $ 1,020,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Namibian Social Marketing Association
New Partner: No

Mechanism Name: NLT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8367
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Nawa Life Trust
New Partner: Yes

Sub-Partner: Research Facilitation Services
Planned Funding: $ 77,231.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Johns Hopkins University
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Matters and Means
Planned Funding: $ 53,846.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ibis
Planned Funding: $ 11,538.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: NPI CAFO

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8371
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: New Partner's Initiative/Church Alliance for Orphans
New Partner: Yes

Sub-Partner: Mount Sinai (Khomas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Hakahana Hope Organization (Khomas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Oponganda Center for Children with Disabilities (Khomas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Epukiro Post 3 (Omaheke)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Donkerbos Primary School (Omaheke)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Blouberg Pilot Committee for OVC and PLWA (Omaheke)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Joint Compassion Keepers-Swakopmunds (Erongo)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Otavi CAFO Committee (Otjozondjupa)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Sunshine Kids (Karas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Luderitz CAFO Committee (Karas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: A.M.E. Church (Karas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mukwe CAFO Committee (Kavango)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ndiyona CAFO Committee (Kavango)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Joint Compassion Keepers-Rundu Urban (Kavango)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Tangeni Kankoshi OVC Project (Oshikoto)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: VOSINNO (Oshana)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Opuwo CAFO Committee (Kunene)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Oshilemba OVC-Tsandi (Omusati)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Okathitu Home-Based Care (Omusati)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Sharukwe OVC Center (Kavango)
Planned Funding: $ 25,059.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kheibasen OVC Centre (Otjozondjupa)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Rehoboth CAFO Committee (Hardap)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Oshitowa Womens Support Project (Oshana)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ondelekelama Support Group (Oshana)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Karasburg CAFO Committee (Karas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Katatura CAFO Committee (Khomas)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Eenhana OVC Project (Ohangwena)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Okahandja CAFO Committee (Otjizondjupa)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Light for the Children (Omaheke)
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Kavango CAFO Committee
Planned Funding: $ 25,059.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4408
Planned Funding($): $ 671,640.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Organization for Resources and Training
New Partner: No

Sub-Partner: Kayec Trust
Planned Funding: $ 354,904.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: Rehoboth AIDS Association
Planned Funding: $ 4,756.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Sub-Partner: COSDEC
Planned Funding: $ 9,830.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Community REACH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4409
Planned Funding($): $ 7,147,471.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Pact, Inc.
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 400,000.00
Early Funding Request Narrative: Early funding is requested for Palliative Cere: Basic Health Care and Support to ensure that implementing partners have access to quality technical assistance in implementing the preventive care package for adults and children. Presently, many of the implementing partners have started to increase access for PLWHA to elements of the preventive care package, but they still require targeted technical assistance to ensure that they are improving coordination with other partners, linking better with treatment facilities to access services, and receiving assistance to track services rendered.

Early funding is requested for OVC programs to ensure that critical support is provided to the Ministry of Gender Equality and Child Welfare, the leading Ministry mandated with caring and supporting Namibia's growing OVC population. These resources will provide the Ministry with critical technical assistance needed to maintain the National OVC database and track orphans registered, services rendered, and analyze gaps in service delivery. This information will allow multiple development partners and stakeholders to coordinate, leverage, and target limited resources to the most vulnerable OVC.

Early Funding Associated Activities:

Program Area:HBHC - Basic Health Care and Support
Planned Funds: $1,861,153.00
Activity Narrative: The PACT community-home based palliative care (CHBC) program uses a combination of grants and target

Program Area:HKID - OVC
Planned Funds: $3,903,594.00
Activity Narrative: USG has been working with churches, their faith-based affiliates and relevant line ministries to imp

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding: $ 3,700,046.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Apostolic Faith Mission Church
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Change of Lifestyles Homes Project
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding: $ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Namibia Chamber of Mines
Planned Funding: $ 50,075.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVSI - Strategic Information

Sub-Partner: Rhennish Church, Namibia
Planned Funding: $ 133,620.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Philippi Trust Namibia
Planned Funding: $ 288,665.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Sam Nujoma Multi Purpose Center, Namibia
Planned Funding: $ 99,268.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HKID - OVC
HVSI - Strategic Information

Sub-Partner: TKMOAMS, Namibia
Planned Funding: $ 108,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Walvis Bay Multi Purpose Center, Namiba
Planned Funding: $ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Chamber of Mines

Planned Funding: $ 50,075.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Namibia Nature Foundation
Planned Funding: $ 145,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Legal AIDS Center
Planned Funding: $ 233,093.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HKID - OVC

Mechanism Name: South Africa-Regional Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4672
Planned Funding($): $ 464,507.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: African Palliative Care Association
Planned Funding: $ 450,164.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVSI - Strategic Information

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4420
Planned Funding($): $ 3,901,473.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: Yes

Mechanism Name: Cooperative Agreement U62/CCU025154

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4385
Planned Funding($): $ 11,913,994.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Potentia Namibia Recruitment Consultancy
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,000,000.00
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 ~$150,000 in administrative costs. Our early funding request is for f salaries and benefits for these vital personnel assigned to ITECH.

Mechanism Name: Project HOPE

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4410
Planned Funding($): $ 861,679.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Project HOPE
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4667
Planned Funding($): $ 1,439,326.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Project HOPE
New Partner: No

Mechanism Name: Global Health Fellows Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4665
Planned Funding($): $ 945,953.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Public Health Institute
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4690
Planned Funding($): $ 2,065,090.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: Tuberculosis Control Assistance Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4411
Planned Funding($): $ 1,048,466.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Royal Netherlands Tuberculosis Association
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4412
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Social Marketing Association/Population Services International
New Partner: No

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding: $ 228,134.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding: $ 169,368.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Lifeline-Childline Namibia
Planned Funding: $ 257,775.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Walvis Bay Multi Purpose Center, Namiba
Planned Funding: $ 175,008.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Swakopmund Democratic Resettlement Committee

Planned Funding: $ 105,826.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Namibia Red Cross
Planned Funding: $ 110,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Ibis
Planned Funding: $ 5,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Development Aid People to People, Namibia
Planned Funding: $ 114,717.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Legal Assistance Center, Namibia
Planned Funding: $ 3,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: Policy, Development and Implementation IQC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4663
Planned Funding($): $ 73,343.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: MEASURE/Evaluation

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5391
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Mechanism Name: MEASURE/Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5381
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4387
Planned Funding($): $ 4,102,327.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No

Mechanism Name: DOD/I-TECH/U. of Washington

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6169
Planned Funding($): $ 888,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4317
Planned Funding($): $ 78,425.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4662
Planned Funding($): $ 159,792.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4402
Planned Funding($): $ 2,389,507.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC base funding

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4388
Planned Funding($): $ 1,500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4389
Planned Funding($): $ 1,718,734.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 701,197.00
Early Funding Request Narrative: NA

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4622
Planned Funding($): $ 275,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4668
Planned Funding($): $ 630,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: HIVQUAL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4421
Planned Funding($): $ 150,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: US Health Resources and Services Administration
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4670
Planned Funding($): $ 985,300.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4390
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
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: $ 3,922,488.00

Program Area Context:

Without intervention, ~4,600 newborns would acquire HIV each year in Namibia, thus PMTCT is a national and USG priority; services are being scaled up as rapidly as possible. The Ministry of Health and Social Services (MoHSS) provides antenatal care (ANC) and maternity care in its network of 34 hospitals, 32 health centers, and 265 clinics. Yearly, 64,134 women are projected to be pregnant: 90% have at least 1 ANC visit, and of these 72% deliver in a health facility (86% in Ministry facilities and 14% in FBO-managed facilities). PMTCT grew from 2 hospitals in '02, to 7 in '03, 22 in '04, and all 34 hospitals in '05. 131 health centers and clinics also provide PMTCT services; thus a full 50% (165/331) of facilities now provide PMTCT services and submit reports to MoHSS, which has established a Health Information System (HIS) for PMTCT with USG support in all 34 health districts. Of an estimated 12,287 HIV-positive women delivering annually, ~4244 (35%) receive ARV drug prophylaxis or ARV for their own health. The USG supports the national program from USG offices in the Directorate of Special Programs, MoHSS and through Catholic Health Services (CHS) and Lutheran Medical Services (LMS) whose 5 hospitals and 60 health centers and clinics are part of the MoHSS system.

The program focuses on preventing HIV in women; preventing unintended pregnancies in HIV-infected women; reducing MTCT during pregnancy, delivery and breastfeeding; treating and supporting infected mothers and their families; and early infant diagnosis. An opt-out testing strategy (group pre-test and individual post-test counseling) was adopted in national guidelines and training curriculum in '04. To date, >800 health workers (27%) have been trained in PMTCT. At PMTCT sites, 90% of pregnant women are now counseled and 90% of them tested at the first ANC visit. Rapid testing, which began in early '05 with USG support, is now available in 55 large public health facilities (17% of all facilities), increasing the proportion of pregnant women who know their HIV status at the time of delivery from 28% to 58%.

Single-dose nevirapine (SD-NVP) has been the cornerstone ARV regimen, with 89% and 96% of HIV-positive pregnant women and their newborns, respectively, receiving SD-NVP. ARV is available for eligible pregnant women (CD4<250 or WHO Stage III, IV disease) at all 34 hospitals, but uptake has been low due to limited clinical capacity and laboratory delays. To date, 2800 (56%) of known HIV-positive pregnant women had a CD4 test and 28% of them had a CD4<250 (the cut-off for ART in pregnant women). Namibia guidelines specify that HIV-positive women with a CD4<300 should be placed on co-trimoxazole prophylaxis (CTX). A CD4 test can be collected from HIV-positive women in clinics and health centers, but turnaround times for results and travel distances limit access to ART for HIV-positive women in remote areas.

An important 07 activity will be decentralizing ART to at least 13 health centers and clinics through the new program for the integrated management of adult illness (IMAI). IMAI training will be the first comprehensive training on HIV/AIDS clinical management for most nurses in Namibia.

Infant feeding in the context of PMTCT remains a challenge. MoHSS promotes abrupt weaning at age 4 months, but government policy does not allow provision of infant formula for outpatients. Some NGOs provide infant formula on a limited scale. At delivery, 88% of HIV-positive pregnant women choose to breastfeed; 12% choose replacement. No further data are available on infant feeding practices in Namibia, but initial programmatic data from diagnostic PCR testing show the protective benefit of exclusive breastfeeding. In the first 900 tests performed, HIV prevalence is 7% in exposed infants who are reportedly exclusively breastfed while it is 22% in those who are mixed-fed. Since cultural practices are known to favor mixed feeding in some areas, exclusive breastfeeding needs more reinforcement.

Laboratory capacity and an algorithm for diagnostic PCR testing have been developed for dried blood spot (DBS) specimens from exposed infants beginning at 6 weeks of age. A curriculum for training of health workers on DBS, including pre and post-test counseling and reinforcing messages on infant feeding, has been developed and will be rolled out in 07. In addition, components to be emphasized during 07 will

include rapid testing, CD4 testing and clinical staging, and reinforcement of current guidelines and infant feeding. Having been approved by the national Technical Advisory Committee, short-course AZT starting at 28 weeks gestation is expected to be added to the SD-NVP regimen, followed by a "tail" of AZT/3TC to the mother and baby for 7 days. The national ARV guidelines, PMTCT guidelines, and training will also require updating. A series of digital videoconferences will be held to begin the process of disseminating the new guidelines and to provide more feedback to health facilities on progress and challenges with PMTCT. The challenge of training so many health workers is being addressed through decentralizing training and building capacity within the MoHSS's 5 Regional Health Training Centers, but will continue to require support in 07.

As indicated in the counseling and testing section, the MoHSS will increase the number of Community Counselors (CC) deployed to health facilities from 300 by early '07 to 500 by the end of 07. These CC receive a 6-week training which includes counseling and rapid HIV testing for PMTCT. Success of the PMTCT program is highly dependent on the rollout of the community counselor initiative, 20% of the funding for which is attributed to PMTCT, counseling and testing, AB, condoms and other prevention, and ART services.

Stigma and discrimination remain prevalent in some areas making it difficult for pregnant women to accept HIV testing or to reveal their status to their husbands and families. A PMTCT information campaign will be carried out in 4 regions, Caprivi, Karas, Kavango and Otjozondjupa, to raise public awareness about the importance of PMTCT services and to promote male partner involvement in the program.

By mid-07 it will be four years since the scale up PMTCT program started concurrently with the initiation of ARV in public facilities, and half the country's health facilities now provide PMTCT. Routinely collected data show that program implementation is progressing well. However, it is time to evaluate the program to measure its effectiveness and impact in reducing MTCT, and to formulate strategies for addressing current challenges, sustainability, and further integration into routine maternal child health services. A targeted evaluation: "The impact of infant feeding practices on health outcomes of babies 0-18 months old in Namibia" will be carried out by the MoHSS with USG support in FY07.

In 07, technical, management, and logistical assistance will be continued at the national level. The strengthening of linkages of HIV-positive women with family planning services will be a new priority through development of guidelines, health worker training, and patient education. Activities that enhance patient education and build capacity of intermediary groups, e.g. PLWA, to promote PMTCT will also be emphasized. The use of HIS data in the 34 districts will be supported to enhance local efforts to monitor performance.

The major partner in PMTCT is the Government through the MoHSS, which also provides all running costs to mission facilities. In addition, the Global Fund will contribute $1,162,325 to PMTCT through 2009, UNICEF provides part-time technical assistance to the national program, Boeringher-Ingelheim has agreed to donate nevirapine for PMTCT through 2009, and the Abbott donation of Determine rapid test kits is to continue through 2009, demonstrating public/private partnerships and collaboration.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	287
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,768
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,000
Number of health workers trained in the provision of PMTCT services according to national and international standards	640

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7334
Planned Funds:	$ 1,433,108.00

Activity Narrative: This activity is a continuation of FY06 direct funding to the Ministry of Health and Social Services (MoHSS) and relates to other activities in PMTCT, including Namibia Institute of Pathology's (NIP) provision of a technician for PCR (7927), Potentia's provision of trainers through I-TECH (7344), training costs covered by I-TECH (7354), CDC's activity to provide nurse supervisors and supervisory visits (7357), faith-based Intrahealth (7403), and the System Strengthening activity by CDC (7360).

In support of PMTCT services, the Ministry of Health and Social Services (MoHSS) is responsible for national coordination, resource mobilization, monitoring and evaluation, training, and policy development. The USG will continue to support MoHSS in FY07 and build on FY06 activities through:

(1) Support to print ANC and maternity registers, purchase rapid test kits, clinic equipment (scales, hemoglobinometers, lockable cabinets for ARV drugs), a vehicle for the national program, and ARV drugs for PMTCT. The national Technical Advisory Committee has made recommendations to strengthen the PMTCT regimen to include a short-course of AZT beginning at 28 weeks gestation, plus a 7-day regimen of AZT/3TC to the mother and baby postpartum, in addition to single-dose nevirapine. It is anticipated that, once approved, this will be rolled out at the 34 public hospitals initially before reaching the health center and clinic level. The USG will support the costs of these ARV drugs to reach 50% of the eligible population.

(2) Support for up to 500 Community Counselors (CC) who work in health facilities. MOHSS established the CC cadre in 2004 to assist doctors and nurses with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Community Counselors, who perform rapid HIV testing, play a major role in PMTCT services as the primary provider of counseling and testing (CT) in ANC in support of the nurse. Recruitment of HIV positive individuals as CC is a strategy employed to reduce stigma and discrimination. To date, 175 CC (~25% of whom are HIV positive) have been placed at 74 health facilities. With FY07 support, this number will increase to 430 by September 2007, and to a final target of 480 by December 2007. PEPFAR funding for the "Community Counselor Package" includes: recruitment and salaries for the CC, 13 regional coordinators, and an assistant national coordinator (implemented through the Namibian Red Cross); initial and refresher training for CC (implemented by a local training partner); supervisory visits by MoHSS staff who directly supervise CC; training for MoHSS accountants who provide financial management assistance to the program; support for planning meetings and an annual retreat for CC; and support for CC participation at international conferences. Within COP07, funding for CC who dedicate part of their time to this activity, is distributed among six MoHSS program areas: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360).

(3) Covering the costs of diagnostic PCR testing. In FY07 the MoHSS will receive direct funding to pay the NIP for tests performed on infants of HIV+ mothers, inclusive of mission health facilities. This relates to projects within MoHSS ARV services (7330). With USG support, the standard for the diagnosis of HIV infection in children <18 months of age was improved in FY06 to include a diagnostic PCR test on a dried blood spot specimen. The introduction of rapid testing performed by community counselors in FY06 along with an opt-out HIV testing strategy and linkages to ART has contributed to a large proportion of women who now know their HIV status. A USG-hired laboratory scientist (NIP_ Lab Support_7337) is supporting the NIP to respond to the clinical demand for diagnostic PCR and improve the standard operating procedures of the lab to ensure quality services.

The NIP is a parastatal organization and charges a fee to the MoHSS for all laboratory tests. In FY07, the USG will provide funds to the MoHSS to pay the NIP charges for performing at least 8,000 diagnostic PCR tests on infants of HIV+ mothers now that capacity is further developed. This nationwide target will be reached by working through PMTCT sites and ART clinics to train health care workers on PMTCT, pediatric diagnosis and care, the collection of DBS specimens, and the development of a national PCR health

information system. This activity leverages resources with those of the private sector and Global Fund.

(4) Training for an additional 80 Traditional Birth Attendants (TBA) on their role in PMTCT services, including promotion of HIV prevention, reproductive health services for HIV-positive women, and referral of pregnant HIV-positive in the northern regions will be continued as approximately 25% of deliveries occur outside of a health facility.

(5) A nationwide educational campaign by the Directorate of Primary Health Care to promote PMTCT services in collaboration with the Ministry of Information and Broadcasting (MIB). Funding will be provided to develop, produce, and disseminate new PMTCT educational materials for strategic communications in the clinical setting, including the promotion of male involvement.

This activity will support procurement of HIV Test Kits and Supplies. With PEPFAR support, MoHSS will continue to purchase an increasing volume of Determine and Unigold test kits (using a parallel testing algorithm) to be used at MoHSS and mission-managed sites for HIV testing of a projected pregnant women, using SureCheck as a tie-breaker in rare instances of discordance; HIV rapid test starter packs to launch new testing sites; and rapid HIV test training supplies for training community counselors. Test kits and supplies are procured and distributed to health facilities by the Central Medical Stores through existing mechanisms. The volume of test kits needed continues to increase as more sites and community counselors are certified to perform rapid testing.

Continued Associated Activity Information

Activity ID: 3882
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health and Social Services, Namibia
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 793,550.00

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

Targets

Target	Target Value	Not Applicable
Diagnostic tests performed on infants of HIV+ mothers		☑
Number of health facilities with quality supervision and support		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	287	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	33,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,768	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	300	☐

Target Populations:

Adults
Infants
Pregnant women
Pediatric AIDS patients
Men (including men of reproductive age)
Women (including women of reproductive age)
Private health care workers
Traditional birth attendants
HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative Agreement U62/CCU025154
Prime Partner: Potentia Namibia Recruitment Consultancy
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7344
Planned Funds: $ 312,303.00
Activity Narrative: 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 vacancy rate in the MoHSS is approximately 40% for doctors, 25% for registered nurses, 30% for enrolled nurses, and 60% for pharmacists. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MoHSS through Potentia, which administers salary and benefits packages equivalent to those of the MoHSS. Both HHS/CDC and the MoHSS participate in the selection of health personnel who are then trained and provided with field support by I-TECH, HHS/CDC, and the MoHSS with USG funding. Beginning in FY06, Potentia also began supporting technical and administrative staff previously funded through I-TECH in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets. As of August, 2006, Potentia supported a total of 117 staff and this number is projected to increase to 363 in FY07.

FY07 funding for PMTCT will cover salaries and support for the following positions:

(1) PMTCT Technical Advisor within 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 roll out process, including integration of PMTCT into routine antenatal and maternity services and collaboration with ART, palliative care, and laboratory services. Approximately 30% of the advisor's time is allocated to PMTCT training and curriculum content expertise. To date the advisor has facilitated rollout to 165 sites which will increase to at least 287 sites during FY07. In addition to further rollout and training, the emphasis in FY07 will include consolidation of existing sites to increase coverage with services, integrating rapid testing into PMTCT, expanded roll out of DNA PCR testing, reinforcement of exclusive breastfeeding, strengthening the PMTCT ARV regimen to include short-course AZT plus single-dose nevirapine (SD-NVP), and increased support to existing sites by combining supervisory visits with in-service tutor support visits.

(2) Five in-service tutors placed throughout the National Health Training Center network. These tutors will implement decentralized trainings in PMTCT and in dried blood spot (DBS) for DNA-PCR testing for infants, and conduct at least 50 post-training PMTCT site visits to reinforce training content.

(3) One driver to transport PMTCT Technical Advisor and tutors to training and clinical sites.

Supplemental support for the work carried out by these staff is funded through I-TECH (I-TECH/University of Washington_ PMTCT_7354).

Continued Associated Activity Information

Activity ID: 3898
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Potentia Namibia Recruitment Consultancy
Mechanism: N/A
Funding Source: GHAI

Planned Funds: $ 137,517.00

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

Targets

Target	Target Value	Not Applicable
Diagnostic tests performed on infants of HIV+ mothers		☑
Number of health facilities with quality supervision and support		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Indirect Targets

Number of diagnostic PCR tests performed on infants of HIV+ mothers - 5400; Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting - 7443; Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results - 37500;

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers

Coverage Areas:

National

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7354
Planned Funds: $ 390,831.00

Activity Narrative: The lack of comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services (MoHSS) to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the MoHSS Directorate of Special Programs to train new and existing health care workers in HIV/AIDS. I-TECH provides technical advisors, training and curriculum experts, clinical mentors, educational and training materials, monitoring and evaluation systems for training, infrastructure, training logistics, and funding for training. Based on new or updated national guidelines, I-TECH has facilitated the development of the Ministry's national training curricula on PMTCT, VCT, rapid HIV testing, Couples Counseling, TB/HIV, ARV, nutrition and HIV, Integrated Management of Adult Illness (IMAI), Dried Blood Spot (DBS) collection for HIV DNA-PCR for infants, and pediatric care/ARV. Support is also being provided to incorporate this new content into the pre-service training curricula for registered nurses at UNAM and for enrolled nurses at NHTC. I-TECH will play a critical role in the decentralization of palliative care and ARV through various levels of training ranging from didactic sessions to clinical mentoring. To date, a total of more than 3,800 health workers have been trained in the various HIV/AIDS topics.

In particular, the provision of family planning (FP) for PLWHA is also a primary prevention strategy for mother to child transmission. However, FP needs of HIV+ women and their partners have been largely overlooked in Namibia. Contraceptive use among Namibian women is high (38%), but anecdotal evidence suggests that women on ART are becoming pregnant unintentionally. This not only has implications for the mother's well-being but also for pediatric AIDS. Many women are also thinking of having another pregnancy and would like to discuss their options with their service providers. Namibian health workers are willing to address FP, but they are often constrained by a lack of information, training and clarity on messaging. HIV clinics lack clinical guidelines/protocols and IEC materials, as well as a formal referral system for FP.. Knowledge gaps exist among clinic staff; many HIV staff do not understand the concept of dual protection, while FP staff often believe their clients are at low risk for HIV.

In FY07, I-TECH will address this issue by integrating FP messages into curricula used for training MDs, RNs, and Community Counselors to make sure that appropriate messages are delivered, including appropriate gender and cultural considerations. Integrating curricula messaging into training is a step towards strengthening human development capacity as well as program linkages for a more integrated HIV program in the long term.

I-TECH began its support to the National PMTCT Program in 2004. In FY07, I-TECH will support the National PMTCT Program in three areas: 1) Technical assistance to the National Health Training Center (NHTC), 2) Tutor support visits to PMTCT Sites, and 3) Training for DNA-PCR testing of infants.

1) Technical assistance on training coordination, curriculum revision, and training monitoring and evaluation will be provided to the MoHSS, NHTC and RHTC so that they can deliver 15 in-service trainings and 5 refresher trainings in PMTCT for a total of 400 health care workers trained. The PMTCT curriculum will also require updating to incorporate the more efficacious PMTCT ARV regimen using short-course AZT in addition to single-dose nevirapine. The Global Fund supports PMTCT training costs while I-TECH provides the training expertise and logistical support. The salary support for the 5 in-service tutors placed throughout the NHTC network who will conduct these training is covered under Potentia_PMTCT_7334. Salary support for ITECH's lecturers at UNAM to integrate PMTCT into pre-service training is covered under Potentia_Support Services_7341.

(2) Tutor support visits to PMTCT Sites. I-TECH will support the costs of the 5 tutors to conduct 50 follow-up support visits to PMTCT sites to monitor transfer of learning from the PMTCT course and to provide additional, on-site teaching to health care workers on PMTCT issues.

(3) Training for DNA-PCR Testing of Infants. In FY06, I-TECH initiated training of health

workers in the collection of dried blood spot specimens for DNA-PCR testing of infants. By the end of 2006, 65 workers will be trained. I-TECH will continue this activity in FY07, conducting one TOT and 20 on-site trainings to train a total of 220 health care workers. A session on DNA-PCR will also be incorporated into the PMTCT training.

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.

The provision of family planning (FP) for persons living with HIV/AIDS and others at-risk is also a primary prevention strategy for mother to child transmission. However, FP needs, particularly for HIV+ women and their partners, have been largely overlooked in Namibia. Contraceptive use among Namibian women is high (38%), but anecdotal evidence suggests that women on ART are becoming pregnant unintentionally. This not only has implications for the mother's well-being but also for pediatric AIDS. Many women are also thinking of having another pregnancy and would like to discuss their options with their service providers. Namibian health workers are willing to address FP, but they are often constrained by a lack of information, training and clarity on messaging. HIV clinics lack clinical guidelines/protocols and IEC materials, as well as a formal referral system for FP. Knowledge gaps exist among clinic staff; many HIV staff do not understand the concept of dual protection, while FP staff often believe their clients are at low risk for HIV.

In FY07, I-TECH will address this issue by integrating FP messages into curricula used for training MDs, RNs, and Community Counselors to make sure that appropriate messages are delivered, including appropriate gender and cultural considerations. Integrating curricula messaging into training is a step towards strengthening human development capacity as well as program linkages for a more integrated HIV program in the long term. I-TECH will expand the target audience for FP training to include health providers within military bases.

Continued Associated Activity Information

Activity ID:	3871
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	I-TECH
Funding Source:	GHAI
Planned Funds:	$ 204,487.00

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

Targets

Target	Target Value	Not Applicable
Diagnostic tests performed on infants of HIV+ mothers		☑
Number of health facilities with quality supervision and support		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	270	☐

Indirect Targets

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting - 7,443
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results - 37,500

Target Populations:

Doctors
Nurses
Pharmacists
Military personnel
National AIDS control program staff
Policy makers
Host country government workers
Public health care workers
Laboratory workers

Coverage Areas:

National

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7357
Planned Funds: $ 360,120.00

Activity Narrative: In FY07, the USG will to continue to work closely with the Ministry of Health and Social Services (MoHSS) at the national, regional and service levels in the 34 health districts to provide technical expertise during the roll-out and strengthening of PMTCT services, to monitor the implementation at existing service delivery sites, to conduct the first formal evaluation of the program, and to support expansion of services from 165 clinical sites in March 2006 to 287 sites by the end of 2007. This is a continuation of FY06 and is closely linked with MoHSS_7334, Potentia_7344, I-TECH_7354, NIP_7927, and IntraHealth_7430 PMTCT services.

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;s MoHSS by providing 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 I-TECH. A full-time national PMTCT coordinator was not assigned until April 2006.The USG also supports training, information systems, logistics and technical assistance to the national PMTCT program.

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 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. This staff 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 (NGOs). 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 (TBAs) in PMTCT. They will be located in Oshakati Hospital, the largest hospital in the north, where the Ministry has 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. 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 a PMTCT Coordinator, training, diagnostic PCR testing, 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.
- MoHSS and USG counterparts to the 13 regions to conduct supportive supervisory visits to improve and expand PMTCT services.
- An external USG-supported team for the evaluation of the national PMTCT program.

The provision of family planning (FP) for persons living with HIV/AIDS and others at-risk is also a primary prevention strategy for mother to child transmission. However, FP needs, particularly for HIV+ women and their partners, have been largely overlooked in Namibia. Contraceptive use among Namibian women is high (38%), but anecdotal evidence suggests that women on ART are becoming pregnant unintentionally. This not only has implications for the mother's well-being but also for pediatric AIDS. Many women are also thinking of having another pregnancy and would like to discuss their options with their service providers. Namibian health workers are willing to address FP, but they are often constrained by a lack of information, training and clarity on messaging. HIV clinics lack clinical guidelines/protocols and IEC materials, as well as a formal referral system for FP. Knowledge gaps exist among clinic staff; many HIV staff do not understand the concept of dual protection, while FP staff often believe their clients are at low risk for HIV.

This funding will support the development, translation, printing and distribution of IEC materials related to FP topics. Before development of new materials occur, a group of stakeholders will meet to review existing IEC materials from other countries to determine whether existing materials can meet the needs. This activity will also support a similar effort to review, update, print, and widely distribute FP guidelines for Namibia. IEC materials and FP guidelines will be made available to government and FBO health care facilities, health care workers at military bases, and organizations carrying out health promotion activities.

Continued Associated Activity Information

Activity ID:	3856
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 108,986.00

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Diagnostic tests performed on infants of HIV+ mothers		☑
Number of health facilities with quality supervision and support	20	☐
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	270	☐

Indirect Targets

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting during the reporting period: 3723.

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
Military personnel
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
USG in-country staff
Lab staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)

Coverage Areas

Ohangwena

Omusati

Oshana

Oshikoto

Otjozondjupa

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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7403
Planned Funds:	$ 1,386,126.00

Activity Narrative: The USG has supported two key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) and one FBO/NGO, Lifeline/Childline (LL/CL) to implement the PMTCT, AB, ART, counseling and testing (CT), and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity). Capacity will provide clinical technical assistance, organizational and financial capacity building, and other human resource development support. The clinical technical assistance will be in the form of group discussions on clinical issues/cases, patient management software development, analysis of clinical data, updating of clinical information and consultation with in-country consultants (MoHSS and regional) and international consultants as appropriate.

CHS manages four faith-based hospitals and 45 health centers and clinics in 3 different health regions. LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics. The five FBO hospitals are serving a population of 400,000 (20% of the total population). LMS and CHS provide PMTCT, ART, CT, palliative care, prevention and training to their staff and communities they serve.

By the end of COP06 implementation period, decentralization of PMTCT services in 10 CHS and LMS clinics will be completed. In 07, services will be expanded to another six health facilities with an emphasis on quality of service delivery and encouraging male participation in PMTCT. In collaboration of the MoHSS, LL/CL and I-Tech, 40 new health workers from CHS and LMS will be trained in PMTCT plus refresher training for staff in existing sites. Training will include PMTCT, dried blood spot (DBS) for DNA_PCR testing and outreach to faith-based affiliates, Catholic AIDS Action (CAA), Evangelical Lutheran Church AIDS Program (ELCAP), and Evangelical Lutheran Church in Namibia (ELCIN). Capacity will cooperate with strategic partners Development Aid from People to People (DAPP) and Lironga Eparu (the national PLWHA NGO) to develop a support network for a mother-to-mother initiative utilizing the Mothers-to-Mothers-to-Be best practice model from South Africa (see Basic Health Care section). These support groups will assist the mothers enrolled in PMTCT and help in the tracing of infants missing follow up.

Virological testing of infants commenced in March 2006, and according to MoHSS guidelines will continue through 07. Support will also be provided to explore time-constrained complementary feeding options for infants following early weaning after exclusive breastfeeding by HIV positive mothers. All children enrolled in the PMTCT program will be closely followed with cotrimoxazole prophylaxis (CTX), continuous feeding options counseling and early diagnosis of HIV by PCR/DNA. They will also be provided a basic preventive care package by linking them to immunization centers, TB screening and INH prophylaxis for children at risk, mosquito nets, and TBD safe water measures (e.g., hyper-chloride tablets, safe water containers).

Capacity will implement a new male-involvement program in the five faith-based hospitals. The program will encourage male partners to participate in the full range of PMTCT services, including CT, family planning counseling, infant feeding, and ART. Focus groups of mothers, their partners, and policy makers will be held to develop and test potential methods of encouraging male participation such as sending notification of available services, allocating specific days such as Saturdays for counseling of males by male counselors. Tools to strengthen and encourage male participation will be explored and assessed based on local needs. Assessment will be through comparing male partners' anticipation percentage before and after implementing the program.

In 07, CHS will roll out PMTCT services to three additional district health centers/clinics in support of the network decentralization model. Based on the current levels of service provision, CHS will provide routine CT for approximately 4,250 pregnant women per year attending ANC services at CHS health facilities. 3,750 (88%) will receive post-test counseling. LMS is providing PMTCT services to all women attending ANC services at the integrated prevention, care and support center 'Shanamutango' at Onandjokwe Lutheran hospital. In 07, PMTCT services will be offered in three health centers. LMS will provide routine counseling and testing for about 3,750 pregnant women per year attending ANC services, delivering at the hospital or attending ANC services at other district health centers/clinics in support of the network de-centralization model.

Clinical staging and CD4 testing will be offered to all HIV positive pregnant women who

are post-test counseled and positive. This number is currently 450 each per year for CHS and LMS. HAART will be offered for those eligible according to national guidelines (60 per year for CHS and 70 for LMS). A single dose of Nevirapine or an alternative highly effective short-course regimen will be provided to pregnant women who are not eligible for HAART. These women will be enrolled in a program that includes a preventive care package of regular follow-up counseling, opportunistic infections prophylaxis and management, prevention counseling, TB screening, prophylaxis or TB referral, counseling for family planning (FP) and prevention, clinical nutritional counseling, linkage to community support groups (mother-to-mother groups) and medical monitoring. In 07, all mothers enrolled in the PMTCT program will have FP counseling in post-natal visits with more emphasis on ABC prevention and health education. Based on current figures, ~98% of all mothers who will be enrolled in the PMTCT program in the five faith-based hospitals will opt for one family planning method.

All facilities play a key role in community mobilization, through training community volunteers in PMTCT and conducting meetings with community members, including teachers and traditional leaders. Viral detection by PCR-DNA testing for infants of HIV positive mothers started in 1 CHS hospital in 06. The management of these infants follows the recommended algorithm from MoHSS. In 07, infant testing will be expanded to all CHS hospitals and 550 infants (CHS) and 650 infants (LMS) will be tested for PCR-DNA (represent 75% of infants born to HIV positive mothers and sick young babies from the hospital inpatient and outpatient departments).

LL/CL's trainers will continue to provide counseling training for community counselors for faith-based and MoHSS hospitals and clinics, ensuring that a qualified pool of trained community counselors are available to counsel pregnant women on the benefits of testing for PMTCT enrollment. LL/CL will provide supervision and support of previously trained counselors placed at hospitals and will train 120 new community counselors in PMTCT and maternal and infant feeding practices.

Capacity will work with HIV Clinician Society to train 80 private and public clinicians country wide in the provision of PMTCT services according to national and international standards.

Continued Associated Activity Information

Activity ID:	4734
USG Agency:	U.S. Agency for International Development
Prime Partner:	IntraHealth International, Inc
Mechanism:	The Capacity Project
Funding Source:	GHAI
Planned Funds:	$ 963,970.00

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

Targets

Target	Target Value	Not Applicable
Diagnostic tests performed on infants of HIV+ mothers	1,200	☐
Number of health facilities with quality supervision and support		☑
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	25	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,300	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,300	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	120	☐

Target Populations:

Doctors
Nurses
Pharmacists
Infants
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Hardap

Kavango

Omusati

Oshikoto

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative Agreement U62/CCU024419
Prime Partner: Namibia Institute of Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7927
Planned Funds: $ 40,000.00
Activity Narrative: This activity contains one component to provide an additional medical technologist to the diagnostic PCR laboratory at the main Windhoek laboratory of the Namibia Institute of Pathology (NIP). This is a new activity for FY07 in support of early infant diagnosis and relates to MoHSS PMTC_ 7334, CDC lab infrastructure_7358, NIP lab infrastructure_7337.

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. During FY05, the diagnostic algorithm for pediatric diagnosis using PCR has been developed and the use of dried blood spots (DBS) has been field-tested. During FY06 in collaboration with the Ministry of Health and Social Services (MoHSS) PMTCT program, the diagnostic DNA/PCR has been introduced for symptomatic infants and HIV-exposed infants at six weeks of age. Staff at the lab have been newly trained in PCR, new equipment has been bought, specimens are being processed (at least 1,000 thus far) and the rollout of decentralized training of health workers in the collection of DBS is underway. It is expected that >8,000 diagnostic PCR tests will be performed in FY07 and an additional technologist is needed for the laboratory to have sufficient capacity in response to demand. This person will be supported by the CDC laboratory scientist assigned to the NIP's molecular HIV laboratory.

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

Targets

Target	Target Value	Not Applicable
Diagnostic tests performed on infants of HIV+ mothers	8,000	☐
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

HIV positive infants (0-4 years)

Coverage Areas:

National

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: $ 8,756,505.00

Program Area Context:

USG-supported prevention programs focusing on AB are designed within the context of Namibia's National Strategic Plan on HIV/AIDS (2004-2009). The USG program is supported by a strong community network of implementing partners consisting of churches, FBOs and NGOs, Community Action Forums (CAFs), the national health system, and reinforced by a national communication program. Many USG partners are also supported by the Global Fund and thus leveraging both 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 07, USG will scale up a program of Participatory Life Skills Approaches (including sports and community cinema) designed to enhance community participation and leadership for promoting abstinence, fidelity and partner reduction.

Faith-based AB curricula have been developed by churches and FBOs. These target delay of sexual debut among youth ages 8-24, promotion of secondary virginity, being faithful and partner reduction for those who have become sexually active. The goal is to delay young people's sexual debut for as long as possible, ideally until marriage though marriage rates in Namibia are <20%.

In-and-out-of-school nationally recognized curricula, "Window of Hope" and "My Future is My Choice," originally developed by UNICEF and implemented in after school programs approved by the Ministry of Education (MOE), are being modified and integrated into life skills education in schools nationally. HIV/AIDS and life skills curricula in primary schools have already been introduced by the MOE with USG support, hopefully contributing to sustainability. Churches and CBOs are being supported to provide similar programs to ensure that youth are receiving the same and consistent messages. The MOE is also being supported to establish AIDS clubs, and provide training for parents, teachers, and lay counselors. In 07, a program addressing cross-generational sex will be expanded to include an international partner with gender expertise and community partners.

Cross-generational sex is the practice of older men having sex with young women and girls who need/want basic necessities of life and some extras such as food, rent, school fees, and etc. This practice is a key factor driving infection rates among young women whose infection rates are consistently higher than their male peers. The program will target young women and girls, their families and communities and the men with whom they are having sex. It will constitute a multi-faceted intervention with several USG implementing partners utilizing interpersonal and strategic communication, national and multi media and provision of concrete income generation opportunities.

Originally, the USG partners had planned to focus on the prevention strategies of AB to reduce the occurrence of cross-generational sex by working with young women and girls and their families in border communities. However, in 07, there has been a significant course correction and the Cross-Gen program will be modified with the addition of a new partner with gender expertise, substantially more involvement of community-based partners, more emphasis on the responsibility of men and the addition of micro-credit and training components. The USG will work with community implementing partners to identify and target young women and girls at risk for cross-generational/transactional sex as opposed to commercial sex utilizing and integrating the findings of their formative research to develop community-based activities and strategic communication programs focusing on abstinence, secondary abstinence and faithfulness.

In addition, 'Being Faithful' the USG's AB prevention and education program with the Namibian police, PolAction program, will include components on cross-generational sex as an unacceptable practice and the importance of faithfulness in marriage and committed relationships. Workshops will be conducted with police HIV focal persons to develop an understanding of the issues surrounding faithfulness and commitment, the importance of respect and communication within marriage, and the sexual and legal rights of women.

In 07, the USG will continue building the capacity of the Partnership for Take Control, assisting the Ministry of Information and Broadcasting (MIB) and other stakeholders in developing abstinence and faithfulness with a particular emphasis on encouraging men to understand the benefits of being caring, understanding partners as well as secondary prevention with PLWHA. The USG will support Take Control on the second phase of its national relationship campaign, "You & Me…together against HIV", focusing on such values as trust, respect, responsibility, honesty and communication in relationships to promote abstinence and faithfulness. The concept being that if men and women have healthy, loving relationships based on the above values, it's more likely that they will abstain or be faithful, and support each other should treatment be necessary. Given the high incidence of gender violence in Namibia, many of these messages will be directed toward men, highlighting their role in contributing to healthy relationships and the need for them to take responsibility for their behavior in their relationships with women.

In 05, USG began strengthening the development and dissemination of AB prevention messages through community counselors (CC) who provide patient and community outreach from health sites. A total of 175 CC have been placed in 74 public health facilities with a high concentration of HIV-positive patients. The development of a new cadre of 480 CC by 12/07 for public health facilities is a key strategy for HIV Prevention with Positives (PwP) which includes AB counseling.

USG has initiated educational programs to promote AB messages through its partner, DAPP which implements a door-to-door community program and a youth prevention program. In 07, these programs will continue to support AB messages that educate and empower densely-populated, high prevalence areas of Windhoek and northern regions of Namibia.

Preliminary evidence from the U.S. and some African countries indicates that prevention of sexual transmission interventions for PLWHA have been effective. The USG will work with JHU/Nawa Life Trust (NLT), MoHSS, and other USG partners to deliver prevention messages through the Prevention with Positives (PwP) initiative in clinical and community settings. The USG will assign a Technical Advisor on prevention to serve as the focal person for the initiative and collaborate with the CT Technical Advisor to incorporate effective HIV PwP counseling for those newly diagnosed in CT and VCT settings. The USG will also assist with the adaptation of PwP for use by community partners, with TOT trainings and materials supporting the OGAC PwP initiative.

In 06, a campaign was initiated by Community Action Forums (CAFs) addressing issues of alcohol abuse with youth using a youth friendly format,'5 Good Reasons' and '5 Good Ways' to control your drinking. In 07, support will continue to the MoHSS, USG NGOs/FBOs, CAFs and other organizations who are active stakeholders in the National Drug Control Master Plan for 2004-08 (developed under the auspices of the GRN established Coalition for Responsible Drinking to educate the community about the role of alcohol and HIV).

In 07, the USG will continue its work with 10 FBO partners strengthening the organizational and human development capacity of these organizations and other sub-partners to receive direct USG funding.

Details regarding evaluation of prevention programs can be found under activities 10042 & 10101 (SI) and 8030 (C/OP).

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	57,027
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	241,784
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,055

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025166
Prime Partner:	Development Aid People to People, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7325
Planned Funds:	$ 1,704,888.00

Activity Narrative: Development AID from People to People (DAPP) has two main AB activities in Namibia: Total Control of the Epidemic (TCE) and Hope Humana. DAPP AB activities principally involve house-to-house AB education by trained TCE Field Officers (FOs) and community volunteers, as well as the expansion of Hope Humana youth clubs in schools, along with a pilot program of sports clubs for adult men. Overall, TCE resources support more prevention than care activities, and thus funding is allocated across 3 program areas: DAPP AB_7325 as well as DAPP Condoms-Other Prevention_7327, and DAPP Basic Care_7326.

TCE is a highly organized house-to-house mobilization strategy that aims to individually educate and empower members of a community to reduce risk of HIV and to access HIV resources in the community. The TCE FOs assess the risk level of household members and provide information and referrals accordingly. TCE was established in northern Namibia in 2005 with support from the Global Fund and PEPFAR (in the regions of Omusati, Oshana, and part of Ohangwena and Oshikoto with Global Fund and remaining Ohangwena, Oshikoto, and part of Kavango Region with PEPFAR). The Global Fund supports 290 community members trained as FOs. Of note: the 2005 Global Fund annual report singled out TCE as one of 3 success stories in Namibia.

To date, with PEPFAR support TCE has recruited, trained, and employed an additional 150 community members as FOs who, as of July 31, 2006, reached 109,600 community members (36.5% of the target of 300,000) through household visits. The visits involve registration of household members, targeted AB communications or other prevention communications as appropriate, and mobilization of community members to seek VCT and PMTCT services. Community volunteers are a key, and PEPFAR-supported FOs have recruited and deployed more than 1,960 to assist with these health messages and referrals. FOs and volunteers facilitated 11 support groups and organized community-wide HIV-related activities. TCE works in close collaboration with many local organizations and PEPFAR partners, for example, through their distribution of local-language IEC materials developed by Johns Hopkins University and condoms provided through the MoHSS.

FY07 funds will support (1) continued and more intensive AB activities within current regions and (2) introduction of the program into additional regions, including the neighboring eastern half of Kavango region (in response to demand from political leaders), Caprivi region (which has Namibia's highest HIV/AIDS prevalence at 43% in 2004), and the central Khomas region (which includes the most densely populated and high-risk settlements in Namibia in Katutura, Windhoek). A total of 122 new FOs will be recruited and trained for these new regions, covering a population of 244,000, bringing the total population covered to 544,000. If 70% of this population is reached by FOs during the reporting period, and an estimated 40% or 152,320 will be reached with AB messages during the reporting period. (The remaining 60%, or 228,480 will be reached with OP messages.)

Because youth are at high risk for HIV infection, particularly young girls, persons in houses and schools under age 15, FOs emphasize abstinence messages. During the ongoing sessions with under-15-year-olds, the FOs discuss: 1) Knowledge about HIV virus, how it works and spreads; 2) General knowledge of sexual life, 3) Deciding not to get infected by HIV; 4) Deciding consciously to delay the first sexual encounter, and 5) Risks of teenage pregnancy

For adults, young persons who ask, and those at high risk of contracting HIV through sexual contact (such as migrant workers and spouses, persons having sex with a person of unknown HIV status, persons with multiple partners), FOs discuss:1) Knowledge about HIV transmission; 2) Prevention of HIV through correct and consistent use of condoms, including demonstrating how to use condoms; and 3) knowing where condoms are available. FOs also distribute condoms to those who have received education.

Support visits to TCE FOs have demonstrated that assistance is needed to refine their communication messages and strategies to optimize delivery of the AB approach and discussing other prevention. Especially in need of greater emphasis are effective approaches to achieve behavioral change in terms of being faithful to partner(s) of known HIV status and partner reduction, particularly for adult men. Support from a USG-funded behavioral change specialist will be provided in late 2006 to further support TCE to

enhance their prevention messages, including the incorporation of gender-related issues around partner reduction and family planning. FY 07 funds will support follow-up TA and retraining to ensure recommendations were implemented.

In 2007, DAPP will receive direct funding to continue its Hope Humana YOUTH CLUBS in schools (previously funded under FHI, now PACT). The program is now being implemented in Omusati Region in cooperation with the Regional Aids Coordinating Committees (RACOC), local leaders and the MOE. DAPP has observed that the rate of teenage pregnancies is high and that it is widely accepted in the culture that young girls/women have babies and leave them to be taken care of by their grandparents or aunts while they search for jobs and continue studying. In the school year 2007, 45 schools in Omusati will remain engaged in the program (22 previous schools and 23 new schools), and 25 new schools in Ohangwena, 25 in Oshikoto, and 25 in Kavango will join. This comprehensive youth education prevention program uses participatory education sessions with games and drama, and peer education with AB messages. The project involves training peer educators, teachers and volunteers and it targets boys and girls 14-19 years of age, focusing specifically on the girls and their right to say no to sex in relationships, delay the first sexual debut and promote abstinence before marriage. At the annual Hope Youth Festival, student participants from all schools make presentations and attend as representatives, sharing their lessons learned with their communities.

The TCE FO program operates within a continuous learning and support system. Initial training is a 4-week course on basics of HIV transmission, STIs, abstinence and behavior change, and appropriate condom education. The course orients FOs to the TCE mission and structure and how to use household registers to document all activities. Role-playing enables practice in communicating prevention messages. FOs begin visiting assigned households (2000 people per FO) with an experienced FO. FOs report to their immediate supervisor, the Troop Commander (TC). Groups of 50 FOs meet together each Friday under the leadership of a TCE TC with support from Special Forces (SF). FOs report numbers of persons educated, share experiences, ask questions; challenging questions are taken up to the Division Commander. The weekly sessions are effective in identifying additional FO information/skills needs, which are met by organizing trainings or linking with appropriate resource groups in the community. SF members also visit their FOs in the field on short notice to assure quality.

FY2007 funds ($7500 for 10 clubs) will go towards a pilot intervention targeting adult men in collaboration with the Johns Hopkins' University Nawa Sport initiative (see DAPP OP activity_7327 as well as Johns Hopkins activities in AB and C/Other Prevention_7455 and 7457). This activity involves TCE staff being trained as soccer coaches to then organize sports clubs for men to insert strong behavior change messages using sports language and creation of good role models. The messages will be reinforced each session on a weekly basis.

Continued Associated Activity Information

Activity ID:	3927
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Development Aid People to People, Namibia
Mechanism:	DAPP
Funding Source:	GHAI
Planned Funds:	$ 336,509.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	51 - 100
Information, Education and Communication	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 (a subset of total reached with AB)	4,750	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	152,320	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	522	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Pregnant women
Volunteers
Children and youth (non-OVC)
Girls
Boys
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas

Ohangwena

Kavango

Oshikoto

Caprivi

Khomas

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7329
Planned Funds:	$ 2,375,000.00

Activity Narrative: This activity is an expansion over FY06 and includes continued training and deployment of Community Counselors support for education on the association between alcohol and HIV.

(1) MOHSS established the Community Counselor cadre in 2004 to assist doctors and nurses with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as community counselors as a strategy to reduce stigma and discrimination. To date, 175 community counselors (approximately 25% of whom are HIV positive) have been placed at 74 health facilities. With FY07 support, this number will increase to 430 by September 2007, and to a final target of 480 by December 2007. PEPFAR funding for the "Community Counselor package" includes: recruitment and salaries for the community counselors, 13 regional coordinators, and an assistant national coordinator (implemented through the Namibian Red Cross); initial and refresher training for community counselors (implemented by a local training partner); supervisory visits by MOHSS staff who directly supervise the community counselors; training for MOHSS accountants who provide financial management assistance to the program; support for planning meetings and an annual retreat for community counselors; and support for community counselor participation at international conferences. Within COP07, funding for Community Counselors, who dedicate part of their time to this activity, is distributed among six Ministry of Health and Social Services activities: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360).

Community Counselor prevention activities include delivery of AB and C messages appropriately targeted to various risk groups defined by age, sex, HIV status, and presentation of other STIs, and distribution of condoms to high-risk groups in health facilities. Community counselors are the primary personnel at health sites responsible for providing HIV testing and counseling, and in this capacity, are well-positioned to deliver AB prevention messages to those who test either positive or negative. They conduct both group and individual sessions primarily in a range of outpatient settings (antenatal clinic, TB clinic, ART clinic, outpatient services for VCT, etc). Community counselors are trained to encourage clients to bring in their partners for counseling and testing, providing opportunities to deliver prevention messages to discordant couples (approximately 12% of couples in VCT are discordant). As part of development of an individual risk reduction plan during the post-test counseling stage, the options of sexual abstinence, partner reduction, and being faithful to a partner of known HIV status, along with correct and consistent condom use, are presented as ways in which to prevent HIV.

A high proportion of community counselors' clients will be sexually active HIV-positive patients in health facilities, providing an opportunity for Prevention with Positives approach. Beginning in October 2006, community counselors will be among the first to trained to roll out the new in "Prevention with Positives" counseling (using the generic curriculum developed by CDC) and will provide these counseling services at the ART sites to which they are assigned. Community counselors 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. In addtion, funding for this activity includes travel for technical support for PwP from Atlanta.

(2) 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.

The $75,000 plus up funds will support two components: (1) Design and implement a nationwide alcohol intervention. This intervention will be shaped in the latter half of FY2007 as a result of technical assistance that will develop a strategic plan for addressing the monumental issue of alcohol abuse as it relates to HIV transmission and ART

adherence. [$50,000] (2) Conduct the first national conference on "Men and HIV". This conference will be planned and carried out by the end of FY2007. Funding will support meeting space, travel for participants and speakers, and other related costs. Major objectives of the conference will be to bring together stakeholders from throughout Namibia to develop strategies to expand men's uptake of HIV prevention and care services. Key to this conference will be to gain extensive input from men to shape a strategic plan. Another component of the conference was to begin to have policy discussions around male circumcision. International experts will be invited to present findings from the recent MC studies, to review WHO guidance, and to begin to talk about the possibilities for MC efforts in Namibia. [$25,000]

Continued Associated Activity Information

Activity ID:	3875
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Services, Namibia
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 398,427.00

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

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	65,120	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	☐

Target Populations:

Adults
Community-based organizations
Family planning clients
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

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: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7402
Planned Funds: $ 0.00

Activity Narrative: The Siyafundisa program is a continuing centrally funded activity that is divided into different components, addressing five main objectives: 1) increasing abstinence until marriage; 2) promoting fidelity in marriages; 3) decreasing harmful behaviors; 4) increasing the number of people who know their sero-status; and 5) strengthening early HIV/AIDS prevention. The primary program components are: skills-based training, community mobilization, community outreach, raising awareness and capacity building for youth. The Anglican Church continues to incorporate HIV prevention education in all the structures of the church, including Sunday Schools, Confirmation Classes, Youth Guilds, Mother's Unions, Men's Groups, and Clergy Forums.

In FY07, Sunday School teachers, Confirmation Class teachers, Clergy, Mother's Union and Anglican Women Fellowship members will be trained to be co-facilitators and trainers in AB focused HIV prevention. The program will be implemented in 16 parishes and 94 outstations (congregations) reaching 2,000 youth and training 622 youth as AB educators. Sections of the Anglican Churches Channel of Hope Manual will be used as a community mobilization curriculum. Each parish will have young people trained as community mobilizers, advocating and raising awareness of AB focused HIV prevention including facts and statistics on HIV prevalence among youth. Twelve (12) community mobilization trainings will be conducted in six different arcdeaconries (Odibo, Ehnana, Oshakati, Swakopmond, Windhoek, Mariental and the Walvis Bay). Each training will be conducted for three days, training 32 youth ages 18 – 24 (32 X 12 =384) on basic facts about HIV/AIDS and young people, and the importance of Abstinence and Being Faithful. A Clergy School training will also run for three days with emphasis on training clergy and lay leaders to instill the message of Faithfulness in relationships & in marriages; to more aggressively address the reduction of multiple partners; to challenge clergy to address the issue of prevention with men and support them to be responsible parents and husbands to their loved ones. These trainings will also cover the issue of cultures and attitudes towards Abstinence and Being Faithful as an approach to HIV/AIDS prevention. Training will also focus on empowering trainees to communicate the importance of men and boys in the fight against HIV.

Siyafundisa has adopted the Rutanang (Teaching one another) Peer Education model, which is a South African based peer education guide developed by the Harvard School of Public Health. It's a model used by different schools in South Africa. The peer education program will be piloted in four parishes: two in Windhoek and two in Odibo. The program will then be rolled out over 18 months throughout all the Parishes in the Diocese of Namibia. The Peer Education training is structured so that each parish will have a supervisor who is responsible for coordination of the program at parish level, selection of peer educators, training of peer educators and assistance with the logistics of developing education sessions. Once the supervisors have been trained, they will train 15 peer educators per parish, (16 x 15 = 240) who then become leaders for the peer education lessons. The peer educators will work in teams of three (240/3 = 80 teams) reaching 20 young people per team (80 x 20 = 1600). Rutanang participants will only be counted once they have finished all six sessions of training. The lessons include; self worth & self esteem, relationships, communication, assertiveness, refusal, asking for help, gender, media influence, personal safety and helping others. The curriculum is developed for the program with a clear AB focus on HIV prevention. Youth are divided into three age cohorts: 10 -13, 14 -17 and 18-24. Plans are being made to implement the program at the Diocesan schools in Windhoek and Odibo where the peer education will be introduced gradually.

Important events, which include World Aids Day, candle light memorials, Women's Day, Youth Sunday, Youth Month have been identified with special themes to address the issue of AB prevention and further engage youth in debates on the subject of the importance of Abstinence and Being Faithful. The themes will be linked and supported by scripture readings that will be developed into sermon notes (as a guide for clergy and lay people that lead the services in church on these selected dates). Posters, flyers and pamphlets will be produced with a specific theme for each occasion. In the area of capacity building, parish volunteers for the program will be trained through the services of Catholic Aids Action of Namibia on facilitation skills, program management, and implementing community-based training and education sessions. An "Ambassador" program will also be launched, which will form a network for all the volunteers of this program to exchange information and offer support across regions.

Continued Associated Activity Information

Activity ID: 3773
USG Agency: U.S. Agency for International Development
Prime Partner: Fresh Ministries
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	600	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,600	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	640	☐

Indirect Targets

The Siyafundisa program seeks to extend its activity to promoting Voluntary Counseling and Testing as a target objective. This will result in youth trained as lay-counselors within national guidelines. Youth from different parishes will also be trained in HIV & AIDS related community mobilization for prevention, which will build on the capacity of local individuals to conduct AB focused HIV prevention education sessions. Through the sections of the Churches Channel of Hope mobilization manual, members of different congregations (clergy, youth leaders and other members of church organizations) will be trained in HIV-related stigma and discrimination reduction, this will strengthen the churches response in the fight against stigma and discrimination of people living with HIV & AIDS. At these trainings, youth from different organizations and denominations will be invited to participate in AB focused HIV prevention as outlined in the Siyafundisa program. This will be considered technical assistance to other organizations in building their capacity through trainings that the church will provide.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Children and youth (non-OVC)
Girls
Boys
Secondary school students
University students
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Reducing violence and coercion

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Erongo

Khomas

Ohangwena

Oshana

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	The Capacity Project
Prime Partner:	IntraHealth International, Inc
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7408
Planned Funds:	$ 403,174.00

Activity Narrative: The USG has supported two key faith-based partners, Catholic Health Services (CHS), Lutheran Medical Services (LMS), and one FBO/NGO, Lifeline/Childline (LL/CL) to implement the PMTCT, AB, ART, counseling and testing, and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity).

LL/CL is a registered Namibian NGO with a faith focus, operating since 1981. It operates two main programs, counseling training and school-based and community prevention programs aimed at youth. LL/CL trains volunteer counselors, community counselors, lay counselors and nurses in PMTCT counseling, counseling and testing, ARV counseling and provides supervision and psychological support. In addition, it provides refresher training to counselors and nurses in the field. The trained graduates, community counselors, are deployed in the MoHSS health system which includes FBO health facilities. The school-based and community programs of LL/CL provides A & B prevention activities to student and teachers as well as the general public through its community radio services and face to face counseling sessions.

In Namibia, NGOs and faith-based organizations play a critical and active role in HIV/AIDS prevention and care. The USG supports a comprehensive youth prevention program through the use of multi-media, participatory drama, life-skills training and previously developed youth-focused Christian family life education (CFLE) curricula, focusing on AB messages. In 07, the USG will continue to support faith-based youth programs using NGOs and faith-based affiliates to implement the AB programs. LL/CL plays a key role in this program area.

On a national level the LL/CL Schools program conducts AB activities in schools for students including OVC. In addition, two of the three teams of the LL/CL conduct regular community outreach/mobilization activities in northern villages around the catchment area of the schools.

The LL/CL School Program uses drama as a communication and learning tool for children to safely address issues of "YES and NO Feelings." The program will reach 45,000 children and teachers in Grades 1 through 7 in 150+ schools across 12 regions (one additional region in 07). The program teaches children about HIV/AIDS and sexuality before they become sexually active, sexual assault, abuse, and provides children with skills to resist unwanted sexual approaches and to deal with strangers.

"Being a Teenager" is a life skills theater forum program for students at secondary schools including OVC. Vulnerable or abused children will receive additional counseling and specialized support services through 200 trained teachers and counselors. The counselors will refer the clients to the appropriate services including youth-friendly counseling and testing sites monitored by LL/CL.

LL/CL will expand its Windhoek-based community radio call-in program on AB prevention to all regions. According to the Namibian Broadcasting Corporation (NBC), this program is expected to reach 100,000 – 120,000 (~6% of the total national population) members of the general public by the end of 07. This figure represents an increase of about 300-400% of the number of listeners reported in 2005. The program takes the opportunity to discuss issues related to abstinence, fidelity, reduction of partners, gender-based violence, sexual coercion and male norms in the community. Plans for expanding the program content include a partnership with "Leading DADS" a newly founded NGO. The partnership will also include "DAD" talking to children on relationship issues such as love, respect, boundaries, feeling of safety, respect, male and female roles etc. This partnership will use the radio services of LL/CL to broadcast a dialogue between children and adults to discuss these issues including a direct dialogue with the audience. An evaluation to determine community acceptance of the "Leading DADS" concept will also be conducted.

Continued Associated Activity Information

Activity ID: 6609
USG Agency: U.S. Agency for International Development
Prime Partner: IntraHealth International, Inc
Mechanism: The Capacity Project

Funding Source: GHAI
Planned Funds: $ 219,795.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
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, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
People reached through radio programming	120,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	45,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	46,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
Teachers
Children and youth (non-OVC)
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7414
Planned Funds:	$ 647,261.00

Activity Narrative: Since 2003, the USG has been working with churches & their faith-based affiliates to implement age appropriate youth programs focused on delay of sexual debut, abstinence & faithfulness. Recent research findings indicate that 14.4% of males & 4.4% of females in Namibia initiated sex before age 13, and in 2004 the HIV infection rates among pregnant girls ages 13-19 and 20-24 were 9.9% & 18.7% respectively, an indication of risky sexual behavior among youth that requires persistent intervention. In FY07, Pact will use the results of a USG evaluation of prevention activities to improve curricula, techniques, & prevention strategies to promote AB messages among youth & other at-risk populations. The PACT AB prevention program will use grants & targeted technical assistance to support 6 faith-based organizations (FBOs) & two multi-purpose centers to deliver quality AB prevention interventions in all 13 regions of Namibia. The program will build local capacity for Namibian organizations to be viable & growing HIV/AIDS service delivery organizations in the long term. The organizational capacity program is coupled with a focused TA plan of developing the technical capacity of sub grantees to delivery AB prevention.

The Evangelical Lutheran Church in Namibia (ELCIN) aims to reduce the rate of HIV-prevalence among youth 14-25 through delay of sexual debut, abstinence until marriage & discouraging risky behaviors among sexually active youth. ELCIN works nationally but also in the Oshiwambo-speaking North. ELCIN will adapt a 15-session Christian Family Life Education curriculum that has been evaluated in FY06 to train 75 peer educators & other program facilitators. In FY07, ELCIN will reach 100 Lutheran congregations (3,500 youth) with AB life-skills messages & 2,000 with "A" only messages.

Catholic AIDS Action (CAA) will use strong participatory learning strategies to empower youth to understand more about HIV infection & AIDS, & develop personal strategies & skills to prevent infection. 175 trained, supervised peer educators will implement these curricula throughout Namibia, reaching 7,000 youth. Peer educators will be provided with a modest stipend for each course & receive supervision by CAA staff during implementation. The program aims to reduce new HIV infections & ensure that OVC supported by CAA also have access to AB prevention messages.

The Apostolic Faith Mission (AFM) will continue to use its network of 110 local congregations to offer AB prevention messages in Otjozondjupa, Otjikoto, Oshana, & Ohangwena regions. AFM will strengthen community outreach activities to deliver age appropriate HIV/AIDS prevention messages. AFM will reach 5000 individuals by promoting risk avoidance & risk reduction strategies, & address social, cultural, & gender norms in their programming. They will reach 3000 people with A messages only. To achieve these targets, AFM will train 100 volunteers on AB strategies in communities, schools & churches, as a component of their broader holistic program which includes home-based care, counseling/bi-directional referrals to treatment facilities, & OVC care & support.

Change of Life Style (COLS) focuses on preventive early intervention & advocacy for children who are at risk of criminal behavior or who are already in conflict with the law, They work through churches & FBOs in Khomas & Erongo to educate at-risk youth age 8-16 about HIV prevention, negotiation, conflict resolution, critical thinking, decision making, & communication. They aim to improve the self-esteem of youth & arm them with the ability to make informed choices, postpone sex until mature enough to protect themselves, delay sexual onset,promote secondary virginity, & remain faithful to one tested partner. In FY07, COLS will partner with 20 local churches & FBOs to support TOT & refresher training, participatory workshops, small group discussions, parent-child programs, & offer recreation activities that enhance HIV prevention knowledge & responsible decision making. COLS will reach 3,000 youth with A only messages, sensitize 600 religious leaders & parents to do AB messaging & mentoring of youth, & integrate AB into 20 church & community programs. It will also run youth-weekend camps & holiday clubs when school is in recess to promote AB activities for an additional 3,000 youth.

The Walvis Bay Multi-Purpose Center (WBMPC) will continue to use multi-media participatory drama & peer education to promote AB messages & other HIV/AIDS preventive behaviors. In FY07, the program plans to support 9 local schools to identify & develop opportunities for new AB initiatives; mobilize teachers & students in these schools around abstinence (primarily) & faithfulness; train 70 peer educators to provide 9,000 students with AB information/education & referrals to WBMPC & other community

resources linking counseling, testing, & psychosocial services. WBMPC will implement 3 school holiday programs (1-2 weeks each) to provide students with HIV/AIDS education, AB interventions, & life-skills development. They will implement an AB program in the community catering to at-risk out of school youth & women. 70 peer educators will be trained to reach 9,000 individuals out of a 40,000 catchment population in Walvis Bay.

The Sam Nujoma Multi-Purpose Center in Ongwediva aims to reach 2,000 in-school youth primarily with A only message & about 6,000 out of school youth (of which 2,500 are youth workers in local SME) with AB messages in FY07 by training 120 peer educators in local schools. They will incorporate results from an FY06 evaluation of their curriculum, & ensure that AB messages are consistent. Peace Corps volunteers will also support this program to increase program cross-fertilization and community ownership.

The Rhennish AIDS Program will work with 16 church congregations in Hardap, Erongo, & Khomas regions to train 32 volunteers as peer educators. The volunteers will reach 1,170 youth with AB messages & 240 school-going youth with A only messages through implementation of youth camps, CAA's Stepping Stones & Adventures Unlimited curriculum.

The Namibian Nature Foundation will reach rural conservancy committees in 10 of the 13 regions of Namibia, and enable the extension of the HIV/AIDS Prevention Program to two additional regions. Currently, 8 new conservancies are in the process of being registered and 30 are currently under development (in addition to the 44 registered ones). More PLWHA support groups will form, and referral systems for accessing care, support, and treatment services will be carefully monitored and facilitated. The program will also continue to assist conservancies to explore more income generating activities to support AIDS affected households. Th conservancies use small grants to support implementation of activities that encourage abstinence until marriage, fidelity in marriage or other sexual relationships, and partner reduction. A strategic partnership between NNF and Acquire/Engender Health will also ensure that technical assistance is provided to conservancy structures tackling male norms and behaviors in rural contexts, and allow gender-sensitive training approaches to be adopted for the implementation of HIV/AIDS prevention services, and linkages to care and treatment in conservancies.

These AB programs will work closely under PACT to harmonize AB prevention messages, ensure that interventions are strategically targeted, culturally appropriate, & integrate strategies addressing gender norms, & provide referrals to other prevention services, if needed. Pact will also incorporate HIV/AIDS prevention messages in a nationally-distributed Youth Paper that will reach 100,000 youth.

Continued Associated Activity Information

Activity ID:	6470
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH
Funding Source:	GHAI
Planned Funds:	$ 1,670,240.00

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	16,740	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	39,670	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	752	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Gender

Increasing women's legal rights

Twinning

Volunteers

Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Social Marketing Association/Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7419
Planned Funds:	$ 0.00

Activity Narrative: Justification: Through the CR process it was discovered that PSI/SMA had a significant FY 06 pipeline for both VCT and Prevention (HVCT, HVAB and HVOP). In the past there have been concerns expressed by the COP technical review committee regarding the high cost of individual client testing at the community VCT Testing Centers (New Start) supported by SMA/PSI with funding, technical assistance and supervision. In addition, and as a result of increased monitoring by the USG, some performance issues have been identified. As a result of the above, a decision was made to move funding for FY 07 service delivery of community VCT to IntraHealth/The Capacity Project which already manages 5 of the 15 currently operating community VCT centers. Because of the remaining pipeline, it is not anticipated that SMA/PSI will need additional funding for FY 07 to maintain its prevention programs.

Cross-generational sex is the practice of older men having sex with young women and girls who need/want basic necessities and some extras such as food, rent, school fees, nice clothing, cosmetics, etc. This practice is a key factor driving infection rates among young women, whose infection rates are consistently higher than their male peers. Targeting young women and girls, their families and communities and the men with whom they are having sex will constitute a multi-faceted intervention with several USG implementing partners utilizing interpersonal and strategic communication, national and multi-media and provision of concrete income generation opportunities. Originally, Social Marketing Association (SMA) had planned to focus on the prevention strategies of abstinence and being faithful to reduce the occurrence of cross-generational sex working with young women and girls and their families in border communities. However, there has been a significant course correction in programming as a result of issues emerging from the USG Prevention Workshop in June 06 regarding expanding male involvement.

The Cross-Gen program will be modified with the addition of a new partner with gender expertise, substantially more involvement of community-based USG partners, more emphasis on the responsibility of men and the addition of a micro-credit component. SMA will now work with other USG implementing partners to support them in utilizing and integrating the findings of the formative research focusing on abstinence, secondary abstinence, fidelity, partner reduction and other prevention strategies as appropriate (see also Other Prevention), to identify and target young women and girls at risk for cross-gen/transactional sex as opposed to commercial sex, and to contribute to the strength of the overall Cross-Gen program through its comparative advantage and significant experience in working with border communities through Health Awareness Days and training. Targets: 15,000 young women and girls in their communities, 59,500 men through SMA's program targeting Namibia police and border officials (see also Other Prevention) and training 147 community–based partner staff and community members to promote HIV/AIDS prevention through abstinence, secondary abstinence, fidelity, and partner reduction. Programming will also leverage a formal relationship recently developed between PSI (SMA parent) and the African Union (AU) to address cross generational sex in 8 target countries across the continent. The goal of the Namibian component of the program 'Wake Up Namibia' will be to increase understanding of the dangers of cross-generational sex by young women, their families and communities, to reduce societal acceptance of the practice to reduce peer pressure and to increase a young women's sense of self-worth and self-risk. During the first year, the program will explore opportunities to involve community counselors, church and community leaders, and school professionals to determine how best to support these young women and girls, e.g., micro credit, training for employment opportunities, and income-generation activities. In addition, "Being Faithful" SMA's HIV/AIDS prevention and education program with the Namibian police PolAction program will include components on cross-generational sex as an unacceptable practice and on the importance of faithfulness in marriage and committed relationships. Focus groups will be conducted with the police to further explore attitudes towards cross-generational sex and faithfulness. Workshops will be conducted with police HIV focal persons from all regions in order to develop an understanding of the issues surrounding faithfulness and commitment, the importance of communication within marriage, the sexual and legal rights of women 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.

Continued Associated Activity Information

Activity ID:	4739
USG Agency:	U.S. Agency for International Development
Prime Partner:	Social Marketing Association/Population Services International
Mechanism:	Cooperative Agreement
Funding Source:	GHAI
Planned Funds:	$ 311,502.00

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	☐

Table 3.3.02: 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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7455
Planned Funds:	$ 1,268,027.00

Activity Narrative: This activity is linked to ACQUIRE OHPS #8031 which allocates funding to support capacity building of Ministry counterparts and targeted technical assistance at a national level. It is a supplement to the global OGAC Men and HIV/AIDS Initiative, the goal of which is to integrate evidence-based program models and practices into HIV/AIDS prevention, care, and treatment programs to achieve large-scale, positive change in male norms, roles, and behaviors.

COP FY07 Plus Up Funding to the Initiative: ACQUIRE/Men as Partners will expand and accelerate priority male norms/behavior programs for USG FY07 im plementing partners. Specific activities will be identified through development of a national male norms/behavior strategy (which will be developed through the Initiative with expected completion by June 2007) and will be based on program performance in the initial stages of the Initiative. With the additional field support funds, The ACQUIRE Project and Instituto Promundo will provide technical assistance on male engagement in HIV and AIDS to at least an additional eight PEPFAR partners in addition to the ones who will be supported through the global gender initiative. The technical assistance will include support in the conceptualization, design and implementation of a Men and HIV/AIDS mass media campaign whose messages and targeting will support the national male norms strategy. Mass media will play a critical role in the overall initiative, lending scale and credibility to interpersonal communications, which is aimed for depth and highly specialized targeting.
Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning to direct funding as a local NGO under Namibian law, known as Nawa Life Trust (NLT). Pending results of the required pre-award survey, including financial/ organizational capacity evaluation and recent information regarding timing for availability of FY07 funding, it will initially enter into a 'Leader with Associates Award' under JHU/HCP as NLT/JHU and move to direct funding when it meets all eligibility requirements under USAID's Acquisition and Assistance regulations. This process will ensure the continuity of program activities. The direct funding mechanism will replace the Associates Award and be implemented as soon as Nawa Life Trust is deemed eligible and is approved through the Botswana USAID Regional Contracting office.

Take Control Mass Media Campaign
NLT will continue to work with the Ministry of Information and Broadcasting's (MIB) nationally mandated HIV/AIDS communication campaign, Take Control, to promote behavior change amongst 500,000 Namibians through radio and TV. Independent media marketing research reports that radio is available throughout Namibia in both urban and rural areas and that TV access through community viewing has penetrated many peri-urban areas in the north. Take Control has an executive board which is responsible for program and message planning; the membership consists of other line ministries, NGO/FBOs, USG and UN representatives. Since 05, NLT has worked through Take Control to reach the general population with messages on abstinence, secondary abstinence, fidelity and counseling and testing (CT). NLT worked closely with UNICEF and Take Control to spearhead its Call To Action Campaign: Be Your Own Hero, which utilized radio, television, newspapers and IEC materials, to transmit strong AB and partner testing messages. The USG VCT partner, SMA, measured and reported that there was a significant increase experienced by VCT centers nationwide. Through its work with Take Control, NLT has helped strengthen and expand this Government led media campaign by encouraging active participation and ownership by and between governmental, non-governmental, Faith-based and UN organizations.

In FY07, NLT will continue working with the Partnership for Take Control, assisting the MIB and other stakeholders in developing and testing abstinence, secondary abstinence, and fidelity messages with a particular emphasis on encouraging men to understand the benefits of being caring, understanding partners and secondary prevention with PLWHAs. NLT will work closely with Take Control on the second phase of its national relationship campaign, You & Me…together against HIV, which will focus on such values as trust, respect, responsibility, honesty and communication in relationships to promote abstinence, fidelity, and partner reduction. The concept behind the campaign being that if men and women have healthy, respectful relationships based on the above-mentioned values, it's more likely that they will abstain or be faithful, go for HIV testing together, and support each other should treatment be necessary. Given the high incidence of gender violence in Namibia, many of these messages will be directed toward men, highlighting their role in

contributing to healthy relationships and the need for them to take responsibility for their behavior in their relationships with women. NLT will also work with this national campaign to develop effective media strategies using critical research findings and results from community needs assessments (see also Strategic Information).

Within the framework of the national communication strategy, NLT will support the implementation of USG program components that link with other partners promoting abstinence/delay, partner reduction, secondary prevention/living positively, uptake of VCT and treatment services. This will include supporting the production of three TV spots, three radio spots and a variety of print materials that promote these behaviors as well as the development of outreach activities for Community Action Forums (CAFs) that take the same messages to the community level and provide opportunities for interpersonal communication around campaign topics (see also Condoms and other Prevention).

Prevention with Positives Community Adaptation
Preliminary evidence from the U.S. and some African countries indicates that prevention of sexual transmission interventions for PLWHA have been effective. The USG will work with NLT, MoHSS, and other USG partners to deliver prevention messages through the "Prevention with Positives" (PwP) initiative in clinical and community settings. NLT will work in partnership with initiative partners such as JHU/South Africa to adapt the curricula for use by community partners, to assist with TOT trainings and the development of community-based materials supporting the OGAC PwP initiative.

Community Outreach
NLT will continue working through its 16 CAFs, as a means of conducting HIV/AIDS activities throughout the country at the community level. It will also continue to conduct HIV/AIDS training and refresher workshops with 240 CAF members, which include abstinence, fidelity and partner reduction as key prevention behaviors. They will conduct community outreach efforts in churches, schools and shebeens (local, non-licensed bars), reaching over 20,000 people. NLT has also implemented a pilot community sports intervention for young men and trained 32 CAF members and 32 community members as facilitators in its new sports-oriented HIV prevention curriculum, Nawa Sport. CAF members will work exclusively with men in community-based soccer teams combining a sport discipline and team work philosophy with strategic communication on prevention through entertaining sports events, aiming to reach an additional 23,000 Namibian men and boys. The Nawa Sport curriculum contains sessions emphasizing the benefits of abstinence, fidelity and partner reduction as prevention strategies underscoring the dangers of multiple partners. (See Condoms and Other Prevention).

Continued Associated Activity Information

Activity ID:	4048
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 1,053,714.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	23,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	544	☐

Indirect Targets

Number of individuals reached with A/B messages through the Take Control Campaign = 500,000. According to the 2000 DHS, 71% of Namibian households have radios and 29% have televisions.

Target Populations:

Adults
People living with HIV/AIDS
Secondary school students
University students
Caregivers (of OVC and PLWHAs)
Other Health Care Workers

Key Legislative Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Gender

Wrap Arounds

Other

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: DOD/Social Marketing Association
Prime Partner: Namibian Social Marketing Association
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7893
Planned Funds: $ 175,000.00
Activity Narrative: This program will continue to support the Minstry of Defense's Military Action Prevention Program (MAPP) by delivering educational activities with a focus on abstinence before marriage and faithfulness while married. The TBD MAPP Prevention partner will conduct workshops with 4500 predominately married male and female soldiers from all regions with the purpose of creating an understanding that abstinence is and can personally 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. Trainees will incorporate workshop information into their on-going work as peer educators at the military bases. Behavior Change Communications (BCC) and other strategic information materials will be administered to support this activity such as an abstinence and faithfulness handbook and an abstinence and faithfulness workshop report. At all levels attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination.

Continued Associated Activity Information

Activity ID: 3830
USG Agency: Department of Defense
Prime Partner: Social Marketing Association/Population Services International
Mechanism: Military Action and Prevention Program (MAPP)
Funding Source: GHAI
Planned Funds: $ 175,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	46	☐

Target Populations:

Most at risk populations
Military personnel

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: 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: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8001
Planned Funds: $ 150,000.00
Activity Narrative: This is a new activity for FY07 and includes two components, namely (1) the provision of a new proposed CDC technical advisor on HIV prevention and behavior change to the Directorate of Special Programs (HIV/AIDS, TB, and Malaria), Ministry of Health and Social Services (MoHSS), and (2) travel in support of several technical assistance visits from CDC Headquarters concerning the following prevention interventions: prevention with positives, male involvement, parental involvement in prevention, and the role of alcohol in HIV prevention.

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 (now known as the Directorate of Special Programs), MoHSS to provide technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART services. In response to requests from the Ministry, CDC has gradually formed a team of 7 technical advisors at the national level, including two direct hires, in the areas of care/treatment, including pediatrics, PMTCT, VCT, SI, and laboratory services. While the Ministry has made substantial progress in terms of rolling out treatment, PMTCT, and VCT, we are all cognizant that less attention has been given by the Ministry and USG to the development of a comprehensive systematic national prevention strategy based on best practices and evidence-based interventions. Primarily through the leadership of the Ministry of Information and Broadcasting (MIB), which receives substantial USG support, an active prevention campaign known as "Take Control" has been in place for a number of years. The MoHSS, which is the technical lead and coordinator of all sectors in HIV prevention, however, has not had a HIV prevention focal person to provide technical leadership and vision on prevention issues. The new Director, Directorate of Special Programs, recognizes the shortcomings and lack of leadership which MoHSS has shown in prevention and requests the support of a behavioral scientist to build local capacity in the use of evidence-based approaches to design national prevention programs. This comes at the same time that the Ministry is staffing the "Expanded National Response" subdivision within the Directorate which is tasked with behavioral change and strategic communications. Therefore, the local environment is well suited for the introduction of a USG Technical Advisor (TA) on prevention.

The proposed TA will serve as the focal person for USG-supported prevention initiatives involving the MoHSS. Namibia lacks standardized evidence-based nationwide approaches to prevention, including "prevention with positives" (though this is getting underway in 2006), male involvement (though this too is getting underway in 2006), parental or family involvement in educating their children on reproductive health and HIV/AIDS (though there are scattered varying approaches used by FBOs), and educating the public on the risks associated with alcohol and HIV. The Ministry needs to develop capacity to provide national leadership on the most evidence-based prevention strategies available, including behavioral change interventions and medical interventions (eg, circumcision, microbicides, etc) as they become available, but this urgently needs strengthening. The TA will support a process to adapt best practices from other countries and to promote dissemination of best practices from within Namibia at the national level. This will include support to the head of the Counseling and Testing unit in the Directorate to roll out, monitor, and evaluate the prevention with positives intervention through community counselors and health workers. This will include supporting the male involvement program, with particular emphasis on defining and promoting strategies that result in male partner reduction. The evidence-based "Parents Matter" or "Families Matter" approach will be adapted to the Namibia context to create a locally relevant toolkit that willing organizations can put into practice. It is critical that adolescents be taught about responsible sexual behavior by their parents or close relatives taking local cultural practices and norms into account.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Indirect Targets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 88000

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Discordant couples
Men who have sex with men
Street youth
HIV/AIDS-affected families
International counterpart organizations
Mobile populations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Prisoners
Seafarers/port and dock workers
USG in-country staff
General population
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Widows/widowers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)
Sugar daddies

Key Legislative Issues

Gender

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8025
Planned Funds: $ 97,791.00
Activity Narrative: Project HOPE Namibia (HOPE) has been working in Omusati and Oshana Regions for the past year with the Village Health Fund (VHF) methodology to empower caregivers of orphans and vulnerable children (OVC) with the skills and opportunities to access small scale micro-credit loans. It has established a track record and the capacity to expand its activities. It proposes to replicate these micro-credit activities while integrating services to address the societal issues driving cross-generational sex (cross-gen). This initiative arose from the expressed needs of young women in Caprivi, Kavango and Ohangwena regions and discussions with SMA, Nawa Life Trust/JHU, the DAPP and Acquire (Engender Health) which has been tasked with implementing a cross-gen intervention addressing societal norms with girls and young women, their families, the communities in which they live and the men with whom they have cross-gen sex.

HOPE proposes to partner with and complement cross-gen efforts with its micro credit and capacity building and training to provide opportunities for alternative economic support through the community-based behavior change programs of Nawa Life Trust/JHU implemented by Community Action Forums (CAFs) and the DAPP through its TCE program, SMA through its Borders of Hope and PolAction programs and the technical assistance of Engender Health through its gender program, Acquire. The project will also use the VHF loan group meetings to incorporate and convey behavior change messages at the community level with HIV/AIDS/health education sessions that address secondary abstinence, promoting fidelity (within marriages or through other sexual relationships), and subsequently reducing overall exposure to HIV/AIDS (see Other Prevention and Systems Strengthening). HOPE will utilize the established curricula of, SMA, Nawa Life Trust/JHU, the DAPP and Engender Health, in addition to their experience in these communities.

The anticipated activities include:
• Adapt and contextualize tools and materials through focus group discussions that endorse societal and community norms supportive of partner reduction, marital fidelity, and refraining from sex outside of marriage.
• Targeted interventions that work to establish an empowering community environment which denounces cross-gen sex, transactional sex, rape, incest, and other forced sexual activity.
• Conduct meetings within communities where CAFs, DAPP TCE programs and SMA police programs work to explain the scope and activities of the project and exploring the issues of cross-gen sex, including community perceptions of the practice.
• Coordinate with other USG organizations and stakeholders (Global Fund, EU) working with high risk young women such as school drop-outs to identify other potential participants.
• Provide orientation and training to help them form VHF, including electing leaders, implementing group policies & procedures, and assisting with group organization.
• Provide seed capital through micro loans to participating young women to invest in income generation activities. As they repay, they will be offered a subsequent loan of higher amount so their business can grow.
• Provide comprehensive AB information to young women and their families utilizing materials developed through the focus groups, Engender Health curricula and Project HOPE's three health modules
• Mobilize and empower the young women and their VHF groups to be advocates in their communities.
• Conduct continuous progress monitoring and evaluation of activities to ensure quality and address challenges.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	97	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	☐

Indirect Targets

There are multiple indirect targets as a result of the planned activities. Firstly, the larger extended family will benefit from any increased income or diversification of income sources. Secondly, the women who gain the capacity to demonstrate reduced risky behaviors and less frequent cross generational sex will serve as models to others. Thirdly, the community at large in the targeted areas will benefit. These are rural environments with low levels of economic development, poor knowledge or awareness about health risks, and increasing vulnerability to HIV/AIDS.

Target Populations:

Commercial sex workers

Most at risk populations

Street youth

Women (including women of reproductive age)

Out-of-school youth

Key Legislative Issues

Reducing violence and coercion

Increasing women's access to income and productive resources

Microfinance/Microcredit

Coverage Areas

Caprivi

Kavango

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Namibia Nature Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8029
Planned Funds: $ 0.00
Activity Narrative: Justification: This activity was funded under a locally procured mechanism of USAID/Namibia. It leveraged a significant amount of Development Assistance resources from USAID. Since Development Assistance for this sector will be concluded by April 2008, it is critical for this work to continue. USAID will ensure that NNF is funded via a subagreement with Pact/Community Reach, and receives technical, managerial, and financial support from PACT.

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	☐

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Global Health Fellows Program
Prime Partner: Public Health Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8041
Planned Funds: $ 185,475.00
Activity Narrative: Funding is requested to continue support for the position of Senior HIV/AIDS Prevention Advisor, created in FY06. The Advisor focuses primarily on prevention of sexual transmission will also work closely with and mentor the Senior Technical Advisor managing Safe Injection and PMTCT. The advisor has a leadership role in ensuring the USG program implements an innovative, effective and balanced prevention program. The Advisor oversees expansion of the prevention program, ensuring that best practices, lessons learned and operational and epidemiological research results are applied in the design and refinement of the Emergency Plan prevention activities. The Advisor plays a technical leadership role in design, management of implementation and evaluation of prevention programs to reduce sexual transmission. The Advisor coordinates USAID prevention programs with those of other USG partners and implementing partners, the Government of Namibia, other development partners, and other sectoral teams within USAID/Namibia. The Advisor provides technical support to local implementing partners and remains current in the developments in the field of prevention, particularly prevention of sexual transmission.

Funding for this position is split between the AB and Condoms and other prevention program areas.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8500
Planned Funds:	$ 440,060.00

Activity Narrative: This is a new activity which is being jump started with reallocated FY06 funding. For 07, it links directly with the Academy for Educational Development (AED) Condoms Other Prevention#7460 and with AED OVC#7400, for activities in six target regions where 65% of Namibia's teachers are located. The Ministry of Education (MOE) is currently the single largest employer in the country, with 30,000 employees. In 2002, an HIV/AIDS Impact study in the Education Sector revealed that 1 in 7 teachers was infected with HIV, and between 5-20% of the teacher workforce would die without access to ARV treatment. This activity will support education workplace activities and provide complementary support to the Education and Training Sector Improvement Plan (ETSIP) of Namibia. ETSIP is a 5 year MOE funded action plan dedicated to improving access to prevention, care and treatment services for teachers, while addressing stigma and discrimination in the workplace. AED will pilot this effort in two circuits in each of the six regions, and eventually expand coverage by leveraging funding, human resources and technical input from Regional Educational Offices, the Namibian Institute for Educational Development (NIED), and the HIV/AIDS Management Unit (HAMU) within the MOE. The activity will strengthen education workplace prevention and support groups, help reduce absenteeism in the workforce through linkages to prevention counseling, care and support services, and increase uptake of counseling and testing services. This activity will also leverage $320,000 in MOE funding that will support a series of sensitization workshops for senior management in all 13 education regions and the Ministry. MOE will fund a nation-wide survey of education sector employees to assess their knowledge and attitudes about HIV and AIDS, and follow-up with regional level workshops. FY06 reallocated funds will support a strategic planning workshop for all stakeholders including teacher unions, MOE leadership, MoHSS and MGECW representatives, development partners and NGOs. The outcome will be finalization of the HIV/AIDS workplace policy for the education sector, development of a teacher training program on HIV/AIDS prevention and harmonization of currently available workplace training materials (EU, UNESCO, Office of the Prime Minister, International HIV/AIDS Alliance, and Catholic AIDS Action) for pre-and in-service training of principals, teachers, and relief educators.

AED will place a full time HIV/AIDS Teacher Workplace Training Advisor in HAMU at the MOE for one year, until the position is transitioned and absorbed by the MOE. The Advisor will support refinement of the MOE's Employee Health and Wellness program and the operationalization of workplace teacher prevention training activities. The Advisor will ensure that the final training package addresses key issues such as faithfulness, partner reduction, male norms and attitudes towards cross-generational and coercive sex, and disciplinary actions on gender-based violence and abuse. Anecdotal evidence from UNICEF and other education sector partners indicates male teachers are often the perpetrators of coercive sex against vulnerable girls. The workplace training package will ensure that teachers are aware of how to access counseling for risk reduction (faithfulness, reduction of partners), testing and counseling services and referral services. The training package will also reinforce the concepts outlined in the Namibian Teacher's Code of Conduct, which states clearly that sexual relations with a minor are grounds for teacher dismissal. The Advisor will also ensure collaboration with Engender Health (Activity 8030) to obtain technical assistance and/or training to strategically address male norms and behaviors in the workplace.

Leveraging $1,700,000 in USAID development assistance and $2,850,000 in Presidential Africa Education Initiative funding, AED has developed and uses a site based teacher professional development system in all education circuits in the six target regions for all teacher in-service programs. This ongoing system of localized teacher professional development activities at school, cluster and circuit levels will provide the mechanism for reaching teachers in the identified pilot circuits of the six target regions. In addition to the AED project team of the HIV/AIDS Technical Advisor and the three Teacher Training Coordinators, the training program will have access to the full team of Regional Education Office Inspectors of Education, Advisory Teachers, and Resource Teachers who serve as teacher support providers for the site based system of teacher training. As such, the teacher HIV/AIDS workplace program will fit into an existing structure that offers both training and site based support and follow-up activities. FY06/07 pilot activities will take place in two circuits, one rural and one urban, in each of the six target regions involving 200 to 250 teachers in the first year.

In addition, a number of HIV/AIDS pre-service activities such as training in prevention and

care, and the integration of HIV issues and concepts into the instructional program have been facilitated by an AED Technical Advisor at the four colleges of education. Such support will continue in FY 07, in collaboration with NIED, the Ministry directorate responsible for both the curriculum and professional development of the colleges of education. The structures in place in the form of HIV/AIDS committees of teacher educators and student teachers and the college-based HIV/AIDS coordinators will be further strengthened and supported by AED training activities. Lessons learned from similar program in Zambia and South Africa will also be incorporated to inform the overall plan of action.

FY07 support will also strengthen referral systems for accessing AB prevention and counseling services. Key USG funded partners working in the same regions will collaborate to enhance quality of OVC support mechanisms and extend coverage according to the core service areas outlined in the OVC National Plan of Action for Namibia. AED and UTN will work with the Nawa/JHU Sports for Life (SFL) program to provide OVC sports and group activities. AED will work with DAPP TCE Field Officers located in the same circuits and regions to provide community members with additional skills and strategies to support delay of sexual debut. AED will provide support to older girls to reduce peer and societal acceptance for cross-generational sex and collaborate with Engender Health (Activity 8030) to obtain technical assistance and training on addressing male norms and behaviors in the school environment. AED will continue collaboration with Catholic Aids Action peer educators and counselors working at the Sam Nujoma Multi-Purpose Center in Ongwediva to support provide a venue for psycho-social support activities. AED will leverage MOE school counselor training and OVC psychosocial support in grant schools.

To monitor and evaluate the pilot, a baseline of teacher knowledge and attitudes will be drawn from the analysis of the 2006 survey and in-depth needs assessment will be conducted before the pilot is initiated. At the same time, a sample of non-participating schools will be identified and a set of indicators developed to determine the impact of the pilot workplace training program on knowledge, skills, attitudes and behaviors of participating teachers as compared with the sample of non-participants. Revisions to the training package and supportive structure will be made based on the results of the impact assessment, and overall results will inform the MOE of how to scale-up and eventually expand this activity to all regions.

During the development of its FY07 annual workplans, AED's project technical advisor realized the initial COP submission did not adequately reflect project reach. Targets are adjusted during reprogramming in April.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,060	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Adults
Policy makers
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ACQUIRE
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12342
Planned Funds: $ 120,000.00

Activity Narrative: plement to the global OGAC Men and HIV/AIDS Initiative, the goal of which is to integrate evidence-based program models and practices into HIV/AIDS prevention, care, and treatment programs to achieve large-scale, positive change in male norms, roles, and behaviors. The Initiative will be implemented in Namibia, Tanzania and Ethiopia. The Initiative has three components: 1) technical assistance and training to ensure integration and application of evidence-based approaches and to support program innovation; 2) strategic planning assistance for the development of a "national response" in order to achieve a more comprehensive and coordinated approach to changing male norms and behaviors; and 3) assessment of program scale-up and changes in norms and individual behavior

COP FY07 Plus Up Funding to the Initiative: ACQUIRE/Men as Partners will expand and accelerate priority male norms/behavior programs for USG FY07 implementing partners. Specific activities will be identified through development of a national male norms/behavior strategy (which will be developed through the Initiative with expected completion by June 2007) and will be based on program performance in the initial stages of the Initiative.
Initiative Background.
Harmful male norms and behaviors and the lack of positive, societal and family roles for boys and men were identified by PEPFAR implementing partners during development of the FY2007 COP as some of the leading challenges in the fight against HIV/AIDS in Namibia. Specific issues include:
• Widespread prevalence of intimate partner violence, sexual assault, and child abuse throughout the country and especially in the North,
• Widespread abuse of alcohol, which fuels violence and sexual coercion,
• Norms of masculinity that support and perpetuate male infidelity,
• Cross-generational and transactional sex between older men and younger girls including male teachers and school girls, and
• Lower rates of male participation in HIV/AIDS care and services, especially in PLWA support activities, and in men's support of their partners through PMTCT programs and couples counseling.

The Namibia National Medium Term Plan, 2004-2009, acknowledges these challenges and includes interventions to address vulnerability based on gender inequality, violence and alcohol abuse (component 2.5.1). Likewise, PEPFAR Namibia identified these challenges in its Five-Year Strategy and has included an array of activities in FY04-FY06, implemented by various partners. There is consensus among a broad range of implementing partners, however, that current efforts are insufficient and must be accelerated if program goals are to be met. The MOHSS Directorate of Special Services has requested PEPFAR support to launch a national dialogue on Men and HIV/AIDS that will spawn a network of complementary and coordinated programs, built upon unifying messages and evidence-based approaches. Other government institutions (including the Ministry of Education (HAMU), and the Ministry of Gender Equality and Child Welfare (MGECW), other development partners such as UNICEF, and USG implementing partners have all expressed interest in actively participating in and supporting this effort.

Initiative Objectives.
The primary objectives of this Namibian national effort are to:
1. Establish a national program campaign and network to change male norms and behaviors in support of HIV/AIDS prevention, care, and treatment goals—led by a national Steering Committee and spearheaded by the MOHSS;
2. Develop a national strategy for the campaign and network that outlines measurable program objectives and priorities, and defines roles and activities of a broad array of implementing partners including government institutions, NGOs, faith-based organizations, community groups, and the private sector;
3. Promote innovation and the application of evidence-based practices by providing technical assistance, training, and tools to implementing partners;
4. Document and evaluate the program scale-up in conjunction with other country programs that are part of the PEPFAR Gender Initiative.

Initiative Partners and Activities.
Primary partners include: (1) EngenderHealth's Men As Partners program ($300,000 to the ACQUIRE Project through USAID OGHA); (2) Directorate of Special Services, Namibia

MOHSS ($50,000 through the CDC Namibia cooperative agreement); (3) Gender Mainstreaming Unit, Ministry of Gender Equality and Child Welfare ($45,000 through an ACQUIRE subagreement); (4) Ministry of Safety and Security ($45,000 through an ACQUIRE subagreement); (5) Ministry of Defense ($45,000 through a DoD subagreement); (6) Ministry of Information and Broadcasting ($90,000 through the Nawa Life Trust Cooperative Agreement); and (7) PATH ($75,000 through the Infant and Young Child Feeding Program (IYCF)).

The Gender Mainstreaming Unit, MGECW, on behalf of the Steering Committee and Program Network partners, is conduct necessary formative research via non-USG funding to document specific gender norms, practices, and roles to inform a national communications campaign and other programming. Such research is necessary to develop specific and targeted messages and programs as norms vary greatly in Namibia across tribes and communities. DOD's implementing partner will conduct similar formative research on norms and practices within the military.

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Indirect Targets

Number of organizations and/or government ministries trained to promote HIV/AIDS prevention through abstinence and/or being faithful. 14

This activity will provide direct technical assistance, training, and support to over 20 USG implementing partners to mainstream gender into their Other Prevention Programming.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: DOD/Social Marketing Association
Prime Partner: Namibian Social Marketing Association
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12347
Planned Funds: $ 92,500.00
Activity Narrative: This program will continue to deliver prevention activities for the high-risk military in support of the Ministry of Defense's Military Action and Prevention Program (MAPP). This program activity will include education seminars, training sessions for peer educators, Base Commanders and HIV/AIDS Coordinators, and the distribution of Behavior Change Communication (BCC) and other strategic information materials as well as "bulletproof" soldiers' condoms. Education seminars ranging from 3-8 hours will be carried out on all 23 bases and camps targeting 5500 soldiers. 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 current or former military 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 filming "Remember Nambata" made under COP05 as a sequel to the popular film "Remember Eliphas" will be used to motivate soldiers to change their behavior. Service outlets at the military bases will continue to distribute "bulletproof" condoms specifically marketed for military members. At all levels, attention will be given to increasing the gender equity in accessing HIV/AIDS prevention programs and addressing stigma and discrimination. The program will further support the implementation of the Namibia Strategic Plan on Gender and activities with the aim of scaling up coordinated, evidence-based interventions to change male norms and behaviors. Military specific IEC materials focusing on abstinence and being faithful as well as on condoms will be developed and disseminated at all bases and camps. In order to ensure sustainability of HIV/AIDS programs at the level of the bases, forty-six (46) NDF personnel will be trained as Trainers of Trainers (ToT) to provide necessary training to soldiers at the bases. Chaplains at the military bases will be trained to reinforce prevention messages, particularly focusing on abstinence and being faithful and on providing spiritual and emotional counseling to HIV positive soldiers and others.

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

Targets

Target	Target Value	Not Applicable
People reached through radio programming		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	46	☐

Target Populations:

Military personnel

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Wrap Arounds

Other

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: $ 1,600,000.00

Program Area Context:

The Blood Transfusion Service of Namibia (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 under the Red Cross and became the South West Africa Blood Transfusion Service, an Incorporated Association Not For Gain, in 1966. Testing of all donor blood was carried out by the South African Institute of Medical Research on behalf of the Blood Transfusion service. In 1987 the blood collection and testing facilities were joined into a single entity, The South West Africa Blood Transfusion Service. In 1990, following the independence of Namibia, the name was changed to The Blood Transfusion Service of Namibia.

The Ministry of Health and Social Services (MOHSS) is limited to having a regulatory function over NAMBTS, as well as providing the major clientele base. The NAMBTS national transfusion center in Windhoek operates within leased MOHSS facilities and achieves cost-recovery through charging service fees to the 30+ hospitals that use blood and blood products. In 2003, there were 18,030 blood collections; 19,162 in 2004; and 19,051 in 2005. The MOHSS estimates that the country requires 22,000 units of safe blood each year to maintain an adequate supply. All donated blood is tested for HIV, syphilis, and hepatitis B and C by the South African National Blood Service in Johannesburg, South Africa, on behalf of NAMBTS.

Current HIV prevalence among blood donors is approximately 0.35%. The main challenges that NAMBTS continues to face are recruitment and retention of a pool of regular Voluntary, Non-Remunerated Blood Donors from low-risk populations, aging equipment, insufficient staff to recruit and counsel donors, no peer review panels, and an inadequate transport network for the distribution of blood and blood products to some parts of the vast country. The Namibia Institute of Pathology (NIP) is tasked by the MoHSS to provide transfusion laboratory services in areas where NAMBTS does not have a laboratory network. However, NIP does not receive Track One funding to support blood safety testing. This has at times brought about misunderstandings among stakeholders which will hopefully be addressed when the National Blood Policy, which will clearly define the roles and responsibilities of all parties, is finalized. From the MoHSS perspective, other challenges include limited operation times of NAMBTS and shortages of blood during school holidays and malaria transmission season.

The USG established a direct-funding relationship with NAMBTS in FY04. USG also supports technical assistance from WHO which included a needs assessment and placement of a WHO technical advisor to assist NAMBTS and the MoHSS to strengthen the National Blood Program. To date, a national working group of relevant stakeholders has been established and a National Blood Policy has been drafted. A 5-year strategic plan is being formulated under the MOHSS with technical support from WHO. Major achievements in 2006 included developing and launching national guidelines for appropriate clinical use of blood and blood products, done collaboratively among MoHSS, NAMBTS, and WHO, with input from the medical community. In June 2006, the new national guidelines were launched on World Blood Donor Day.

A new blood bank and collection center was opened in Swakopmund in mid-2006 in order to improve the access to safe blood in the Erongo Region, to reduce wastage of blood through better stock control, and to increase the collection of blood from the donors in the area. Efforts to improve the safety of the blood supply, while focusing on increasing the number of units collected, at the same time have focused on improving pre- and post-donation counseling of donors, improving the organization of the donor clinics and the system of recruiting donors.

The collection of blood in the Oshakati area in northern Namibia was discontinued in 2003 due to the high prevalence if HIV and hepatitis, although the crossmatch facility has continued to operate and provide safe blood and blood products in the area. In mid-2006 the program of blood collections in Oshakati was revived with an improved donor education and counseling program to increase the level of safety above that which was seen previously. Present plans are to visit the donor clinics in this area 3 times per year. Standards for the Practice of Blood transfusion in Namibia are currently being drafted and address the

utilization of blood collected in areas (such as Oshakati) where malaria is endemic.

The USG is CURRENTLY the only source of donor support to the NAMBTS. Global Fund support was requested in round 6 funds to support the development of a new headquarters building for NAMBTS in Windhoek.

Program Area Target:

Number of service outlets carrying out blood safety activities	47
Number of individuals trained in blood safety	400

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	Track 1
Prime Partner:	Blood Transfusion Service of Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	7321
Planned Funds:	$ 1,200,000.00

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. Before PEFPAR, Namibia had no National Blood Policy, Strategic Plan to Strengthen the National Blood Program, nor National Guidelines on the Appropriate Clinical Use of Blood and Blood Products. Since then, National Guidelines on the Appropriate Clinical Use of Blood and Blood Products have been developed and a National Blood Policy has been drafted; the 5-Year Strategic Plan and legislative framework will follow. Also before PEPFAR, there was one blood collection and testing facility (Windhoek) and one blood bank facility in the northern region (Oshakati). Collection of blood in the Oshakati area was discontinued in 2003 due to the high prevalence of HIV and hepatitis. These 2 facilities were inadequate to meet the safe blood supply needs of a country as vast as Namibia.

With USG support, NAMBTS opened a second fixed donor site in Windhoek and a blood bank and donor clinic facility in Swakopmund; donor clinics in Oshakati were resumed in July 2006. Mobile Teams collect blood from other sites (e.g. schools). During FY06, an equipment upgrade for the Windhoek blood component laboratory improved the quality of the blood components produced.

In 2005 five blood transfusion staff were funded by the project and a part-time medical officer was hired in who has been actively involved in developing the Guidelines for the Appropriate Use of Blood and Blood Products and developing training programs to be provided to the medical community on appropriate use of blood. She has also provided much needed medical backup to the donor clinic in the selection of donors, to the blood bank in the provision of blood and blood products and to the doctors who use the products. An officer for quality management and training was hired by NAMBTS in 2005 and continues to provide and arrange training at all levels. He has been involved in the development of the National Blood Policy, the Clinical Guidelines for the Appropriate Use of Blood and Blood Products, and the proposed Standards for the Practice of Blood Transfusion in Namibia. The Quality Management System and the development of documented policies and procedures, the internal audit program etc. is also ongoing.

NAMBTS' capacity to supply units of blood increased from 18,000 in 2003 to 19,051 in 2005, with an estimated need of 22,000 units per year. To facilitate the design of more effective donor recruitment and retention campaigns, a KAP study was done in collaboration with WHO and the University of Namibia in 2005 with support from NAMBTS and MoHSS.

All donated blood is tested for HIV, syphilis, and hepatitis B and C. This testing is currently carried out by the South African National Blood Service in Johannesburg, South Africa, on behalf of NAMBTS because it was determined that this was the most cost-effective method of providing the safest blood possible (including NAT for HIV) to overcome the issues of prohibitive cost for local NAT and the lack of adequately trained local staff. However, this policy will be reviewed this year. HIV prevalence among blood donors from (period covered) is approximately 0.35%.

A survey of blood usage practices is ongoing; this survey is being conducted in collaboration with WHO, NAMBTS and the MoHSS. Appropriate NAMBTS staff received training in Quality Management, Supervisory/Management skills, pre- and post-donation counseling, training in cold chain management, general technical training and general donor clinic training; training is ongoing. The NAMBTS is funded through a system of cost recovery, with majority of the service fees being paid by the MOHSS since 80% of blood and blood products are supplied to the MoHSS. NAMBTS will focus on cost control methods to help improve financial sustainability.

USG support will be continued in FY07 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. Plans for strengthening infrastructure include the Windhoek renovation/construction, pending funding by GF Round 6. Training interventions are currently planned, including a program on component production, Supervisory/Management skills, specialized post-donation counseling, training of Namibia Institute of Pathology staff on blood group serology, crossmatch techniques, and quality management and cold chain management. In addition extensive training is

planned for the medical community on the Guidelines for the Appropriate Use of Blood and Blood Products and also on the development of Transfusion Committees. Emphasis areas during FY07 will include implementation of a new information system for the NAMBTS; implementation of a quality management system for the service; training of medical technicians and donor clinic staff; ongoing training of blood users in the appropriate use of blood and blood products; and implementation of a haemovigilance program.

Continued Associated Activity Information

Activity ID: 5124
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Blood Transfusion Service of Namibia
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	3	☐
Number of individuals trained in blood safety	200	☐

Target Populations:

Adults
International counterpart organizations
Non-governmental organizations/private voluntary organizations
General population
Lab staff
Partner organization
Men (including men of reproductive age)
Women (including women of reproductive age)
Private health care workers
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 7362
Planned Funds: $ 400,000.00
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 WHO's role is mainly to provide technical support while NAMBTS, MoHSS and NIP are the implementers of the program. 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.

Major achievements in 2006 included assisting with development and launching of national guidelines for appropriate clinical use of blood and blood products, done in collaboration with MoHSS and NAMBTS. Other major areas of emphasis in FY06 were approval and dissemination of the first National Blood Policy; finalizing the blood transfusion draft legislation, development of the first blood safety 5-year strategic plan; supporting blood collection points to increase donors; and technical assistance to facilitate training of NAMBTS, MoHSS, and NIP staff on their respective responsibilities in quality management, component production, counseling of clients; supervisory skills, and assessing the cost-effectiveness of localizing testing of donor blood for transfusion transmitted infections (TTI), currently all TTI screening is being done in South Africa. Major targets for next year will be continuing to support the role out of the stated programs to regional level and strengthening of all the systems including setting up data and information systems to assist with monitoring and evaluation, and haemovigilance.

Continued Associated Activity Information

Activity ID: 5123
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: World Health Organization
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	44	☐
Number of individuals trained in blood safety	200	☐

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: $ 78,425.00

Program Area Context:

The Medical Safety Injection Program in Namibia started in April 2004. 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. 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 project will be implemented over a five year period to cover all the health care facilities (hospitals, health centers and clinics) in the country. Some facilities will be supported directly while other facilities will be supported through the collaborative approach. A collaborative methodology, linking a number of facilities together in a region, will be used for rapid scale-up of best practices. The major focus of the medical injection program has been 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 MOHSS to develop capacity at hospital and health center levels for increasing compliance with safe injection and waste management practices.

In FY 07, the project interventions will be scaled up to cover all 13 regions of Namibia. URC will work with hospitals and health centers to identify a core team representing clinical, pharmacy and administrative staff responsible for improving injection practices. In addition, URC and MoHSS will also continue incorporating private sector physicians and pharmacists into the safe medical injection program.

The USG is the only development partner implementing safe injections programs in Namibia.

Program Area Target:

Number of individuals trained in medical injection safety	500

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: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 7139
Planned Funds: $ 78,425.00
Activity Narrative: The 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. A collaborative methodology, linking a number of facilities together in a region, will be used for rapid scale-up of best practices. The major focus of the medical injection program has been 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.

By the beginning of FY07, the program will have trained 1600 health care workers in the various areas of safe injection practices, injection administration, the rational use of injections, waste disposal, and behavior change. In FY 07, the project interventions will be scaled up to cover all 13 regions of Namibia. In addition, URC and MoHSS will also continue 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, and will train an additional 500 doctors, nurses, pharmacists, waste disposal and environmental health staff in FY07. The teams will meet quarterly at 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 will continue to work closely to promote the rational use of injectable medicines in the country. Joint efforts will be made by both organizations to empower the "Therapeutic committees" to spearhead the rational drug use and monitor specific injection prescription practices. Approximately 150 community volunteers will be trained in injection safety messages as well as strategies for behavior change to mitigate unnecessary injections as a community practice.

Continued Associated Activity Information

Activity ID: 3774
USG Agency: U.S. Agency for International Development
Prime Partner: University Research Corporation, LLC
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of community volunteers trained in injection safety messages	150	☐
Number of community members exposed to safe injection messages	15,000	☐
Number of individuals trained in medical injection safety	500	☐

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Volunteers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: $ 4,939,601.00

Program Area Context:

Sexual transmission is the primary cause of HIV infection in Namibia. Internal economic migration, male norms and low income status of women, resulting in multiple concurrent sexual partners and transactional sex/cross-generational "sugar daddy" relationships are key factors in the spread of HIV infection despite a relatively high awareness of HIV risk factors and prevention methods. The public sector is the largest employer in Namibia with 80,000 members employed through 20 line ministries. Recently through the Office of the Prime Minister (OPM), a program of advocacy and capacity building has begun by OPM with ministries to support them in the development of work place policies and prevention programs. The private sector formally launched the Namibian Business Coalition on HIV/AIDS (NABCOA) in June 2003. With the support of GTZ, PharmaAccess of the Netherlands and Global Fund, it has been conducting regional workshops with businesses including small and medium enterprises on HIV/AIDS strategic planning and developing workplace programs also working with USG implementing partners such as Legal Assistance Center, SMA, NIP and the Walvis Bay MPC.

A significant number of those in the workforce both in the public and private sector are exposed to risky situations leading to HIV transmission due to their work situation as they are separated from their communities and families either through economic migration (mining and fishing industries) or posting requirements of their employment (health, education, police and military) resulting in the disruption of primary family relationships and the need to establish secondary relationships where they work. For some women with little education and/or basic work skills, living near companies or at border towns, commercial sex work provides one of the few prospects of earning funds to support themselves and their children. For girls and young women with low income status, pressure is strong to participate in transactional sex and/or cross-gen sex through family or peer pressure to obtain necessities such as food, clothing, health care and education for them and their families. Additional factors driving transactional and cross-gen sex are the engrained cultural perceptions regarding masculinity which contribute to risk taking and predatory sexual behavior by men.

As a result of the FY06 COP review process, the USG/Namibia determined to expand its Condoms and Other Prevention programs. USG participation in the recent GFATM Round 6 consultations with Namibia stakeholders, USG agencies and implementing partners and additional USG sponsored workshops held in April and June 2006 helped to identify epidemiological factors driving the epidemic, emerging best practices and specific gaps and opportunities for prevention. The areas identified include enhanced "prevention with positives" in the health care and community settings, more robust attention to reduction of partners ("B") for the sexually active population, involvement of men and working with men's groups and programs to reduce harmful male norms and behaviors, scale up of MARP Programs, and focused programs for sexually active youth such as cross-generational (cross-gen) sex involving girls and young women.

In accordance with the National Strategic Plan on HIV/AIDS (MTP III 2004-09) and to address reduction of partners, cross-gen sex and changing male norms, in FY07 the USG will support the Office of the Prime Minister in its role as facilitator and capacity builder for the development of HIV/AIDS policies and workplace programs by all line ministries. The USG has partnered since 2002 with the Ministry of Defense (MOD) and its Namibia Defense Force (soldiers) on its prevention program, and since 2005 with the Ministry of Safety and Security (MoSS) (police). In 07, the USG will add the Ministry of Education (MOE) with its 30,000 employees as a workplace partner in addition to ongoing support to the MOD and MoSS. The USG will also expand its program in the private sector workplace with the Chamber of Mines, the Walvis Bay MPC and the Sam Nujoma MPC (mining and fishing industries) to specifically address workplace issues.

The Cross-Gen program was originally conceived in FY06 to work with young women and girls in high transit areas will be modified with the addition of a new partner with specific gender expertise, substantially more involvement of community-based partners to identify young women and girls at risk, more emphasis

on the responsibility of men and changing accepted male behaviors and the addition of a micro-credit component to provide viable income generating alternatives to young women. The program will involve a multi-faceted intervention targeting young women and girls, their families and communities and the men with whom they have sex integrated into the programs of USG community-based partners utilizing interpersonal and strategic communication, national media and provision of concrete income-generation opportunities.

The other areas identified as requiring strengthening and expansion are being addressed in the FY07 COP with the introduction of a new partner for a gender initiative working with USG partners to mainstream gender (addressing harmful male norms and behaviors) activities, with the MoHSS and Ministry of Gender Equality and Child Welfare with funding to the MoHSS to support the procurement of a recently launched and well accepted condom with the USG pharmaceutical management partner providing technical assistance and logistical support to the MoHSS for condom distribution to benefit the public and NGO sector.

Since FY05, USG support to the Namibia Red Cross Society (NRCS) has resulted in a total of 175 community counselors being placed in 74 public health care settings where a large number of HIV-positive patients are seen; a total of 480 counselors will be placed by December 2007. The USG will also be adapting to the Namibia context and implementing a 'prevention with positives' curricula in health facilities settings including expansion of the program to community care settings. This is a central USG strategy for "prevention with positives" in Namibia, which will include comprehensive counseling and education for correct and consistent condom use and condom distribution in addition to AB messages. Having shown to be effective with targeted condom distribution to high-risk groups at the community level in just their first 6 months of funding, the door-to-door educational program of the Total Control of the Epidemic (TCE) project will be expanded during FY07 to include the high-prevalence areas of Windhoek and the more densely populated northern regions of Ohangwena, Oshikoto, Kavango, and Caprivi.

Since FY 04, the USG has been supporting an HIV prevention program working with MARPs at borders, in bars, police camps, secondary schools and with communities and through the Traditional Authorities in high transit areas. The program utilizes health educator teams working with communities on a regular basis conducting educational drama sessions and videos, group question and answer sessions, and condom demonstration and distribution (no demonstration or distribution in schools). In FY 07, the USG will expand this program to move beyond awareness raising and education to the internalization of personal risk and assimilation of behavior change, through community mobilization and community based behavior change activities, targeting these populations to adopt one or more risk reducing behaviors such as partner reduction, faithfulness, secondary abstinence, condom use and counseling and testing.

Many of the USG implementing partners are also supported by the Global Fund and thus are leveraging each others' programs.

Details regarding evaluation of prevention programs can be found under activities 10042 & 10101 (SI) and 8030 (C&OP).

Program Area Target:

Number of targeted condom service outlets	530
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	406,316
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,201

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025166
Prime Partner:	Development Aid People to People, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7327
Planned Funds:	$ 297,850.00

Activity Narrative: In this area, Development AID from People to People (DAPP) uses Field Officers (FOs) from its program,Total Control of the Epidemic (TCE), to provide education to adults and high-risk persons on the consistent and correct use of condoms. Overall, TCE resources support more prevention than care activities, and thus funding is allocated across 3 program areas: this area, as well as DAPP AB (#7325) and DAPP Basic Care (#7326).

TCE is a highly organized house-to-house mobilization strategy that aims to individually educate and empower members of a community to reduce risk of HIV and to access HIV-specific resources in the community. The TCE FOs assess the risk level of household members and provide information and referrals accordingly. TCE was established in northern Namibia in 2005 (in the regions of Omusati, Oshana, and part of Ohangwena and Oshikoto with Global Fund and remaining Ohangwena, Oshikoto, and part of Kavango Region with PEPFAR). The Global Fund supports 290 community members trained as FOs. Of note: the 2005 Global Fund annual report singled out TCE as one of 3 success stories in Namibia.

To date, with PEPFAR support TCE has recruited, trained, and employed an additional 150 local community members as FOs who, as of July 31, 2006, reached 109,600 community members (36.5% of the target population of 300,000) through household visits. The visits involve registration of household members, appropriately targeted AB and C communications, and mobilization of community members to seek volunteer counseling and testing (VCT) and PMTCT services. Community volunteers are a key, and PEPFAR FOs have recruited and deployed more than 1,960 community volunteers to assist with these health messages and referrals. FOs and volunteers facilitated 11 support groups and organized community-wide HIV-related activities.

"Other" prevention efforts include education in HIV/AIDS for traditional leaders and small community libraries. Of the 2006 target of 150 traditional leaders to be educated, 89 were by July 2006, and in 5 workshops, 65 more will be educated before the end of September, 2006. An additional 150 traditional leaders will be educated in new TCE areas. Of the 2006 target of 150 Field Libraries, 20 were established by July; 130 more will be established by September. An additional 150 will be established in new TCE areas. To support the MOHSS initiative to train traditional birth attendants (TBAs) in PMTCT referrals, TCE will help identify TBAs in Omusati, Kavango, and Caprivi (see Ministry PMTCT activity 7334).

Because youth are at high risk for HIV infection, FOs equip youth with skills that promote abstinence, particularly among young girls under the age of 15 years identified in houses and in schools. (see DAPP AB activity, 7325). During the ongoing sessions with under-15-year-olds, the FOs discuss: 1) Knowledge about HIV and how it spreads; 2) General knowledge of sexual life, 3) Deciding not to get infected by HIV; 4) Consciously deciding to delay the first sexual encounter, and 5) Risks of teenage pregnancy.

For adults, older family members, and parents, FOs use "be faithful" messages during one-to-one discussions: 1) Knowledge about HIV virus, transmission and prevention; 2) Avoiding infection by having general knowledge about sexual life, sticking to one faithful sexual partner and partner reduction; 3) Getting counseled and tested; 4) Staying negative and not spreading the virus when positive. For adults, young persons who ask, and those at high risk of contracting HIV through sexual contact (such as migrant workers and spouses, persons having sex with partners of unknown HIV status, persons with multiple partners), FOs discuss: 1) Knowledge about HIV transmission; 2) Prevention of HIV through correct and consistent use of condoms, including demonstrating how to use condoms; and 3) Knowing where condoms are available.

FOs carry condoms with them and also establish distribution points. TCE obtains free condoms from regional mechanisms through MoHSS so condoms are not included in this budget. FOs are ideally suited for knowing where to go and who to reach with condoms: at bars and shebeens, commercial sex workers (CSWs), and mobile populations. By March 2006, after the first 6 months of PEPFAR support for TCE, FOs had distributed 426,954 condoms, including those distributed at the 170 local condom distribution points. [Of note: together with GF support, 2,505,178 condoms were distributed in all TCE areas.] FOs conduct quarterly campaigns and events in the communities to sensitize the population to the dangers of STIs. FOs provide information, distribute pamphlets with explanations and photos/drawings of symptoms of STIs, treatment and sites for treatment, how to avoid

getting infected and emphasize the need to get tested for HIV if STI symptoms are present.

FY07 funds will support (1) continued and more intensive activities within these regions and (2) introduction of the program into additional regions, including the neighboring eastern half of Kavango region (in response to a demand from political leaders) and Caprivi region (which has Namibia's highest HIV/AIDS prevalence at 43% in 2004), and the central Khomas region (which includes the most densely populated and high risk settlements in Namibia in Katutura, Windhoek). A total of 122 new FOs will be recruited and trained as part of these new programs, covering a population of 244,000.

The TCE FO program operates within a continuous learning and support system that facilitates the ongoing sharing of experiences and introduction of new subjects and tools. Initial training includes a 4-week course on basics of HIV transmission, STIs, abstinence and behavior change, and appropriate education on, demonstration, and distribution of condoms. The course orients FOs to the TCE mission and organization structure and how to use household registers to document all activities. Role-playing enables practice in communicating prevention messages. FOs begin visiting their assigned households (2000 people per FO) together with an experienced FO. FOs report to their immediate supervisor, the Troop Commander. Groups of 50 FOs meet together each Friday under the leadership of a TCE Troop Commander with support from Special Forces (SF). At these meetings, FOs report numbers of persons educated, share experiences and ask questions; challenging questions are taken up to the division commander. These weekly sessions have also proven effective in identifying additional information/skills needs of the FOs, which are then met by organizing trainings or linking with appropriate resource groups within the community, such as the local health facility, the Ministry of Gender Equality and Child Welfare, social services, etc. SF members also visit their FOs in the field on short notice, to assure they are visiting homes and to join them on visits to monitor quality of house-to-house education.

FY07 funds ($7500 for 10 clubs) will go towards a pilot intervention targeting adult men in collaboration with the Johns Hopkins' University Nawa Sport initiative (see DAPP AB#7325 as well as JHU activities in AB and C/Other Prevention 7455 and 7457). Nawa Sport involves TCE staff being trained as soccer coaches to then organize sports clubs for men to insert strong behavior change messages using sports language and creation of good role models. The messages will be reinforced each session on a weekly basis and condoms will be distributed at every sports session.

Continued Associated Activity Information

Activity ID: 3931
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Development Aid People to People, Namibia
Mechanism: DAPP
Funding Source: GHAI
Planned Funds: $ 444,218.00

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed	800,000	☐
Number of targeted condom service outlets	244	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	228,480	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	261	☐

Indirect Targets

n/a

Target Populations:

Adults
Community-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Volunteers

Coverage Areas

Ohangwena

Kavango

Oshikoto

Caprivi

Khomas

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7333
Planned Funds:	$ 1,150,000.00

Activity Narrative: This activity includes three primary components: (1) Continued training and deployment of Community Counselors (CC), (2) New activity for procurement of condoms for high-risk individuals, and (3) targeting STI Patients for HIV counseling and testing and correct and consistent condom use.

(1) Training and Deployment of Community Counselors (CC) ("Community Counselor initiative"). MOHSS established the CC cadre in 2004 to assist doctors and nurses in health care facilities with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as CC as a strategy to reduce stigma and discrimination. To date, 175 community counselors (approximately 25% of whom are HIV positive) have been placed at 74 health facilities. With FY07 support, this number will increase to 430 by September 2007, and to a final target of 480 by December 2007. PEPFAR funding for the "Community Counselor package" includes: recruitment and salaries for the CC, 13 regional coordinators, and an assistant national coordinator (implemented through the Namibian Red Cross); CC initial and refresher training (implemented by a local training partner); supervisory visits by MOHSS staff who directly supervise the CC; training for MOHSS accountants who provide financial management assistance to the programme; support for CC planning meetings and an annual CC retreat; and support for CC participation at international conferences. Within COP07, funding for Community Counselors, who dedicate part of their time to this activity, is distributed among six program areas, all of them MOHSS activities: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360).

Community Counselor prevention activities include delivery of ABC messages appropriately targeted to various risk groups defined by age, sex, HIV status, and presentation of other STIs, and distribution of condoms to high risk groups. CC are the primary personnel at health sites responsible for providing HIV testing and counseling, and in this capacity, are well-positioned to deliver prevention messages to those who test both positive and negative. CC are trained to encourage clients to bring in their partners for counseling and testing (CT), providing opportunities to deliver prevention messages to discordant couples (approximately 12% of couples who are tested at VCT sites are discordant). Beginning in September 2006, CC will be trained in "Prevention with Positives" counseling (using CDC curriculum) and will provide these counseling services at the ART sites to which they are assigned.

(2) Procurement of Condoms. This new activity is being added to leverage support with the Global Fund, which will provide $609,000 for the Ministry's new "Smile" brand of male condoms and $338,000 for the female condom in 2007. The "Smile" condom is comparable in quality to local commercial and socially-marketed condoms and was launched by the Ministry in 2005 following complaints from the public that the free condoms distributed from health facilities were substandard. The public response to the "Smile" condom has since been overwhelming and demand has exceeded the Ministry's ability to purchase the amount needed. These condoms are manufactured in Malaysia and undergo quality assurance in a local laboratory when delivered in Namibia prior to distribution to improve ability to meet demand. Commodity Exchange is a local company which has been contracted by the Ministry to establish a condom production factory and quality assurance laboratory with funding from the Global Fund. A 2005 USG-funded evaluation of condom supply and logistics evaluation concluded that the quality assurance laboratory and plans for local production needed supplemental support. The Ministry requests an additional $100,000 to meet a projected financial gap to purchase an additional 2,000,000 "Smile" condoms in 2007. These condoms will be distributed free of charge to health facilities for use by high-risk clients (HIV-positive patients, STI patients, TB patients, and patients having sex with a person of unknown HIV status) and for further distribution to NGO/FBO partners for distribution to high-risk individuals (mobile workers, commercial sex workers, PLWHA and their partners, and persons having sex with a partner of unknown HIV status).

(3) STIs.This new activity will include printing of new STI prevention and treatment guidelines developed with USG-supported TA to include routine CT for STI patients,

partner notification and testing, and clinical management of HIV-positive patients with STIs. It also includes funding for the Ministry personnel to travel to the regions and districts to supervise and support sites with implementation of the new guidelines.

In FY07 CDC will further provide technical assistance and capacity building to the MoHSS STI Program with the arrival of a public health advisor (PHA) as Deputy Director of Operations who has expertise in STI program management. Approximately 25% of this PHA's time will be dedicated to assisting the MoHSS STI Director as needed with activities, such as training, development of policies and procedures, and quality assurance that may enhance STI services and facilitate STI/HIV integration.

The $325,000 plus up funding supports three components: (1) USG support for procurement of condoms by the MOHSS. This activity will continue to leverage support with the Global Fund, which provides funding support for the Ministry's "Smile" brand of male condoms. The public response to the "Smile" condom has since been overwhelming and demand has exceeded the Ministry's ability to purchase the amount needed. These condoms are manufactured in Malaysia and undergo quality assurance in a local laboratory when delivered in Namibia prior to distribution to improve ability to meet demand. Commodity Exchange is a local company which has been contracted by the Ministry to establish a condom production factory and quality assurance laboratory with funding from the Global Fund. The additional funds will allow for the purchase of an additional 4,000,000 "Smile" condoms in 2007. These condoms will be available free of charge to ART clinic patients and will further support ongoing "prevention with positive" efforts in Namibia. [$250,000] (2) Design and begin to implement a nationwide alcohol intervention. This intervention will be shaped in the latter half of FY2007 as a result of technical assistance that will develop a strategic plan for addressing the monumental issue of alcohol abuse as it relates to HIV transmission and ART adherence. [$50,000] (3) Conduct the first national conference on "Men and HIV". This conference will be planned and carried out by the end of FY2007. Funding will support meeting space, travel for participants and speakers, and other related costs. Major objectives of the conference will be to bring together stakeholders from throughout Namibia to develop strategies to expand men's uptake of HIV prevention and care services. Key to this conference will be to gain extensive input from men to shape a strategic plan. Another component of the conference was to begin to have policy discussions around male circumcision. International experts will be invited to present findings from the recent MC studies, to review WHO guidance, and to begin to talk about the possibilities for MC efforts in Namibia. [$25,000]

Continued Associated Activity Information

Activity ID:	3880
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Services, Namibia
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 374,042.00

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed	2,000,000	☐
Number of targeted condom service outlets	74	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	65,120	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	☐

Target Populations:

Adults

People living with HIV/AIDS

Men (including men of reproductive age)

Women (including women of reproductive age)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7411
Planned Funds:	$ 333,680.00

Activity Narrative: The USG has been implementing community & workplace HIV/AIDS prevention programs through two multi-purpose community centers in Ondangwa & Erongo regions, & one private sector advocacy organization with nationwide coverage since 2003. In FY07, Pact will support these organizations to advance their HIV/AIDS prevention interventions, target high risk behaviors & practices of employed & unemployed sexually active populations, & use a combination of peer education, interpersonal communications, & group discussion sessions to promote positive norms & behaviors. This will also be reinforced at the community, family, & personal level through targeted outreach, recruitment, & mobilization of peer educators that can be engaged as change agents to create a supportive environment promoting & maintaining behaviors such as correct & consistent condom use among sexually active partners, & reduction of sexual networks to stop the spread of new HIV infections. Pact will provide organizational capacity building support (PACT OHPS # 8037) to ensure that these organizations remain viable HIV/AIDS service delivery partners. At the same time, Pact will provide focused technical assistance to develop the technical capacity of sub-grantees to implement quality prevention programs that promote consistent prevention messages. Specific program targets, populations, & activities are described below for each sub-partner:

The Walvis Bay (WBMPC) & Sam Nujoma Multi-Purpose Centers (SNMPC) aim to reduce the rate of HIV infection in their communities & through the privare sector by (1) offering prevention services at community Centers (largely for older, out-of-school youth) which are linked to counseling, testing, & treatment referrals; (2) providing workplace interventions for the private sector; & 3) offering HIV/AIDS education for in-& out-of-school youth. With previous USG support they have conducted HIV/AIDS awareness sessions to increase knowledge & practice of safer sex, in addition to recruiting & training volunteers as Peer Educators to increase knowledge of prevention of sexual transmission, obtain skills to conduct monthly outreach sessions, & undergo refresher trainings to increase messages about partner reduction & reduce risky sexual behaviors. Additionally, they have trained out-of-school youth in computer literacy & health outreach & counseling, building the capacity of local out-of-school youth to find gainful employment. In FY07, these organizations will be provided with targeted technical assistance to shift program indicators from output & outcome level, to actually monitoring behavior change. The program will also seek technical assistance from ACQUIRE/Engender Health to increase male involvement in peer outreach & education activities, & be supported by a regional technical advisor or organization that has considerable expertise in prevention of sexual transmission of HIV/AIDS.

The workplace programs developed by these Centers provide HIV/AIDS awareness education to private businesses, government institutions & parastatals. The programs build the capacity of select individuals to provide on-going education to their peers, using previously developed training manuals & IEC materials. Both centers work with Peace Corps volunteers that will soon be transitioned to local staff that have been receiving technical support. To partially sustain activities, the Centers charge the private sector for workplace training packages (on a fee-for- services basis), & charge general public users of the Centers for computer classes & catering services provided by the centers' respective youth & PLWHA groups.

WBMPC activities for FY07 will include information sessions for 50 local company managers in fishing & other port industries to illustrate the impact of HIV/AIDS on the workplace & the benefits of implementing a workplace program. Also, MPC Health Educators will: conduct weekly outreach sessions in local bars targeting 2,000 high risk individuals including truckers, CSW, seafarers, port & dock workers; & conduct 15 HIV/AIDS awareness sessions within the small-and-medium-enterprise (SME) sector to reach over 400 workers. Additionally, 100 new Peer Educators will be trained & the 180 peer educators deployed in 2005/6 will be provided with refresher training & support through monthly meetings convened at the WBMPC, who will reach over 5,000 workers. WBPMC also will continue to design & publish a quarterly newsletter for distribution to peer educators. WBMPC will train 60 Community Peer Educators & sponsor motivational talks in the community at large on HIV/AIDS, prevention, treatment, correct & consistent condom use & issues of stigma & discrimination. Over 16,450 people will be reached through these community awareness sessions & IEC events.

The SNMPC will reach over 2,500 workers in the local SME sector & 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 120 people (50 counted under A&B) in peer education & outreach health education through 12 workshops, & conduct 60 IEC events for 4,000 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, & support of the mining industry, CoM began working in HIV/AIDS in 1996. As a result of this initial support, the CoM developed an HIV/AIDS awareness, prevention & care program that is currently being implemented at 19 member sites & workplaces. This comprehensive workplace program uses the same curriculum as the Multipurpose centers, targeting mainly the private sector, & particularly employees & their dependants in the mining industry, Namport, Telecom, Namibian Breweries & other non-mining industries. In FY05, USG funds supported one staff member & leveraged another position through mining organizations' contributions to CoM, materials development, & logistics (cost-shared with CoM & individual companies) to support implementation of this program, which reached 12,000 workers & community members. In FY07, the CoM aims to reach approximately 14,000 workers, their families, & community members through training & retraining of 300 peer educators & hosting of IEC events, HIV/AIDS awareness sessions, & one-on-one interpersonal communications. CoM will continue to mainstream its workplace program for peer education & community outreach to employees' families & communities within its overall Occupational Health & Safety Program—in order to extend the reach of its HIV/AIDS interventions. The program also provides education & information on the correct & consistent use of condoms, as well as making condoms available to employees & their families.

All PACT prevention activities will be modified in FY07 to address changes needed after an FY06 objective evaluation of critical prevention messages used in curricula & outreach efforts. Greater efforts will be made to increase gender sensitivity & address gender norms & stereotypes that might be fueling the epidemic.

Continued Associated Activity Information

Activity ID:	4726
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH
Funding Source:	GHAI
Planned Funds:	$ 100,951.00

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets	79	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	46,950	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	575	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Gender

Increasing gender equity in HIV/AIDS programs

Education

Wrap Arounds

Democracy & Government

Other

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Social Marketing Association/Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7420
Planned Funds: $ 0.00

Activity Narrative: Internal economic migration, male norms and low socio-economic status of women, are drivers in multiple sexual partners and transactional sex/cross-generational "sugar daddy" relationships which are key factors in the spread of HIV infection in Namibia despite a relatively high awareness of HIV risk factors and prevention methods.

Social Marketing Assosciation (SMA) implements programs addressing these factors: Borders of Hope, working with most-at-risk-populations (MARPs), e.g., economic migrants, transport workers, informal traders, and commercial sex workers; PolAction working with the police and border officials; and Cross-Gen, working with young women and girls, their families and communities and the men with whom they have sex. The overall purpose of all of these programs is to move beyond awareness raising and education to developing an internalization of personal risk and assimilation of behavior change, through community mobilization and community based behavior change activities, targeting these populations to adopt one or more risk reducing behaviors such as secondary abstinence, faithfulness, partner reduction, condom use and counseling and testing (CT).

Originally, SMA had planned to focus on AB prevention strategies to reduce the occurrence of cross-generational sex (CGS) working with young women and girls and their families in border communities. Due to focus group formative research in FY06, the Cross-Gen program will be modified to be more conmprehensive in nature with the addition of a new partner with gender expertise, substantially more involvement of USG community partners, more emphasis on the responsibility of men and the addition of a micro-credit component (see Systems Strengthening). The program will involve a multi-faceted intervention with several USG implementing partners utilizing interpersonal and behavior change communication, national media and provision of concrete income generation opportunities. SMA will support other USG partners in utilizing and integrating the findings of the formative research focusing on comprehensive prevention strategies as appropriate (see also AB), to identify and target young women and girls at risk for cross gen/ transactional sex as opposed to commercial sex, and to contribute to the strength of the overall Cross-Gen program through its comparative advantage and significant experience of working with border communities with the Health Awareness Days (HAD) activity and training.

Activities include:
1) Working at borders, in, bars, police camps, secondary schools and with communities through the Traditional Authorities in high transit areas utilizing community-based health educator teams to conduct educational drama sessions, educational videos, question and answer sessions, condom demonstration and distribution (no demonstration or distribution in schools);
2) Training Traditional Authority council members on how to address behavior change from within their existing cultural structures;
3) Demand creation and referral services for CT, PMTCT and ART services utilizing local home based care and/or PLWHA support groups. Referral to CT will be monitored via client intake records at New Start Centers with the centers then monitoring onward referral to ART and PMTCT;
4) Development of messages and tools utilizing interpersonal and behavior change communication and national media to reach girls and young women, their families and communities and the older men with whom they have sex;
5) Building sustainable partnerhsips- JHU and DAPP comunity partners to identify high risk young women and girls, HAD training, and Project Hope income-generating activities offering an alternative to cross-gen sex/transactional;
6) Targeted social marketing of male condoms and MoHSS free condoms will also be distributed through SMA channels.

Targets: 59,500 MARPs through community and BC activities; 7,500 young women and girls and 60,000 men and community members through police and cross-gen activities and 700,000 condoms by social marketing.

PolAction, a workplace initiative with the Namibian police, begun in FY05. SMA will expand upon the lessons learned of PolAction. The police force is primarily comprised of men, providing the opportunity for addressing harmful male norms, gender violence and alcohol abuse by modifying their own behavior and supporting efforts to remedy these problems within the communities in which they service and promoting male involvement in PMTCT,

partner testing and ART.

Activities include:
• Creating an enabling environment through the sensitization of high-ranking officers, by training and expert speaker seminars;
• Edutainment teams conducting 5-7 hour edutainment sessions at all police stations, camps and bases across the country in an effort to bring the messages to the local level. Topics include balanced prevention, PMTCT, ART, CT, condoms, gender violence, alcohol abuse and addressing male involvement with an interactive booklet called "What can men do about HIV?" which explains male responsibility in decreasing the spread of HIV.
• Weekly liasing by PolAction staff with the Gender Welfare department of the Namibian police. The team will advocate for high level commitment to improve reporting of gender violence and the functioning of the Women and Child Protection Unit to improve reporting to the database that Ministry of Gender Equality and Child Welfare (MGECW) maintains including monitored referral of victims of gender-based violence to health facilities, PEP, and counseling services.
• Creating demand for testing and developing access strategies for CT, e.g., transportation to testing sites;
• Free MoHSS condoms will also be distributed;
• Supporting the development and implementation of an HIV/AIDS policy;

Many societal factors contribute to cross generational sex. SMA in partnership with JHU, the DAPP and Project Hope will focus on two key challenges in addressing cross generational sex in Namibia: 1. family and community acceptance of the practice. In FY06 SMA publicly opened the door on this subject through public service announcements (PSAs) and radio messaging targeting young women and girls and their families and older men; 2. engrained perceptions regarding masculinity which contribute to risk taking sexual behavior by men as men have been identified as both "the solution" and the origin of the problem.

In FY07 and based on focus group discussions, SMA will support partners to address: 1. Low levels of awareness among girls regarding the health risk involved with cross-gen sexual relationships; 2. Perceptions that pregnancy overshadows the threat of HIV; and 3. the belief that HIV infection is easily identifiable.

SMA will develop an interactive workbook for vulnerable girls combining information and guidance with culturally relevant examples. The workbook can be used in group or individual sessions. SMA CGS and PolAction teams will develop in partnership with USG community partners a "What can men do about HIV?" work booklet which will outline male responsibility in decreasing the spread of HIV. The content will challenge current notions of masculinity and illuminate the risks of CGS to men and their families.

Targets: 52,500 men (police, military and men in high transit areas), 15,000 vulnerable girls, 300,000 adults and young women through mass media campaign and, 100 stakeholders through consultative and sharing stakeholders' workshop.

Through the CR process it was discovered that PSI/SMA had a significant FY 06 pipeline for both VCT and Prevention (HVCT, HVAB and HVOP). In addition, and as a result of increased monitoring by the USG, some performance issues have been identified. Funding for FY 07 service delivery of community VCT is moved to IntraHealth/The Capacity Project which already manages 5 of the 15 currently operating community VCT centers.

Continued Associated Activity Information

Activity ID:	4749
USG Agency:	U.S. Agency for International Development
Prime Partner:	Social Marketing Association/Population Services International
Mechanism:	Cooperative Agreement
Funding Source:	GHAI
Planned Funds:	$ 409,151.00

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7457
Planned Funds:	$ 856,445.00

Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning to direct funding as a local NGO under Namibian law, known as Nawa Life Trust (NLT). Pending results of the required pre-award survey, including financial/organizational capacity evaluation and recent information regarding timing for availability of FY07 funding, it will initially enter into a 'Leader with Associates Award' under JHU/HCP as NLT/JHU and move to direct funding when it meets all eligibility requirements under USAID's Acquisition and Assistance regulations. This process will ensure the continuity of program activities. The direct funding mechanism will replace the Associates Award and be implemented as soon as Nawa Life Trust is deemed eligible and is approved through the Botswana USAID Regional Contracting office.

As in previous years, behavior change programs will support the reduction of sexual partners and high risk behaviors,while focusing on faithfulness and increasng uptake of services and secondary prevention for PLWHA. At the community level, these goals will be achieved through three primary community prevention interventions driven by Community Action Forums (CAFs): community outreach, sports and community cinema- reaching over 40,000 community members through these programs. Activities at the community level will be closely linked with national level campaigns, (see section AB and Systems Strengthening) and treatment literacy community radio programming (see section Palliative Care). In FY07, NLT will focus on expanding and improving the quality of these interventions and leveraging the work of other PEPFAR partners (SMA, COLS, AED, DAPP and CAA) to take the programs to scale. These strategic partnerships will foster synergy and generate greater reach within different communities amongst a more diverse population. NLT's target audience remains the general public, but with an emphasis on aggressively involving men and PLWHA.

Community outreach through CAFs
By the end of 06, NLT will have supported the establishment of 14 CAFs in 11 out of the 13 regions in Namibia with two additional ones created during 07, bringing the total number of CAFs to 16. These locally elected community outreach groups consist of 15 community members each, men and women, from the ages of 15 to 60. The purpose of a CAF is to conduct HIV/AIDS outreach sessions within the community at large, addressing identified barriers to behavior change such as stigma (accessing testing and ART) and alcohol abuse (key factor in gender violence), engaging male support/participation for services (PMTCT, VCT, ART), promoting HIV/AIDS support services offered by other PEPFAR partners including the MoHSS and advocating for additional and/or improved services. Focus topics address HIV/AIDS issues identified by community participatory assessments and household surveys, and where feasible, identify synergies with other stakeholder initiatives and/or regional and national media campaigns. In FY07, 240 CAF members will receive training on the following themes; partner reduction, male responsibility and participation, care and support, stigma and discrimination and living positively/nutrition etc. NLT will scale up its community sports and cinema programs. Both programs will supplement and reinforce the prevention messages provided through a more conventional channel of outreach activities and media campaigns (see above and AB prevention). These programs will engage specific groups that have traditionally been or have become reluctant to participate in typical HIV/AIDS related activities (young boys, men, older adults). In addition, these activities will offer safe, alcohol free, leisure activities that foster self-esteem (sports) and provide low risk alternatives to the pastimes most common in most communities- alcohol and sex.

Nawa Sport is a behavior change activity designed to engage young men 15 to 35yrs in HIV/AIDS prevention and care activities. It is an active intervention that uses soccer discipline and metaphors to capture the attention of young men in an environment where they feel comfortable and to explore sensitive issues around HIV/AIDS and relationships. The tool consists of a 'coaches' curriculum, a training kit and a participant's workbook. Besides providing basic HIV/AIDS information, it emphasizes partner reduction, condom use, partner testing, stigma reduction and the negative effects of alcohol. Nawa Sport was successfully implemented in 8 sites during 06 after an initial pilot phase in 05. An informal evaluation of the pilot revealed a need for ongoing technical assistance from Sports for Life and Grassroots Soccer, stronger supervision of 'coaches', a program coordinator and a more user friendly monitoring system. The roll out in 06 implemented all these recommendations and for 07 plans to perform an impact evaluation of the program with the assistance of a research company (TBD) (see Strategic Information).

NLT will continue the program in the current sites in 07 and add another 4 sites, aiming to reach over 20,000 men. It will also provide technical assistance to other PEPFAR implementing partners, COLS (AB youth), DAPP (general population) and AED (AB in schools) to implement Nawa Sport, thereby creating greater reach for the intervention. Through the CAFs and in collaboration with the three partner organizations, TOTs will be conducted to train men to be 'coaches' and role models to reach young men. The program will be managed centrally by a Nawa Sport Coordinator and regionally through NLT's Regional Coordinators.

Street Soccer
After completing the Nawa Sport program, participants can sign up to become part of the Nawa Sport Street Soccer Community. This program will continue to use event and direct marketing tools (tournaments, soccer clinics, newsletters, competitions) to establish direct rapport with participants and encourage young adults to play sports as a safe leisure activity and to reinforce the messages given throughout the training.

Community Cinema
In FY06, Nawa Life made the decision to introduce community cinema in place of community drama to improve the quality of the intervention and to have more control over messages and content. Community Cinema is targeted at an older audience and, like Nawa Sport, offers adults an alternative form of entertainment to sitting in shebeens (local bars) and drinking. Large groups of community members are reached through this edutainment activity and it provides an opportunity for a multitude of complex themes to be addressed simultaneously. This program is being piloted with two tools. One is a regionally developed tool called Steps for the Future consisting of 10 HIV/AIDS videos and a facilitation guide. An international NGO, Ibis, has used it successfully and has provided NLT with the training to pilot this in 2 CAF sites. The other is Tsha Tsha, the highly popular South African TV series developed by the South African Broadcasting Corporation and JHU/HCP/South Africa. Although Tsha Tsha is in a local South African language, it has English sub-titles and has a very high entertainment value. This is being piloted in another 2 CAF sites. Depending on the outcome of the pilot phase, one of the tools will be used and/or adapted to expand to an additional 5 CAF sites (reaching over 20,000 people) and as with Nawa Sport, relevant partners such as ELCAP (FBO/youth), will be identified who can incorporate into their programs. This program will be implemented by NLT Regional Coordinators and their CAF counterparts.

Continued Associated Activity Information

Activity ID:	5690
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 25,000.00

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	79,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	960	☐

Target Populations:

Adults
Community leaders
People living with HIV/AIDS
Volunteers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Wrap Arounds

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7459
Planned Funds: $ 0.00

Activity Narrative: The USG has supported 2 key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) and one FBO/NGO, Lifeline/Childline (LL/CL) to implement the PMTCT, AB, ART, counseling and testing (CT), and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity).

CHS manages four faith-based hospitals and 45 health centers and clinics in 3 different health regions. LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics in its district area. The five faith-based hospitals are serving a population of about 400,000 (20% of the total population). LL/CL is a Namibian registered NGO with a faith focus since 1981. It operates 2 main programs, counseling and training (CT) and school-based and community prevention programs aimed at youth. LL/CL trains volunteer counselors, community counselors, lay counselors and nurses in PMTCT counseling, CT, ARV counseling and provides supervision and psychological support. In addition, it provides refresher training to counselors and nurses in the field. The trained graduates, community counselors, are deployed in the MoHSS health system which includes FBO health facilities. The school-based and community programs of LL/CL provides A B prevention activities to student and teachers as well as the general public through its radio services and face to face counseling sessions.

In 07, the USG through Capacity will continue to support prevention programs for sexually active youth using NGOs and faith-based affiliates (LMS, CHS & LL/CL) to expand Be Faithful interventions and implement Condoms and Other prevention programs.

The LMS hospital will continue to support the distribution of condoms through its ART site and other hospital departments (outpatients, inpatients, dispensary area and others) as well as in the health centers and clinics. The condoms are provided through the MoHSS.

In Namibia, there are some studies that estimate the incidence of rape to be ~once every ½ hour. The reported cases are much less than the actual occurrences. CHS and LMS hospitals offer post-exposure prophylaxis (PEP) services for their workers and victims of rape 24 hours a day. They and LL/CL have links to the Maternity Welfare Office to assist victims of rape and sexual abuse. Health workers and counselors who will be trained in Children Counseling Program in AB program area will get a special training session on how to manage counseling of rape victims and their care-givers and to refer them to the correct channels. LMS will train 10 health workers and CHS will train a further 20 health workers on PEP and rape counseling with the assistance from other USG funded implementing partners.

LL/CL will train 200 counselors, HIV Clinician Society will train 150 private clinicians and LMS & CHS will train 150 health workers and counselors to promote HIV/AIDS prevention through other behavior change (Beyond A & B) during the training sessions for other program areas.

LL/CL outreach community mobilization activities in villages and schools primarily focus on AB prevention especially when offered in the context of the family unit and the peer setting of schools. Other prevention and condoms are included in the educational and awareness related messages in appropriate settings. The community teams of staff and volunteers regularly liaise with other USG partners for messages, referrals and condoms such as TCE educators of DAPP, Lironga Eparu (PLWHA), home-based caregivers of CAA & ELCIN Aids Action, a variety of staff at Onandjokwe Hospital , IBIS, Sam Nujoma MPYC etc. to allow for better coordination and less duplication. Regional AIDS Coordinating committee (RACOC) meetings through the Regional Councils also allow for excellent opportunities for Other Prevention coordination and condom access on a regional level. The MoHSS provides condoms to FBO/NGOs, RACOCs and health facilities at no cost.

No direct funding is allocated to this program area as the costs of this program area are reflected in other program areas such as palliative care, AB and ART services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	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, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	10	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Mobile populations
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Twinning

Stigma and discrimination

Coverage Areas

Erongo

Karas

Khomas

Kavango

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7460
Planned Funds:	$ 0.00

Activity Narrative: This is a new activity which is being jump started with reallocated FY 06 funding. For FY07, that links directly with the Academy for Education (AED) AB (Activity 8500) and OVC (Activity 7400) provided to six target regions where 65% of Namibia's teachers are located. The Ministry of Education (MOE) is currently the single largest employer in the country, with about 30,000 employees. In 2002, an HIV/AIDS Impact study in the Education Sector revealed that 1 in 7 teachers was infected with HIV, and that between 5-20% of the teacher workforce would die without access to ARV treatment. This activity will support teacher workplace training and provide complementary support to the Education and Training Sector Improvement Plan (ETSIP) of Namibia. This is a 5-year action plan funded by the GRN and dedicated to improving access to prevention, care and treatment services for teachers, while addressing stigma and discrimination in the workplace. AED will pilot this effort in two circuits in each of the six regions, and eventually expand coverage by leveraging funding, human resources and technical input from Regional Educational Offices, the Namibian Institute for Educational Development (NIED), and the HIV/AIDS Management Unit (HAMU) within the MOE. The activity will strengthen teacher workplace support groups, help manage frequent absenteeism in the workforce through linkages to care and support services, increase membership of teachers to the Public Sector Employees Medical Aid Scheme (PSEMAS) thereby improving access to ART services, and provide accurate information on HIV/AIDS to increase uptake of counseling and testing services. This activity will leverage $320,000 in MOE funding that will support a series of sensitization workshops for senior management in all 13 education regions and the Ministry. MOE funding will contribute to a nation-wide survey of education sector employees to assess their knowledge and attitudes about HIV and AIDS, and follow-up with regional level workshops. Once survey analysis is complete, FY06 Emergency Plan funds will support a strategic planning workshop for all stakeholders including teacher unions, MOE leadership, MoHSS representatives, MGECW leaders, development partners and NGOs. The outcome of the stakeholder's workshop will be finalization of the HIV/AIDS workplace policy for the education sector, development of a teacher training program on HIV/AIDS and harmonization of currently available workplace training materials for pre-and in-service training of principals, teachers, relief educators, (i.e. Materials from EU, UNESCO, Office of the Prime Minister, International HIV/AIDS Alliance, and Catholic AIDS Action will be accessed for the harmonization exercise).

AED will place a full time HIV/AIDS Teacher Workplace Training Advisor in HAMU at the MOE for one year, until the position is transitioned and absorbed by the MOE. The Advisor will support refinement of the MOE's Employee Health and Wellness program and the operationalization of workplace teacher training activities. The Advisor will ensure that the final training package addresses key issues such as male norms, attitudes towards cross-generational and coercive sex, and disciplinary actions gender-based violence and abuse. (Anecdotal evidence from UNICEF and other education sector partners indicates male teachers are often the perpetrators of coercive sex against vulnerable girls). The workplace training package will ensure that teachers are aware of how to access prevention counseling, condoms, support and referral services, testing and care, and treatment services. The training package will also reinforce the concepts outlined in the Namibian Teacher's Code of Conduct, which states clearly that sexual relations with a minor are grounds for teacher dismissal. The Advisor will also ensure collaboration with Engender Health (Activity#8030) to obtain technical assistance and/or training to strategically address male norms and behaviors in the workplace.

Leveraging $1,700,000 in USAID development assistance and $2,850,000 in Presidential Africa Education Initiative funding, AED has developed and uses a site based teacher professional development system in all education circuits in the six target regions for all teacher in-service programs. This ongoing system of localized teacher professional development activities at school, cluster and circuit levels will provide the mechanism for reaching teachers in the identified pilot circuits of the six target regions. In addition to the AED project team of the HIV/AIDS Technical Advisor and the three Teacher Training Coordinators, the training program will have access to the full team of Regional Education Office Inspectors of Education, Advisory Teachers, and Resource Teachers who serve as teacher support providers for the site based system of teacher training. As such, the teacher HIV/AIDS workplace program will fit into an existing structure that offers both training and site based support and follow-up activities. FY06/07 pilot activities will take place in two circuits, one rural and one urban, in each of the six target regions involving 200 to 250 teachers in the first year.

In addition, a number of HIV/AIDS pre-service activities such as training in prevention and care, and the integration of HIV issues and concepts into the instructional program have been facilitated by an AED Technical Advisor at the four colleges of education. Such support will continue in FY07, in collaboration with NIED, the Ministry directorate responsible for both the curriculum and professional development of the colleges of education. The structures in place in the form of HIV/AIDS committees of teacher educators and student teachers and the college-based HIV/AIDS coordinators will be further strengthened and supported by AED training activities. Lessons learned from similar program in Zambia and South Africa will also be incorporated to inform the overall plan of action.

To monitor and evaluate the pilot, a baseline of teacher knowledge and attitudes will be drawn from the analysis of the 2006 survey and in-depth needs assessment will be conducted before the pilot is initiated. At the same time, a sample of non-participating schools will be identified and a set of indicators developed to determine the impact of the pilot workplace training program on knowledge, skills, attitudes and behaviors of participating teachers as compared with the sample of non-participants. Revisions to the training package and supportive structure will be made based on the results of the impact assessment, and overall results will inform the MOE of how to scale-up and eventually expand this activity to all regions.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Indirect Targets

Principals, Regional Education Officers, Ministry of Education Officers

Target Populations:

Teachers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Education

Coverage Areas

Caprivi

Ohangwena

Kavango

Omusati

Oshana

Oshikoto

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7461
Planned Funds: $ 110,896.00
Activity Narrative: Improving Healthcare provider knowledge about HIV/AIDS
University Research Corporation (URC) will use its forum of Plan Do Study Act (PDSA) session that is held in each region every quarter to provide general knowledge to the population of Health Care Providers regarding HIV/AIDS in general and ABC in particular. The teaching approach is simple and consists of three main components: (1) pre-testing the knowledge regarding HIV/AIDS; (2) training in the essentials of HIV/AIDS and ABC; (3) post-testing the knowledge regarding HIV/AIDS. To alleviate the workload of URC Coordinators and to ensure sustainability of the intervention, a MoHSS staff member (Control Registered Nurse, Infection Control Nurse for example) will be trained as TOT to assist in the dissemination of information and to train other colleagues in doing so during field supervisions and mentoring. The target group will be all people working in the Health system including: janitors, waste handlers, nurses, administrators, doctors etc. The activity will be integrated with workplace programs and will therefore also serve to strengthen existing workplace programs in the MoHSS.

Expected Results
It is expected that by the end of Project Year 3, 500 healthcare workers will be exposed to the knowledge and 26 MoHSS health workers will have been trained in ABC.

Due to a decrease in Track1 funding, URC does not have sufficient funding to implement their program through FY07. This increase in funding ensure that URC can fully implement this program throughout the fiscal year.

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	26	☐

Target Populations:

Doctors

Nurses

Pharmacists

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Other Health Care Worker

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DOD/Social Marketing Association
Prime Partner: Namibian Social Marketing Association
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7894
Planned Funds: $ 160,000.00
Activity Narrative: Per 07/07 reprogramming; Funds are being re-allocated from this acitvity to support the smooth running of the DAO PEPFAR Program Office in Namibia. This decrease will not impede the procurement and distribution of condoms since the Ministry of Health and Social Services is supplementing condoms to the Namibian Defence Force.

This program will continue to deliver prevention activities for the high-risk military community in support of the Ministry of Defense's Military Action Prevention Program (MAPP). This program activity will include education seminars, training sessions for peer educators, and the distribution of Behavior Change Communication (BCC) and other strategic information materials as well as "bulletproof" soldiers' condoms. Education seminars ranging from 3-8 hours will be carried out on all 23 bases and camps targeting 5500 soldiers. 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 current or former military 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 "Remember Rambata" made under COP05 as a sequel to the popular film "Remember Eliphas" will be used to motivate soldiers to change their behavior. An average of two service outlets at each of the 23 bases and camps and a service outlet at the REEC in Rundu will continue to distribute "bulletproof" condoms specifically marketed for military members. At all levels, attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination.

Continued Associated Activity Information

Activity ID: 3831
USG Agency: Department of Defense
Prime Partner: Social Marketing Association/Population Services International
Mechanism: Military Action and Prevention Program (MAPP)
Funding Source: GHAI
Planned Funds: $ 196,000.00

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets	23	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	46	☐

Target Populations:

Most at risk populations

Military personnel

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7994
Planned Funds:	$ 204,923.00

Activity Narrative: This activity relates to another in this area, provision of condoms and support for community counselors by the Ministry of Health and Social Services (MoHSS), #7333, and to CDC activity #8001 in the Abstinence and Be Faithful area.

This activity addresses the critical human resources gap at facility levels to delivery HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and at the level of quality that is required for ARV roll out and palliative care expansion. This in turn creates issues of bonding and incentives for these cadre of health care workers to return to Namibia and retention incentives for staff currently serving in the country. The vacancy rate in the Ministry is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists.

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. Since FY04, the USG has assisted the MoHSS to address this gap by providing supplemental personnel to the MoHSS through Potentia, which administers salary and benefits packages equivalent to those of the MoHSS. Both HHS/CDC and the MoHSS participate in the selection of health personnel who are then trained and provided with field support by ITECH, HHS/CDC, and the MoHSS with USG funding. Beginning in FY06, Potentia also began supporting technical and administrative staff that were previously funded through I-TECH in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets. As of August, 2006, Potentia supported a total of 117 staff and this number is projected to increase to 363 in FY07.

This is a new activity to contract condom supply logistics officers for distribution of the new "Smile" condom. The new public "Smile" condom is comparable in quality to local commercial and socially-marketed condoms and was launched by the Ministry in 2005 following complaints from the public that the free condoms distributed from health facilities were substandard. The public response to the "Smile" condom has since been overwhelming and demand has exceeded the Ministry's ability to purchase the amount needed. These condoms are manufactured in Malaysia and undergo quality assurance in a local laboratory when delivered in Namibia prior to distribution. The Commodity Exchange is a local company which has been contracted by the Ministry to establish a condom production factory and quality assurance laboratory with funding from the Global Fund. A 2005 USG-funded evaluation of condom supply and logistics concluded that the quality assurance laboratory and plans for local production were reliable.

These condoms will be distributed free of charge to health facilities for distribution to and use by high-risk clients (HIV-positive patients, STI patients, TB patients, and patients having sex with a person of unknown HIV status) and for further distribution to NGO and FBO partners for use by to high-risk individuals (mobile workers, commercial sex workers, shabeen customers, discordant partners, PLWHA and their partners, and persons having sex with a partner of unknown HIV status).

The Global Fund supports a Condoms Logistics Manager in the Ministry plus two additional Condom Logistics Officers in the regions. A more responsive supply management chain to meet the demand has been created in the Ministry to make condoms more accessible to the public. However, three staff is totally inadequate for a country the size of California and an additional 15 officers are needed at the district hospitals to facilitate local supply and distribution from hospital pharmacies to health facilities and PEPFAR-funded NGOs and FBOs who distribute condoms to high-risk people. Condom logistics officers (costing ~$10,000 per annum per officer), who would receive technical support from the Ministry and RPM-plus, would be placed at the following 15 district hospitals: Oshakati, Onandjokwe, Rundu, Katima Mulilo, Outapi, Oshikuku, Opuwo, Engela, Eenhana, Grootfontein, Otjiwarongo, Swakopmund, Marienthal, Gobabis, and Keetmanshoop. Apart from the 331 public health facilities, implementing partners who will benefit from this activity include TCE, Walvis Bay Multi-Purpose Center, and a wide range of partner NGOs/FBOs.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	51 - 100

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	261	☐

Indirect Targets

The number of condoms distributed: 10000000

Target Populations:

Adults
Family planning clients
People living with HIV/AIDS
University students
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas
Caprivi
Erongo
Hardap
Karas
Khomas
Kunene
Ohangwena
Kavango
Omaheke
Omusati
Oshana
Oshikoto
Otjozondjupa

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Global Health Fellows Program
Prime Partner: Public Health Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8011
Planned Funds: $ 185,474.00
Activity Narrative: Funding is requested to continue support for the position of Senior HIV/AIDS Prevention Advisor, created in FY06. The Advisor focused primarily on prevention of sexual transmission will also work closely with and mentor the Senior Technical Advisor managing Safe Injection and PMTCT. The advisor has a leadership role in ensuring the USG program implements an innovative, effective and balanced prevention program. The Advisor oversees expansion of the prevention program, ensuring that best practices, lessons learned and operational and epidemiological research results are applied in the design and refinement of the Emergency Plan prevention activities. The Advisor plays a technical leadership role in design, management of implementation and evaluation of prevention programs to reduce sexual transmission. The Advisor coordinates USAID prevention programs with those of other USG partners and implementing partners, the Government of Namibia, other development partners, and other sectoral teams within USAID/Namibia. The Advisor provides technical support to local implementing partners and remains current in the developments in the field of prevention, particularly prevention of sexual transmission.

Funding for this position is split between the AB and Condoms and other prevention program areas.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Project HOPE
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8023
Planned Funds:	$ 97,791.00

Activity Narrative: The HIV/AIDS epidemic has compelled program planners to take a broader view of HIV/AIDS and reducing risk behaviors. Harmful community and male norms and behaviors and the lack of positive societal and family roles for boys and men were identified by PEPFAR implementing partners during development of the FY2007 COP as some leading challenges in the fight against HIV/AIDS in Namibia. Other substantive issues include: cross-generational and transactional sex between older men and younger girls including male teachers and school girls, widespread prevalence of intimate partner violence throughout the country, and the widespread abuse of alcohol which fuels violence and sexual coercion. This project proposes leveraging other partners' activities addressing these issues (see AB and Systems Strengthening), integrating a micro-credit program and developing referral links with other implementing partners' services at community level, including how and where to access counseling, support and gender violence services, etc..

Project HOPE Namibia (HOPE) has been working in Omusati and Oshana Regions for the past year with the Village Health Fund (VHF) methodology working with caregivers of orphans and vulnerable children (OVC). It has established a track record and the capacity to expand its activities. It proposes to replicate these micro-credit activities while integrating activities to address the societal issues driving cross-generational sex (cross-gen). This initiative arose from the expressed needs of young women in the Caprivi, Ohangwena and Kavango regions and discussions with USG partner SMA, Nawa Life Trust/JHU, the DAPP and Acquire (Engender Health) which have been tasked with implementing a cross-gen intervention addressing societal norms with girls and young women, their families, the communities in which they live and the men with whom they are having cross-gen sex.

HOPE proposes to partner with and complement cross-gen efforts with its micro-credit and capacity building and training to provide opportunities for alternative economic support the community-based behavior change programs of Nawa Life Trust/JHU implemented by Community Action Forums (CAFs) and the DAPP through its TCE program, SMA through its Borders of Hope and PolAction programs and the technical assistance of Engender Health through its gender program, Acquire. The project will also use the VHF loan group meetings to incorporate and convey behavior change messages at the community level with HIV/AIDS/health education sessions addressing comprehensive prevention utilizing the established curricula of Nawa Life Trust/JHU and Engender Health, their experience in these communities.
The anticipated activities include:
- Adapt and contextualize tools and materials through focus group discussions
- Conduct meetings within communities where CAFs, DAPP TCE programs and SMA police programs work to explain the scope and activities of the project and exploring the issues of cross-gen sex, including community perceptions of the practice.
- Coordinate with other USG organizations and stakeholders (Global Fund, EU) working with high risk young women such as school drop-outs to identify other potential participants.
- Provide orientation and training to help them form VHF, including electing leaders, implementing group policies & procedures, and assisting with group organization.
- Provide seed capital through micro-loans to participating young women to invest in income generation activities. As they repay, they will be offered a subsequent loan of higher amount so their business can grow.
- Provide comprehensive prevention information to young women and their families utilizing materials developed through the focus groups, Engender Health's curricula and Project HOPE's three health modules
- Work to establish an empowering community environment that rejects the practice of cross-gen sex.
- Mobilize and empower the young women and their VHF groups to be advocates in their communities.
- Conduct continuous progress monitoring and evaluation of activities to ensure quality and address challenges.
- Collect baseline information on new participants in order to document potential changes in socio-economic status and changes in high risk behaviors.

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	96	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	☐

Indirect Targets

There are multiple indirect targets as a result of the planned activities. Firstly, the larger extended family will benefit from any increased income or diversification of income sources. Secondly, the women who gain the capacity to demonstrate reduced risky behaviors and less frequent cross generational sex will serve as models to others. Thirdly, the community at large in the targeted areas will benefit. These are rural environments with low levels of economic development, poor knowledge or awareness about health risks, and increasing vulnerability to HIV/AIDS.

Target Populations:

Commercial sex workers
Most at risk populations
Street youth
Women (including women of reproductive age)
Out-of-school youth

Key Legislative Issues

Reducing violence and coercion

Increasing women's access to income and productive resources

Microfinance/Microcredit

Coverage Areas

Caprivi

Kavango

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	ACQUIRE
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8030
Planned Funds:	$ 315,582.00

Activity Narrative: Gender: EngenderHealth TA & subs to MOSS and MGECW
This activity is a supplement to the global OGAC Men and HIV/AIDS Initiative, the goal of which is to integrate evidence-based program models and practices into HIV/AIDS prevention, care, and treatment programs to achieve large-scale, positive change in male norms, roles, and behaviors. The Initiative will be implemented in Namibia, Tanzania and Ethiopia. The Initiative has three components: 1) technical assistance and training to ensure integration and application of evidence-based approaches and to support program innovation; 2) strategic planning assistance for the development of a "national response" in order to achieve a more comprehensive and coordinated approach to changing male norms and behaviors; and 3) assessment of program scale-up and changes in norms and individual behavior

COP FY07 Plus Up Funding to the Initiative: ACQUIRE/Men as Partners will expand and accelerate priority male norms/behavior programs for USG FY07 implementing partners. Specific activities will be identified through development of a national male norms/behavior strategy (which will be developed through the Initiative with expected completion by June 2007) and will be based on program performance in the initial stages of the Initiative.

With the additional field support funds, The ACQUIRE Project and Instituto Promundo will provide technical assistance on male engagement in HIV and AIDS to at least an additional eight PEPFAR partners in addition to the ones who will be supported through the global gender initiative. The technical assistance will include staff time and travel to work with staff from the selected eight PEPFAR partners to integrate male involvement approaches and strategies into their current programmatic activities. The type of technical assistance that will be provided to each partner will vary depending on staff skills and each organization's needs and interests related to male engagement. Technical assistance may include: assisting in developing appropriate programmatic activities to engage men; increasing staff capacity to design, implement and monitor male involvement interventions; training and mentoring support; assisting in developing or strengthening curricula and IEC materials, monitoring and assessment etc.

The ACQUIRE Project and Instituto Promundo will also use the funds to create and support a network of incountry PEFPAR partners working to engage boys and men in HIV and AIDS. This network will allow partners to share successes, lessons learned and best practices and identify ways to create linkages between partners. Additionally, the network will allow partners to create a movement to advocate for constructive male involvement in HIV and AIDS efforts in Namibia.

PATH, in consultation with the Steering Committee, ACQUIRE, and participating teams from other countries in the Gender Initiative, will develop an assessment plan. The plan will specify assessment questions, assessment stakeholders, data collection and analysis methods, assessment study activities, staffing (and partner roles), timeline, and budget.

This activity is linked to ACQUIRE OHPS #8031 which allocates funding to support capacity building of Ministry counterparts and targeted technical assistance at a national level.

An overview of the larger, proposed Initiative is given below.

Initiative Background.
Harmful male norms and behaviors and the lack of positive, societal and family roles for boys and men were identified by PEPFAR implementing partners during development of the FY2007 COP as some of the leading challenges in the fight against HIV/AIDS in Namibia. Specific issues include:
- Widespread prevalence of intimate partner violence, sexual assault, and child abuse throughout the country and especially in the North,
- Widespread abuse of alcohol, which fuels violence and sexual coercion,
- Norms of masculinity that support and perpetuate male infidelity,
- Cross-generational and transactional sex between older men and younger girls including male teachers and school girls, and
- Lower rates of male participation in HIV/AIDS care and services, especially in PLWA support activities, and in men's support of their partners through PMTCT programs and

couples counseling.

The Namibia National Medium Term Plan, 2004-2009, acknowledges these challenges and includes interventions to address vulnerability based on gender inequality, violence and alcohol abuse (component 2.5.1). Likewise, PEPFAR Namibia identified these challenges in its Five-Year Strategy and has included an array of activities in FY04-FY06, implemented by various partners. There is consensus among a broad range of implementing partners, however, that current efforts are insufficient and must be accelerated if program goals are to be met. The MOHSS Directorate of Special Services has requested PEPFAR support to launch a national dialogue on Men and HIV/AIDS that will spawn a network of complementary and coordinated programs, built upon unifying messages and evidence-based approaches. Other government institutions (including the Ministry of Education (HAMU), and the Ministry of Gender Equality and Child Welfare (MGECW), other development partners such as UNICEF, and USG implementing partners have all expressed interest in actively participating in and supporting this effort.

Initiative Objectives.
The primary objectives of this Namibian national effort are to:
1. Establish a national program campaign and network to change male norms and behaviors in support of HIV/AIDS prevention, care, and treatment goals—led by a national Steering Committee and spearheaded by the MOHSS;
2. Develop a national strategy for the campaign and network that outlines measurable program objectives and priorities, and defines roles and activities of a broad array of implementing partners including government institutions, NGOs, faith-based organizations, community groups, and the private sector;
3. Promote innovation and the application of evidence-based practices by providing technical assistance, training, and tools to implementing partners;
4. Document and evaluate the program scale-up in conjunction with other country programs that are part of the PEPFAR Gender Initiative.

Initiative Partners and Activities.
Primary partners include: (1) EngenderHealth's Men As Partners program ($300,000 to the ACQUIRE Project through USAID OGHA); (2) Directorate of Special Services, Namibia MOHSS ($50,000 through the CDC Namibia cooperative agreement); (3) Gender Mainstreaming Unit, Ministry of Gender Equality and Child Welfare ($45,000 through an ACQUIRE subagreement); (4) Ministry of Safety and Security ($45,000 through an ACQUIRE subagreement); (5) Ministry of Defense ($45,000 through an DoD subagreement); (6) Ministry of Information and Broadcasting ($90,000 through the Nawa Life Trust Cooperative Agreement); and (7) PATH ($75,000 through the Infant and Young Child Feeding Program (IYCF)).

The Gender Mainstreaming Unit, MGECW, on behalf of the Steering Committee and Program Network partners, is conduct necessary formative research via non-USG funding to document specific gender norms, practices, and roles to inform a national communications campaign and other programming. Such research is necessary to develop specific and targeted messages and programs as norms vary greatly in Namibia across tribes and communities. DOD's implementing partner will conduct similar formative research on norms and practices within the military.

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	14	☐

Indirect Targets

THis activity will provide direct technical assistance, training, and support to over 20 USG implementing partners to mainstream gender into their Other Prevention Programming.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
Teachers
Children and youth (non-OVC)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)
Sugar daddies

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8036
Planned Funds: $ 566,900.00
Activity Narrative: 1. Peace Corps Volunteers (PCVs)- 26
Through the CHHAP project, Peace Corps/Namibia will field or continue to support 6 PEPFAR-funded Health Volunteers who arrived in November 2005, 10 PEPFAR-funded Health Volunteers who will arrive in November 2006, and 10 PEPFAR-funded Health Volunteers who are scheduled to arrive November 2007. These Volunteers will serve throughout the country to support community mobilization, prevention outreach and institutional capacity building in the battle against HIV/AIDS. 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 capacity, PCVs will also apply their skills to strengthen their operational capacity to in home-based care and OVC outreach, as well as bolstering the institutional capacity of the individual FBO/NGO, including program development, budgeting and proposal writing. PCVs will also work with the Ministry of Youth and Sports (MOYS)' 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, and with the MoHSS to support the local prevention outreach programs.

Continued Associated Activity Information

Activity ID: 4730
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 537,600.00

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,140	☐

Target Populations:

Adults
Business community/private sector
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
Program managers
Teachers
USG in-country staff
Volunteers
General population
PLWHA infected or affected by TB
Community Action Forum members
Peace Corps volunteers
Children and youth (non-OVC)
Girls
Boys
Secondary school students
University students
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Host country government workers
Public health care workers
Other Health Care Worker

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: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10354
Planned Funds: $ 50,000.00
Activity Narrative: A significant number of those in the public sector workforce are exposed to risky situations leading to HIV transmission due to their work situation as they are separated from their communities and families through posting requirements of their employment (e.g., health, education, police and military) resulting in the disruption of primary family relationships and the need to establish secondary relationships where they work.

The public sector is the largest employer in Namibia with 80,000 members employed through 20 line ministries and 13 Regional Councils. In accordance with the National Strategic Plan on HIV/AIDS (MTP III 2004-09) and to address reduction of partners, cross-gen sex and changing male norms, in FY07 the USG will support the Office of the Prime Minister (OPM) in its role as facilitator and capacity builder for the development of HIV/AIDS policies and workplace programs by all line ministries and regional councils. The USG has partnered since 2002 with the Ministry of Defense (Activity # 7894) and its Namibia Defense Force on its prevention program, and since 2005 with the Ministry of Safety and Security (Activity # 7420). In 07, the USG will add the Ministry of Education (Activity # 7460) with its 30,000 employees as a workplace partner in addition to ongoing support to the MOD and MoSS.

Recently, in partnership with GTZ, the EU and UNDP and using reallocated FY 06 funding, the USG participated in the development of a mission statement and strategic plan for the nascent OPM program. In FY 06, support was provided for an OPM requested assessment of the impact on the public sector of HIV/AIDS which was primarily funded by UNDP. In FY 07 the USG in partnership with the above referenced development partners will provide support to build the capacity of the OPM's HIV/AIDS management unit through technical assistance and training. In addition, using the data from the assessment, OPM will be supported in identifying key line ministries for technical assistance in the development of HIV/AIDS policies and capacity building for planning and implementation of work place programs.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Indirect Targets

20,000

Target Populations:

Adults

General population

Host country government workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DOD/Social Marketing Association
Prime Partner: Namibian Social Marketing Association
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12353
Planned Funds: $ 92,500.00
Activity Narrative: This program will continue to deliver prevention activities for the high-risk military in support of the Ministry of Defense's Military Action and Prevention Program (MAPP). This program activity will include education seminars, training sessions for peer educators, Base Commanders and HIV/AIDS Coordinators, and the distribution of Behavior Change Communication (BCC) and other strategic information materials as well as "bulletproof" soldiers' condoms. Education seminars ranging from 3-8 hours will be carried out on all 23 bases and camps targeting 5500 soldiers. 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 current or former military 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 filming "Remember Nambata" made under COP05 as a sequel to the popular film "Remember Eliphas" will be used to motivate soldiers to change their behavior. Service outlets at the military bases will continue to distribute "bulletproof" condoms specifically marketed for military members. At all levels, attention will be given to increasing the gender equity in accessing HIV/AIDS prevention programs and addressing stigma and discrimination. The program will further support the implementation of the Namibia Strategic Plan on Gender and activities with the aim of scaling up coordinated, evidence-based interventions to change male norms and behaviors. Military specific IEC materials focusing on abstinence and being faithful as well as on condoms will be developed and disseminated at all bases and camps. In order to ensure sustainability of HIV/AIDS programs at the level of the bases, forty-six (46) NDF personnel will be trained as Trainers of Trainers (ToT) to provide necessary training to soldiers at the bases. Chaplains at the military bases will be trained to reinforce prevention messages, particularly focusing on abstinence and being faithful and on providing spiritual and emotional counseling to HIV positive soldiers and others.

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

Targets

Target	Target Value	Not Applicable
The number of condoms distributed		☑
Number of targeted condom service outlets	23	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	46	☐

Target Populations:

Military personnel

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12365
Planned Funds:	$ 40,000.00
Activity Narrative:	This funding will support technical assistance to the Ministry and other key stakeholders to develop a strategic plan to address the impact of alcohol on HIV transmission and treatement adherence. Technical assistance will be provided by appropriate persons identified by CDC or OGAC. These persons will work in collaboration with key persons in-country to coordinate a retreat or other such gathering of key officials to inventory existing efforts, develop a strategic plan, and to begin to plan an alcohol intervention that will ultimately be carried out by the Ministry of Health and Social Services and other appropriate Ministries within the Government of the Republic of Namibia. Funding will support travel costs for the TAs, meeting space, and material costs.

Emphasis Areas	**% Of Effort**
Linkages with Other Sectors and Initiatives	51 - 100
Policy and Guidelines	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
The number of condoms distributed		☑
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Indirect Targets

Number of local organization provided with technical assistance for HIV-related institutional capacity building, 5.

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: $ 7,413,913.00

Program Area Context:

Namibia estimates having 230,000 PLWHA who currently need palliative care services. In COP07, the USG will provide facility-based palliative care services for over 26,200 PLWHA through Government, faith-based, & military facilities & 32,000 PLWHA & their families through community & home-based care (CHBC) services, meeting approximately 25% of the care need in Namibia. Services will be provided throughout all 13 provinces of Namibia. Current USG support is leveraged with the Global Fund (GFATM) and further expansion is planned with $5.3 million in Rd 2 GFATM resources.

USG/Namibia supports a holistic, family-centered approach to HIV/AIDS care which begins from the onset of HIV diagnosis, throughout the course of chronic illness, & beyond end of life care services to support HIV-affected families. While the human & financial capacity of the health care system is under severe strain & the continuum from facility-level care to comprehensive community-level care is fragmented, it is anticipated that COP07 investments will result in an improved continuum of quality clinical, psychological, spiritual, social care & prevention services for PLWHA & their families which is facilitated by multidisciplinary teams, decentralized & standardized palliative care services, wrap around linkages, & a strengthened, bi-directional referral network. Patients & families requiring palliative care are identified in community & home settings, inpatient & outpatient & in CT, TB, ART, PMTCT, family planning, STI & OVC program sites. Partnering with the MoHSS at local, district, regional & national levels, the USG will further develop & implement a minimum standard of HIV-related services provided to HIV-positive adults & children at facility settings which includes the preventive care package & the following interventions: prophylaxis & treatment for Opportunistic Infections (OIs) (cotrimoxizole prophylaxis for Stage III, IV disease or CD4<300 or for HIV-exposed/infected children, routine TB screening, management & isoniazid preventive therapy in select sites); CT of partners & family members; clinical nutrition counseling, anthropometric measurement, monitoring, referral, micronutrient supplementation & minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART; STI care; management of pain & symptoms; additional child survival interventions for HIV-positive kids; prevention with positives (PwP) strategies which include balanced ABC prevention messaging & condoms, support for disclosure of status, referral for family planning & PMTCT services, reduction in alcohol use & gender-based violence; psychological care; & referrals for spiritual & other social care services. Malaria prevention (both seasonally epidemic and endemic in Namibia) is leveraged with GFATM. Building on FY04-FY06 investments in supportive care, the minimum standard for services at CHBC levels will include messaging, mobilization & referral (with follow-up) for the above mentioned preventive care services while integrating routine screening & referral for OIs, symptoms & pain of all PLWHA & their families, personal hygiene strategies to reduce diarrheal disease, ITNs (where appropriate), & provision of psychological, spiritual & social support services for PLWHA & their families. The package of services at all levels includes medication adherence support for antiretroviral therapy (ART) & OIs. The USG will also work with the Ministry of Agriculture & Rural Development to explore the feasibility & cost of appropriate safe water strategies for PLWHA. At all levels attention will be given to increasing the gender equity in accessing HIV/AIDS programs, increasing male involvement in community programs, addressing stigma & discrimination, & building partnerships with local NGOs/FBOs/CBOs.

National leadership & implementation for facility-based palliative care for adult PLHWA is within the framework of WHO's Integrated Management of Adult Illness (IMAI) program for Namibia. In early 2006, a national policy review & curriculum adaptation workshop was held to customize all 5 IMAI modules to the Namibian context which is pending final approval by the MOHSS. It is anticipated that implementation of the IMAI standard for training, service delivery & procurement/distribution of IMAI-endorsed medications in 13 health centers & clinics (one in each region) will begin in 2006 with scale-up in 2007. This includes implementation of all 5 IMAI modules, including the palliative care module which addresses pain & symptom management, a relatively new technical area throughout Namibia. It is anticipated that roll-out of this module will likely result in MoHSS development of a national palliative care policy that allows nurses to prescribe narcotics & symptom-relieving medications. Technical advancement for pediatric care is provided

by the MoHSS pediatric care & treatment training program & the MoHSS IMCI program. National leadership & implementation of palliative care at the community level is less clear. Significant support is required to strengthen the nascent home-based care program at national, regional, district & community levels in order to support quality CHBC service delivery, supervision, training & policy development. USG/Namibia will wrap around support with the GFATM to the MOHSS & USG community partners to develop the CHBC program at all mentioned levels.

In COP07, USG/Namibia will improve the quality & scope of palliative care service delivery through 8 core strategies: (1) expansion of the preventive care package & other direct clinical & psychological care service delivery through 31 district hospitals, 6 referral hospitals (includes 2 NDF hospitals), 47 health centers & 265 clinics within hospital catchments via USG support to the MoHSS, the Capacity Project & the Namibian Defense Force; (2) supportive supervision, standardization of services & technical support to integrate the preventive care package, basic pain & symptom screening/management & OI & ART adherence components within CHBC through PACT's CHBC partners & DAPP/TCE; (3) technical support, clinical mentoring & quality improvement of partners by the WHO/IMAI program, ITECH, African Palliative Care Association (APCA), Food & Nutrition Technical Assistance Project (FANTA), a new Palliative Care Advisor in the MoHSS, & continuing support from the USAID Regional Palliative Care Advisor; (4) scale-up of the national IMAI training program which is anticipated to shape standards in facility-based palliative care training & service delivery by health workers; (5) development of CHBC training standards & revised materials in partnership with the MoHSS; (6) support by SCMS to strengthen the supply chain management system, procurement & distribution of CHBC kits, & the IMAI-endorsed medications (which includes essential medications & supplies for management of OIs, pain & symptoms for PLWHA); (7) unique pre-service, in-service, training, skill development & HR management strategies through Potentia & ITECH; & (8) technical support to the MoHSS which will result in improved leadership & sustainability in service delivery at facility & community levels, enhanced partnership between the public & NGO/FBO/CBO sector for improved coordination of CHBC services, wrap around planning with the GFATM & MoHSS to strengthen the national CHBC program, & strengthened collaboration between the MoHSS Directorate of Special Programs & Primary Health Care Services Directorate who are responsible for both facility-based & community-based implementation of HIV-related palliative care. Lastly, opportunities to integrate lessons learned from the Omaheke Health Education Program national model for CHBC will be integrated by at least two USG community care partners.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	178
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	67,138
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,830

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025166
Prime Partner:	Development Aid People to People, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7326
Planned Funds:	$ 100,288.00

Activity Narrative: Development AID from People to People (DAPP) leverages basic care resources to support "Total Control of the Epidemic" (TCE) Field Officers (FOs) to provide education about care & prevention & to make referrals to available services. In 2007, this activity will expand to (1) create more support groups for PLWHA; (2) strengthen the technical capacity of FOs to educate about, and provide or refer for elements of the preventive care package for families; & (3) integrate TCE activities with other PEPFAR-funded activities to strengthen the quality of services. TCE funding is in 2 other areas: DAPP OP_7327 & DAPP AB_7325.

TCE is a highly organized house-to-house mobilization strategy that aims to individually educate & empower members of a community to reduce the risk of HIV and stigma & improve access to HIV-specific services. TCE was established in northern Namibia in 2005 with support from the Global Fund & PEPFAR (in the regions of Omusati, Oshana, & part of Ohangwena & Oshikoto with Global Fund & remaining Ohangwena, Oshikoto, & part of Kavango Region with PEPFAR). The Global Fund supports a total of 290 community members trained as FOs. With PEPFAR support, TCE has recruited, trained, & employed an additional 150 local community members as FOs who, as of July 31, 2006, reached 109,602 community members (36.5% of the target population of 300,000) through household visits.

Services provided by FOs involve registration of household members, appropriately targeted ABC messages & condoms DAPP OP_7327), mobilization to seek VCT, TB, ART, PMTCT, family planning, OVC & STI services, & in 2007, delivery of psychosocial support & simplified preventive care messages for families regarding the importance cotrimoxizole prophylaxis, VCT, use of bed nets for HIV-positive pregnant women & children under 5 (leveraged by Global Fund), TB screening, safe water, personal hygiene strategies, clinical nutritional counseling & child survival interventions for HIV infected children. This also includes ART adherence support & screening for pain & other symptoms. Community volunteers are key partners with FOs, communities & families, & PEPFAR-supported FOs have recruited & deployed more than 1,960 to assist with delivery of simplified, consistent prevention & basic care messages. TCE also links with PEPFAR-supported volunteers supported by the PACT program (PACT PC:BCHS_7412). Supportive supervision of all community caregivers is provided by TCE Special Forces Officers & primary health care (PHC) nurses in the nearby facilities. During 2006, FOs & volunteers facilitated 11 PWLHA support groups.

FY07 funds will support TCE expansion of the above mentioned services into three new geographic areas (Kavango, Caprivi & Khomas) & strengthen technical implementation through training, supervision, transportation support & building partnerships. TCE will work closely with Lironga Eparu (Capacity PC:BHCS_7404), the national PLWHA umbrella NGO & other stakeholders to recruit PLWHAs especially members of minority groups (including the San minority community) as FOs who will also foster the development of effective HIV-related community support groups close to the home of HIV/AIDS service delivery sites. Two new PLWHA support groups will be established in each of the new TCE areas near PHC clinics & activities will be focused on all the services described above, as well as, community gardening in areas identified by community leaders. The DAPP activity addresses gender issues through the provision of equitable services both male & female PLWHA, support for disclosure of HIV status & improved male involvement in the program. TCE Ohangwena will be supported to partner with Government sites to provide critical transportation support to rural persons in need of accessing essential HIV/AIDS services including VCT & ART.

Given the successes of the TCE program & notably the experience & educational background of FOs (minimum of grade 12 completion), four innovative prevention & care projects will be developed & implemented in FY07 which will: (1) strengthen the community-based career ladder & the human capacity of community counselors & clinic facilities; (2) build the technical capacity & communication skills of FOs; (3) build the technical capacity of FOs to deliver effective prevention with positive (PwP) messages; & (4) replicate lessons learned of Omaheke Health Education Programme (OHEP), which is recognized by the MoHSS as a national model for quality community & home-based care (CHBC). All three projects build upon the strengths of TCE & integrate TCE activities with other PEPFAR-supported programs. In consultation with the MoHSS, the first program entails selecting 2 TCE members in each of the TCE regions & graduating the FOs into the MoHSS Community Counselor Program MoHSS PC:BHCS_7331). TCE members who meet

the eligibility criteria for the MoHSS community counselor program will join the training program & work in nearby rapid-test certified locations. Not only will FOs become employed as MoHSS-recognized community counselors, but they are anticipated to build community awareness into facilities & further strengthen the continuum of care between facilities & communities who deliver HIV-related services. New FOs will be selected & trained in the communities to replace the graduates so there will be no disruption in services. Second, a recognized need is the limited counseling skills & training provided to FOs during their initial & ongoing technical program. In FY07, 20 TCE FO trainers will receive counseling & communication skills training by Lifeline Childline (PACT PC:BHCS_7412). It is anticipated that this will enable FOs to establish effective PLWHA support groups & equip FOs to better address the complexities of recommending disclosure to & testing of family members. The third element involves strengthening the prevention messaging & disclosure support across the TCE program. This will involve technical support & training by JHU (JHU PC:BHCS_7464) guided by an adapted flipchart which assists FOs to deliver effective & simplified prevention with positives messages & referrals. Lastly, within the Global Fund-supported TCE activities in the Oshana region, the TCE program will build upon its program to replicate CHBC lessons learned of the OHEP program. In the Omaheke OHEP model, grade 12 community caregivers function predominantly as nursing assistants in communities, to integrate basic clinical screening, screening & referrals in communities & homes, bridge the link between clinics & communities, & supervise community health volunteers. Support is also provided to form & train clinic health committees that support the PHC nurse to manage community health activities & formalize a link between communities & HIV-related services in facilities. The TCE program in Oshana, already with structures & staff & place from the Global Fund & support for community volunteers by PACT/Catholic AIDS Action (PACT PC:BHCS_7412), will utilize PEPFAR funds for technical support & training from the OHEP program to integrate elements of the model in FY07. As a result, it is anticipated that FOs will be able to more effectively build the continuum of care between the hospital, 4 health centers, 9 clinics & hundreds of community care points in Oshana, strengthen quality of services, alleviate some of the HIV burden off the clinics, & build community ownership & delivery of HIV/AIDS services in Namibian communities.

Continued Associated Activity Information

Activity ID:	3929
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Development Aid People to People, Namibia
Mechanism:	DAPP
Funding Source:	GHAI
Planned Funds:	$ 96,146.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	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
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

N/A

Target Populations:

Adults
Community-based organizations
Traditional birth attendants
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Volunteers

Coverage Areas

Ohangwena

Kavango

Oshikoto

Caprivi

Khomas

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7331
Planned Funds:	$ 266,980.00

Activity Narrative: This activity continues from FY06 & relates to the Ministry of Health & Human Services (MoHSS) activity for ART services (#7330), as well as to I-TECH Basic Care (ITECH PC:BHCS_7349), APCA activity (PACT PC:BHCS_8043), SCMS/RPM+ activity (SCMS/RPM+ PC:BCHS_7967), Potentia's Basic Care & ART (#7340 & # 7339), Comforce (Comforce PC:BHCS_8024), CDC System Strengthening (CDC PASS_7360). This activity includes support to the MoHSS for gaps in equipment, supplies & lack of transport for established Communicable Disease Clinics (CDCs) & the 13 health centers & clinics that will begin decentralized rollout of ART & palliative care services.

The MoHSS is responsible for national coordination, resource mobilization, monitoring & evaluation, training, & policy development in support of all HIV/AIDS related services. The MoHSS manages a network of more than 300 health facilities spread out over a vast geographic area in 13 health regions & 34 health districts. MoHSS leadership & implementation for facility-based palliative care for adult PLHWA is within the framework of WHO's Integrated Management of Adult Illness (IMAI) program. Adaptation of all 5 IMAI modules is underway & pending final approval by the MoHSS. Shifting tasks from physicians, nurses will begin providing palliative care & managing clients who are not yet eligible for ART & clients who have received their first 6 months of ART at hospital CDCs. Anticipated in 2007, the 13 regions will be responsible for the rollout of IMAI to selected health centers & clinics in their catchment area. The IMAI framework for decentralized HIV/AIDS training, service delivery standards, & task-shifting to district & community levels of care will inform the MoHSS decentralization plans & enable the health system to more adequately provide comprehensive HIV/AIDS care for Namibian communities. Technical advancement for pediatric care is provided by the MoHSS pediatric care & treatment training program & the MoHSS Integrated Management of Childhood Illness (IMCI) program.

Key priorities in facility-based palliative care service delivery will include the provision of the preventive care package for adults & children. This includes cotrimoxizole prophylaxis for Stage III, IV disease or CD4<300 and for HIV-exposed/infected children; TB screening & isoniazid preventive therapy in select sites; integrated CT; child survival interventions for HIV-positive children such as immunizations and food supplements for weaning from breast-feeding; clinical nutrition counseling, anthropometric measurement, monitoring, referral, micronutrient supplementation & minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART; prevention strategies which include balanced ABC prevention messaging, condoms, support for disclosure of status, referral for family planning & PMTCT services, reduction in alcohol use & gender-based violence including assistance as needed through government centers for abused women & children. Additional palliative care priorities also include other OI management, ART adherence, routine clinical monitoring & systematic pain & symptom management. Closer partnerships with districts & communities will allow increased opportunities to expand safe water & hygiene strategies & access to malaria prevention for PLWHA & their families, including leveraged support from Global Fund-supported for bed nets. The USG will also work with the Ministry of Agriculture & Rural Development to explore the feasibility & cost of appropriate safe water strategies for PLWHA. It is also anticipated that roll-out of IMAI will likely result in MOHSS development of a national palliative care policy that allows nurses to prescribe narcotics & symptom-relieving medications. Technical support from APCA (PACT PC:BHCS_8043) will support this activity.

Recent planning for palliative care rollout revealed a number of program gaps that the MoHSS is unable to support. Many of the targeted districts are ill-equipped in terms of equipment & supplies & lack of transport for established CDCs & the 13 health centers & clinics that will begin delivery of ART & palliative care services. Specifically, this activity includes 3 primary components:

(1) Procurement of equipment necessary to provide essential HIV-related clinical care, including tools to improve clinical monitoring such as simple portable lactate & hemoglobin meters, thermometers, ENT scopes, & weight/height scales for adults, children & infants (to enable appropriate anthropometric nutritional assessment, monitoring & referral). In an effort to address barriers to proper care of HIV-infected women, equipment will also be procured to improve gynecological screening & care of HIV-positive women to more adequately address HIV-related conditions such as cervical dysplasia & reproductive tract infections.

(2) Procurement of equipment & supplies for decentralized sites which will enable improved monitoring & supervision to facilities within the catchment area of the district hospital who will be implementing IMAI rollout. This includes office supplies & tools essential for IMAI palliative care rollout, including printing of IMAI patient cards & files.

(3) Procurement of additional vehicles to address significant transportation barriers in rural Namibia. With the addition PEPFAR support for 11 vehicles throughout Namibia & leveraged support with the Global Fund, it is anticipated that the MoHSS & PEPFAR partners will be able to provide improved support & supervision to facilities within the catchment area of the district hospital who will be implementing IMAI rollout. This includes support to the MoHSS to trace ART defaulters & strengthen outreach services which support the continuum of decentralized care between facilities & communities. This activity is coordinated & leveraged with the Global Fund, which is also supporting vehicle procurement, so that by 2007, all but two districts will have at least one vehicle to support HIV/AIDS care.

The program will coordinate closely with SCMS/RPM+ to address gaps in procurement & supply chain management for home based care kits & essential palliative care medications (SCMS/RPM+ PC:BHCS_7967 & SCMS/RPM+ ARV Drugs_7449). Funding for this activity has been split between two activities: MOHSS Basic Health Care (#7331) (1/3 of the budget) & MOHSS ARV Services (#7330) (2/3 of budget). Activities will ensure gender-sensitive approaches, including equitable training & support of male & female health care workers with the goal of equitable access to HIV/AIDS services for PWLWHA & their families throughout MoHSS programs.

Continued Associated Activity Information

Activity ID: 3877
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health and Social Services, Namibia
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 165,250.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	47	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

These activities will enable an estimated 20,000 PLWHA to receive quality palliative care services according to the national guidelines by March 2008.

Target Populations:

Doctors
Nurses
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7340
Planned Funds:	$ 2,387,182.00

Activity Narrative: This activity relates to other Activities in Basic Health Care & Support & ARV Services: MoHSS (#7331), Intrahealth (#7404), I-TECH (#7349), Comforce, (#8024), MoHSS ARV services (#7330), Potentia ARV services (#7339), & CDC systems strengthening (#7360).

There is a critical human resources gap at facility levels to deliver HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, & laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care & treatment services on the scale & of the quality that is required for ARV roll out & palliative care expansion. This in turn, creates issues of bonding & incentives for these cadre of health care workers to return to Namibia & retention incentives for staff currently serving in the country. The vacancy rate in the Ministry is approximately 40% for doctors, 25% for registered nurses, 30% for enrolled nurses, & 60% for pharmacists.

Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia, a private sector company, which administers salary & benefits packages equivalent to those of the MoHSS (however the hiring process is more rapid than that of the MoHSS). Both HHS/CDC & the MOHSS collaborate in the selection of health personnel who are then trained in-service & supported on-the-job by ITECH, HHS/CDC, & the MoHSS with USG funding. Beginning in FY06, Potentia also began supporting technical & administrative staff previously funded through I-TECH in order to streamline administration & reduce costs.

This human resources strategy has been central to Namibia's success to date with meeting its prevention, care & treatment targets. The Public Health Service Commission, a unique HR management structure in Namibia has made great strides by recognizing the recruitment & deployment delays within the MOHSS & bringing in additional staff through a private contractor. Potentia has a rapid personnel recruitment, deployment & management strategy, which currently contracts 33 doctors, 23 nurses, 12 pharmacists, 3 pharmacy assistants & 15 data clerks to 29 MoHSS Communicable Disease Clinics (CDCs) which manage 80% of the approximately 22,000 patients on ART & clinical care in the public sector.

The IMAI framework for decentralized HIV/AIDS training, service delivery standards, & task-shifting to district & community levels of care will support the MoHSS decentralization plans & with the goal of providing comprehensive HIV/AIDS care for Namibian communities. Adaptation of all 5 IMAI modules is underway & pending final approval by the MoHSS. Shifting tasks from physicians, nurses will begin providing palliative care & managing clients who are not yet eligible for ART & clients who have received their first 6 months of ART at hospital CDCs. Anticipated in 2007, the 13 regions will be responsible for the rollout of IMAI to selected health centers & clinics in their catchment area. Technical advancement for pediatric care is provided by the MoHSS pediatric care & treatment training program & the MoHSS Integrated Management of Childhood Illness (IMCI) program. Key priorities in facility-based palliative care service delivery by Potentia-supported health care workers will include the provision of the preventive care package for adults & children (cotrimoxizole prophylaxis, TB screening & INH prophylaxis, CT, HIV child survival interventions, HIV prevention messaging with access to condoms & referral for family planning, clinical nutrition counseling, measurement & monitoring, etc), other OI management, ART adherence, routine clinical monitoring & systematic pain & symptom management. Closer partnerships with districts & communities will allow increased opportunities to expand safe water & hygiene strategies & access to malaria prevention for PLWHA & their families, including leveraged support from Global Fund-supported for bed-nets. The USG will also work with the Ministry of Agriculture & Rural Development to explore the feasibility & cost of appropriate safe water strategies for PLWHA.

The Ministry has recently re-set national ART targets to have started 34,745 on ART by March 2007, 50,349 by March 2008 & to significant expand palliative care achievements to reach the 230,000 PLWHA in Namibia. The Ministry does not have this capacity & FY06 staffing levels supported by PEPFAR are only 41% of this projected need for FY07. The FY07 request is therefore to contract a total of 60 doctors, 75 registered or enrolled nurses, & 40 pharmacists or pharmacy assistants for a total of 175 professionals, or 72% of the projected need with the remainder to be made up by the Ministry itself, the Global

Fund, & other partners such as DED & VSO who focus on specified regions in the north. Some of these staff may be eventually deployed to health centers & clinics under decentralized ART & palliative care services. At least 13 nurses are planned to support the Supervisory Public Health Nurse in high-burden districts, with ART, TB & Palliative care activities, added in response to needs identified in 2006 during the MoHSS supervisory support program.

In addition to providing contracted clinical personnel to Communicable Disease Clinics, this activity will also support the provision of training personnel to the Ministry's National Health Training Center, ITECH & the Regional Health Training Centers. The training centers do not have sufficient human capacity at present to provide this training due to competing priorities with CT, PMTCT, TB/HIV, STIs & other activities. This activity will cover 0.5 FTE of an ITECH curriculum development expert to develop the capacity of a Namibian in curriculum development, transportation of tutors to clinical sites for follow-up after IMAI training, an STI trainer, an additional nurse trainer, & a trainer manager to ensure that sufficient numbers of the best-suited health workers for IMAI complete quality training.

Mechanisms to assess & improve Human Resource Management, including training performance, job competencies, skill transfer & performance & retention of health workers will continue to be integrated within the Potentia program. This will include linkages with the HIVQUAL (HIVQUAL ARV Services#7450) program to assist in collecting annual evaluations from MoHSS supervisory staff to assess HIV provider performance improvement. USG support will explore a performance-based monitoring system for all MOHSS staff with underperforming staff will be offered opportunity to address deficits through additional training & support. Gender considerations are integrated within the program by ensuring equitable employment & support of male & female health care workers, as well as, equitable access to HIV/AIDS services for PLWHA & their families throughout Potentia-supported programs.

USG experience to date & 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 & one is not yet eligible & is enrolled in comprehensive HIV care. This may change as those with earlier stages of HIV are identified & enrolled into comprehensive HIV/AIDS care. Therefore, in FY07 1/3 of the budget for contracted HIV/AIDS health professionals will be assigned here to Palliative Care: Basic Health Care (#7340) & 2/3 will be assigned to Treatment: ARV Services (#7339).

Continued Associated Activity Information

Activity ID:	3894
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Potentia Namibia Recruitment Consultancy
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,008,283.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	40,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

N/A

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Private health care workers
Doctors

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7349
Planned Funds:	$ 638,515.00

Activity Narrative: This activity continues from FY06 & relates to Intrahealth activity (Capacity PC:BHCS_7404 & to I-TECH activity (ITECH PASS_7352). This activity includes technical support for 3 elements: (1) strengthening the MoHSS technical capacity to support the IMAI palliative care rollout; (2) expanding prevention with positives (PwP) strategies, including family planning (FP) & sexually transmitted infection (STI) care into the MoHSS HIV/AIDS trainings for health care providers; & (3) strengthening the integration & implementation of clinical nutrition for PLWHA into HIV/AIDS training & service delivery areas.

National leadership & implementation for facility-based palliative care for PLHWA is within the framework of WHO's Integrated Management of Adult Illness (IMAI) program for Namibia. In early 2006, I-TECH supported the MoHSS with a national policy review & curriculum adaptation workshop to decide on policy issues related to decentralization of ART services & to customize all 5 IMAI modules to the Namibian context. Implementation of the IMAI training standard will begin in 2006 with scale-up in 2007. Shifting tasks from physicians, nurses will begin providing palliative care & managing clients who are not yet eligible for ART & clients who have received their first 6 months of ART at hospital Communicable Disease Clinics. Technical advancement for pediatric care is provided by the MoHSS pediatric care & treatment training program & the MoHSS Integrated Management of Childhood Illness (IMCI) program. In COP07, I-TECH will support the MoHSS & these sites to begin implementing the IMAI modules, including the palliative care module. This will include a TOT program for nurses; adaptation of HIV-care related patient education materials for use in facilities & communities; 7 regional trainings that target the IMAI roll-out sites identified by MoHSS; 39 on-site support visits (3 per region) to IMAI sites from staff funded through Potentia (Potentia PC:BHCS_7340); 3 in-service trainings on OIs & palliative care for physicians. In addition to the IMAI program, select technical training & technical support will be provided to health providers in the private sector, in partnership with the MoHSS & the HIV Clinicians Society.

In combination with the other IMAI modules & pediatric curricula, health care workers will be able to address key elements of the preventive care package for adults & children (cotrimoxizole prophylaxis, TB screening & INH prophylaxis, CT, HIV child survival interventions, clinical nutrition, HIV prevention, etc), other OI management, ART adherence, routine clinical monitoring & systematic pain & symptom management. Support to further strengthen the prevention & nutrition components of the training program are addressed below. Costs associated with the IMAI program are shared with I-TECH activities #7353 & #7350.

The second I-TECH component builds on current efforts to strengthen prevention with positives messaging & referrals from health care workers by further integrating simplified prevention messages, STI care & FP/HIV messaging & referral into the MoHSS HIV/AIDS trainings. Health care workers play a key role in helping their clients reduce HIV risk behaviors, including the provision of FP for PLWHA as a primary prevention strategy for MTCT. FP needs of HIV-positive women & their partners have been largely overlooked in Namibia; anecdotal evidence suggests that women on ART are becoming pregnant unintentionally or that many women are thinking of having another pregnancy & would like to discuss their options with their service providers. Namibian health workers in HIV/AIDS clinics are willing to address FP, but they lack clinical guidelines/protocols & IEC materials, as well as a formal referral system for FP. Knowledge gaps exist among clinic staff; many HIV staff don't understand the concept of dual protection, while FP staff often believe their clients are at low risk for HIV. In FY07, I-TECH will utilize existing FP/HIV integration materials that are recommended & globally available to integrate FP messages, including appropriate gender & cultural considerations & support for disclosure of HIV status, reduction in alcohol use & gender-based violence into HIV/AIDS curricula for training physicians, nurses & community counselors. This also includes development of IEC materials for PLWHA. FP services & FP counseling itself is supported by the MoHSS. In addition to the prevention & FP elements, updates on appropriate STI care is needed for physicians & nurses. In FY07, I-TECH will support 2 trainer of trainer programs (TOTs) & 13 regional in-service trainings for a total of 300 physicians & nurses trained on newly updated STI prevention & care guidelines from MoHSS. These guidelines incorporate the latest recommendations on provision of VCT services to persons seeking STI services.

The third component addresses the critical need to build Namibian capacity to address clinical nutrition & HIV/AIDS. Routine nutrition counseling, assessment (via

anthropometric measurement) & monitoring of malnourished PLWHA is a critical program gap in Namibia. In FY06, I-TECH placed a nutrition advisor in the MoHSS to address these gaps. FY 07 support will include the following: (1) Continued support for the I-TECH nutrition advisor to provide technical assistance to the MoHSS, including finalization of clinical nutritional guidelines for HIV/AIDS, training on HIV/AIDS nutrition management & infant & young child feeding training, technical support & monitoring via on-site follow-up support visits to clinical sites. The advisor will also provide technical support & oversight to the targeted short-term nutritional supplementation for severely malnourished PLWHA who are on ART, an activity that is funded by the USG through MoHSS to the Namibia Red Cross Society (MoHSS ARV Services_7330); (2) A TOT & 5 regional in-service trainings on nutrition & HIV/AIDS for 120 health care workers; (3) a two-month short course in Namibia which would expand the base of nutrition & HIV expertise in-country (beyond the current 5 day course for health workers) by developing an HIV nutrition resource person for each region. They will provide nutrition assessment, monitoring & counseling & will also manage "nutrition corners" in select ART sites. The consultant/facilitator for this course will be identified & hired by FANTA (AED PC:BHCS_8021); (4) In partnership with FANTA & the MoHSS, the I-TECH nutrition advisor will provide technical support to develop nutrition tools which support health workers to appropriately manage nutrition & HIV. This will include development of an algorithm for clinical providers to manage metabolic complications with malnourished PLWHA & lipodistrophy associated with ART. IEC materials will also be developed on nutrition & symptom management for health providers at facility & community levels. The above mentioned approaches will enhance the decentralization of nutrition expertise within Namibia.

Gender considerations are integrated within the program by ensuring equitable training & support of male & female health care workers with the goal of equitable access to HIV/AIDS services for PWLWHA & their families throughout ITECH-supported programs.

Continued Associated Activity Information

Activity ID:	3841
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	I-TECH
Funding Source:	GHAI
Planned Funds:	$ 381,037.00

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	480	☐

Indirect Targets

No of individuals receiving pall care by the end of the reporting period: 25,000

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Private health care workers
Doctors

Coverage Areas:

National

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7404
Planned Funds:	$ 641,265.00

Activity Narrative: The USG has supported 2 key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) to implement the PMTCT, AB, ART, counseling and testing, and palliative care under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity). CHS manages four faith-based hospitals and 45 health centers and clinics in 3 different health regions. LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics in its district area. The five faith-based hospitals are serving a population of about 400,000 (20% of the total population) and are currently (HIS June 30) providing 22% of treatment.

Collectively in FY 07, LMS and CHS will provide 10,000 patients with preventive care. Clients for facility-based care and community-based care will be offered access to Cotrimoxazole prophylaxis, TB screening, Isoniazid prophylactic therapy (available and recommended by MoHSS but slow implementation) TB strategy, counseling and testing, safe water and hygiene promotion, prevention of diarrhea, clinincal nutrition counseling, anthropometric measurements, micronutrients supplementation, minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART, condoms and referral for family planning and STI clinics.

Capacity will also continue supporting LMS and CHS to provide training and enhance the ability of hospital staff to provide a comprehensive preventive care package for PLWHA. In-service and refresher trainings will also be provided, referrals strengthened to and from community-based organizations, and promotion of PLWHA support groups in the community.

In collaboration with other USG partners (I-Tech Activity 7349), 50 district health professionals will be trained using the palliative care curriculum developed by the MOHSS. Topics will include the diagnosis, prevention and treatment of opportunistic infections, and supportive treatment for persons with advanced HIV disease that either are not eligible for or do not respond to ART.

In Namibia, faith-based organizations (FBOs) provide almost all HIV-related community-outreach and community care services outside the government and the extended family. Community-based care relies mostly on volunteers to reach people in their own homes to assess their needs, provide needed referrals, encourage proper use of medications, and offer physical comfort and emotional support, as well as training family members in basic hygiene, provision of safe water and/or bed nets in malarial regions. However, continuum of care between facilities/communities is somewhat fragmented. There are limitations based on MoHSS policy as to what elements of the preventive care package can be offered at the facility level (e.g. pain management: morphine mist) and what elements are best supported at the community level. Community-based care givers need more training and information. Capacity will assist the CHS and LMS to work with Lironga Eparu (national PLWHA organization) and its regional support groups and USG partners to create a network for preventive care services (as described in the beginning of this section) for positive patients in the communities and utilizing community-based volunteers as partners in HIV case management referral program (see details below). Capacity will specifically work with PACT (USG partner managing community care partners) to bridge gaps especially in geographic distribution of community volunteers and will work together to cover these areas and to strengthen the links between the communities, health centers/clinics and the district hospitals.

In 07, Capacity will develop a bi-directional (HIV Case Management Referral Program) referral network between the district hospitals, health centers, and the communities. A bi-directional referral system provides links between the referring organization and the receiving organization through coordinating referrals. The patients are assigned to a case manager, a professional who helps patients and families define and meet their needs. Such health professional staff will be the link between the district hospital, the clinic and the communities and will provide support and training to the patients, community volunteers and support groups. Support will be provided to community caregivers to orient them to referrals, for training, visiting facilities to see what they are referring to/why, etc. The referral mechanism depends on documentation including: creation of a client file, referral form, and client tracking form, referral register, as well as creation of and maintenance of a directory of service providers in the geographic area. The bi-directional

referral system will be achieved in collaboration with the MoHSS roll out of IMAI to the centers and the clinics. The MoHSS proposed to pilot 13 sites for IMAI in Namibia during calendar year 2007-2008, 2 of these sites will be from LMS and CHS.

Linkage of children enrolled in other areas of the program (PMTCT, palliative care, treatment) for growth monitoring, full immunization, and in addition, counseling for mothers on infant/young child feeding options is a priority.

Capacity will assist CHS and LMS under the supervision of the MoHSS PHC Directorate Nutrition Unit to implement a kitchen corner that joins the ART site in Oshikuku hospital and another one in Onandjokwe Hospital to help the training of HIV patients, and their caregivers on how to prepare a nutritious meal using local food stuff. (ITECH Activity #7349). One health worker will be recruited in each of these 2 hospitals to facilitate clinical nutrition counseling, nutrition assessment for the patients, do clinical quality control and to co-ordinate the collaboration between support groups and ART sites. Exit interviews with caregivers will be conducted to evaluate these sessions. A registered nurse will be recruited and trained to manage this program and to offer care-givers and patients clinical nutrition counseling, education as well nutrition assessment for PLWHA beside other duties.

Capacity through HIV Clinician Society will train 50 private clinicians in the elements and provision of a preventive care package in the private sector. 50 DAPP field officers under the TCE program (Activity 7326) will be trained to work with support groups mobilizing for and providing elements of the preventive care package.

The management of STI in health facilities is supported by the MoHSS budget. There is a clear linkage between STI clinics, C&T sites and ART services to ensure counseling and testing of STI patients and evaluating their eligibility ART.

Continued Associated Activity Information

Activity ID:	4735
USG Agency:	U.S. Agency for International Development
Prime Partner:	IntraHealth International, Inc
Mechanism:	The Capacity Project
Funding Source:	GHAI
Planned Funds:	$ 592,228.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	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, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

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
Caregivers (of OVC and PLWHAs)
Religious leaders
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Food

Education

Coverage Areas

Hardap

Ohangwena

Kavango

Omusati

Oshana

Oshikoto

Khomas

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7412
Planned Funds:	$ 1,861,153.00

Activity Narrative: The PACT community-home based palliative care (CHBC) program uses a combination of grants and targeted technical assistance to support five faith-based organizations to deliver quality community and home-based palliative care throughout all 13 regions of Namibia. The program builds the necessary organizational capacity which must be in place in order for indigenous organizations to be viable and growing HIV/AIDS service delivery organizations in Namibia. At the same time, the organizational capacity program component is coupled with a focused technical assistance plan dedicated to developing the technical capacity of sub grantees to delivery quality HIV/AIDS palliative services on the ground. As a result, PACT/Namibia provides a full continuum of comprehensive HIV prevention, palliative and treatment adherence services for its _(insert # reached)_ active clients (which represents a _(insert %)_ increase in PLWHA served since 2004).

Namibia has a very strong FBO sector through its many churches and faith-based organizations; 75% of Namibians are church members and almost all community level care is organized through churches, especially the Lutheran and Catholic denominations with which most Namibians affiliate. All sub grantees are faith-based organizations (ELCAP, ELCIN, AFMAA, TKMOAMS, and CAA), mobilized by Namibian church congregations who were motivated by the overwhelming needs of PLWHA and their families. In COP 07, the Lutheran Church's programs ELCAP and ELCIN will improve the quality CHBC services delivered in the north and central/southern parts of the country. This includes ELCAP support to vulnerable constituencies in the Hardap, Otjozondjupa, Erongo, Omaheke, Kunene, Khomas and Otkikoto regions in the north and central parts of Namibia with expansion to Karas Region. ELCIN will deliver CHBC services where ELCAP is not operating in Oshikoto and Otjozondjupa regions, and will continue their services in Oshana, Ohangwena, Omusati, Erongo, Kavango and Caprivi regions of Namibia. ELCAP will train over 600 volunteers and 310 church elders from 60 congregations to provide CHBC for 1,200 PLWHA, including the development of 25 PLWHA support groups. ELCIN will build upon village-based Lutheran parishes to mobilize, train, support and monitor 60 groups of volunteers (including 300 new volunteers) and 50 church leaders to provide care for over 3,000 clients, including support for 5 active PLWHA groups. The AFM AIDS Action program will continue to fill a critical gap by reaching PLWHA in under-served rural northern areas, including the Maize-triangle area and Khoi-San communities, reaching over 300 PLWHA through its nine HOPE groups. TKMOAMS, based in northern Oshakati, will provide CHBC in 38 constituencies in four north/central regions of Namibia (Ohangwena, Omusati, Oshana, and Oshikoto), reaching more than 2,000 clients via CHBC and 5 PLWHA support groups in Omusati, Oshana, and Oshikoto regions. Lastly, CAA will have 1600 active volunteers providing services for 7,250 HIV positive clients and their families in Caprivi, Erongo, Hardap, Karas, Kavango, Khomas, Omaheke and Omusati regions of Namibia. CAA initiated a pilot program in COP06 in the Omusati region which integrated supportive supervision of volunteers by a trained palliative care nurse, palliative care training, key preventive care services, treatment adherence and symptom and pain management into the home based care program. Following the successful initiation of the pilot in FY06, CAA will expand this model to three additional offices in Oshikuku, Rundu, and Katatura in COP07 with support by three additional nurses and an additional 650 volunteers. Technical support and training will continue to be provided by the Africa Palliative Care Association and a targeted evaluation of this model is proposed in COP07.

In FY07, PACT will ensure its sub grantees use a combined facility based approach and a community based approach to build an effective continuum of care for PLWHA. This will involve building closer partnerships between sub grantees and the FBO and Government hospitals, establishing and strengthening bi-directional referral mechanisms, addressing barriers to transportation in rural Namibia, strengthening the home-based care kit supply chain, and integrating professional supervision of volunteers to build a stronger care continuum for HIV positive clients. In FY06, the five sub grantees began to strengthen elements of the preventive care package as a part of their standard of care services delivered for PLWHA. This largely included mobilizing and ensuring access to counseling and testing in communities, clinical nutrition counseling and HIV prevention messaging in addition to the spiritual, emotional and social care services that sub grantees already offer in the FY04 and FY05-supported program. In FY07, PACT/Namibia community and home-based care sub grantees plan to provide a wider range of preventive care services, including improved provision of counseling and testing services; expanded access to co-trimoxizole prophylaxis for children and adult PLWHA according to the national guidelines; improved routine screening for TB of all PLWHA and household members;

enhanced clinical nutritional counseling including infant and young child safe feeding practices, provision of micronutrient supplementation according to WHO standards and nutrition referrals; treatment adherence support; expanded child survival interventions for HIV positive children including routine immunizations, referrals for growth monitoring and integrated infant and young child safe feeding messages; and support for ITNs and malaria prevention messages in 4 of the 9 malarious regions of Namibia (Kavango, Caprivi, Omaheke and Omusati). PACT/Namibia will partner with JHU/Nawa Life Trust (Activity #7464) to strengthen the communication skills of volunteers to deliver focused A, B and C prevention messages and equipping volunteers with tools to mobilize community access to condoms and essential services for PLWHA which may reduce risk (e.g. family planning, PMTCT services). All services described are delivered via CHBC and support groups as described above.

In COP07, all five sub grantees are increasing male involvement in their programs by training more men as peer educators and CHBC volunteers. Screening and referral for gender-based violence will become a part of every community volunteer's package of care. Catholic AIDS Action will scale-up Male Community Meetings, introduced in early 2006, for men to discuss what they can do to address HIV/AIDS, gender-based violence and alcohol abuse in their communities. They will also expand the very successful 'men's-only' CHBC groups from two groups to four groups. TKMOAMS will also train an additional 30 male peer educators and male volunteers in their geographic areas. As a part of the PACT technical assistance plan, PACT/Namibia will work to standardize CHBC training and skill development across sub grantees by promoting standardized training, supportive supervision of caregivers and equipping partners with simplified tools and the current national training materials for home based care providers. Sub grantees will also learn and integrate best practices from the Omaheke Health and Education Programme (OHEP), cited by the MOHSS as a best practice in the delivery of quality community and home based care in Namibia. PACT will utilize support by one of the larger sub grantees, Catholic AIDS Action, to provide mentorship and technical support to other sub grantees.

Continued Associated Activity Information

Activity ID:	4727
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH
Funding Source:	GHAI
Planned Funds:	$ 926,644.00

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, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	129	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	13,750	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	3,010	☐

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
Program managers
Caregivers (of OVC and PLWHAs)
Religious leaders
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Kunene

Table 3.3.06: 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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7464
Planned Funds:	$ 301,211.00

Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning to direct funding as a local NGO under Namibian law, known as Nawa Life Trust (NLT). Pending results of the required pre-award survey, including financial/organizational capacity evaluation and recent information regarding timing for availability of FY 07 funding, it will initially enter into a 'Leader with Associates Award' under JHU/HCP as NLT/JHU and move to direct funding when it meets all eligibility requirements under USAID's Acquisition and Assistance regulations. This process will ensure the continuity of program activities. The direct funding mechanism will replace the Associates Award and be implemented as soon as Nawa Life Trust is deemed eligible and is approved through the Botswana USAID Regional Contracting office.

To further strengthen mobilization with PLWHA and within communities to ensure awareness of the importance of and access by PLWHA (adults and children) to preventive care services and treatment literacy, including but not limited to: Co-trimoxizole prophylaxis; counseling and testing for PLWHA and their family members; in malarial areas, malaria prevention measures; routine screening for TB; safe water and personal hygiene measures; clinical nutritional counseling; prevention counseling, services and availability of condoms; routine immunizations, growth monitoring and integrated infant and young child feeding messages, NLT will collaborate with Ibis (Danish NGO provides TA to PLWHA groups), Lironga Eparu (national PLWHA organization) and College of the Arts/Media and Technology (MATS) (GRN/MIB arts and media training institution) to develop 13 episodes for community radio programs as a follow-up to FY 06 programming.

NLT will continue to subcontract Ibis to strengthen Lironga Eparu regional support groups by training 150 PLWHAs on preventive care and treatment literacy, prevention strategies and public advocacy. Technical program support will be provided by MATS in collaboration with NLT, Ibis and Lironga Eparu. MATS will train selected PLWHA support group members (approximately 10 x4 sites= 40) in basic media skills (especially on presentation skills and basic production/recording) and provide ongoing feedback and support to the radio teams to ensure continued quality programming. The program will continue to be designed and informed in collaboration with PLWHA and their direct supporters, providing a safe forum to provide critical information and discussion within a public arena of sensitive problems and issues related to living with HIV and AIDS; thereby contributing to the reduction of stigma by open discussion.

Standardized materials will be produced in two or three local languages and provided to support group members in project sites (FY06 = 3, FY07 = 4) that have received training from MATS. These groups will then present and utilize these materials at their communities. Two additional support groups (TBD) will be trained in preventive care, treatment literacy, prevention strategies and public advocacy and integrated into the production of the program throughout FY07. Selected support group members will also receive basic media training, enabling them to contribute more effectively to the radio program.

In FY07, trainings will include SMA New Start/Dfid sponsored post-test clubs in addition to Lironga Eparu support groups. CAF members will also continue collaborating with support groups in their communities on various activities. By FY07, the radio program will evolve from primarily community broadcasted radio to national broadcasting utilizing in collaboration with the Namibia Broadcasting Corporation, a Namibia para-statal under the Ministry of Information and Broadcasting (MIB), increasing reach to (100,000 people) the national level.

Prevention with Positives
In Namibia, current community strategies to address prevention with positives is weak. PLWHA groups and community care providers are often unclear on what prevention messages to deliver and how to mobilize access to prevention services and condoms which may reduce risk (e.g. PMTCT services, family planning). Community care providers have ongoing contact with PLWHA and may be the only source of information for many clients in their community. However, they are not fully equipped to address prevention within care settings. NLT will work with CDC, the MOHSS, CBOs/NGOs/FBOs, support groups and PLWHA to adapt prevention with positives curricula from the clinical setting to the community setting for community care providers to deliver prevention messages and mobilize for essential risk reduction services, as well as improving overall decision making.

NLT will also support USG partners and their community care volunteers by TOT trainings and materials supporting the prevention with positives adaptation.

Through the radio program, 100,000 people will be provided with information on issues related to secondary prevention, preventive care and treatment. 150 PLWHAs will be trained by Ibis on treatment literacy, positive living and prevention strategies and public speaking. 60 PLWHAs will be trained by the College of the Arts in content development and radio production.

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: DOD/I-TECH/U. of Washington
Prime Partner: University of Washington
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7895
Planned Funds: $ 115,000.00
Activity Narrative: The activity supports the Namibian Ministry of Defense's HIV/AIDS Program called "Military Action Prevention Program" (MAPP) by providing basic elements of palliative care to military members living with HIV/AIDS and their families. This care program will encompass clinical, psychological, spiritual, social care, and prevention services. This program area supports the implementation of a basic HIV-related care component for HIV-positive personnel in the Namibian Defense Force.

The USG and Namibia supports the palliative care approach to HIV care, including development and implementation of evidence-based care and prevention interventions incorporated within the preventive care package for PLWHA. MAPP's palliative care program will develop, provide, and counsel and refer for components of this package in its 2 hospital sites and via outreach from these hospitals' trained staff to military members in a Home Based Care program. This program will include promotion of personal hygiene strategies to reduce diarrheal disease; medication adherence support for antiretroviral therapy (ART) and OIs; and nutritional counseling, assessment, monitoring and multivitamin supplementation. Minimal targeted and time-limited nutrition supplementation with a fortified nutritional supplement will be provided to severely malnourished HIV-positive solders that meet clear entry and exit nutrition assessment criteria. The MAPP program will also ensure appropriate training, technical support and prevention strategies for outreach workers and family members who provide home-based care services for terminally ill PLWHA. Psychosocial support for PLWHA is integrated throughout the program with referrals for other elements of psychological, spiritual and social support services for HIV-positive military members and their families. At all levels, attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination.

Continued Associated Activity Information

Activity ID: 4471
USG Agency: Department of Defense
Prime Partner: Social Marketing Association/Population Services International
Mechanism: Military Action and Prevention Program (MAPP)
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Information, Education and Communication	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	☐

Target Populations:

Most at risk populations
HIV/AIDS-affected families
Military personnel

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	SCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7967
Planned Funds:	$ 285,159.00

Activity Narrative: This is a new activity to support the Ministry of Health & Social Services (MoHSS) Primary Health Care Services Directorate to strengthen the supply chain management system including procurement & distribution of home-based care kits. This activity relates to other Basic Care & Support activities: MoHSS Basic Care (#7331), Comforce Basic Care (#8024), PACT Basic Care link (#8043), DAPP/TCE Basic Care link (#7326) as well as SCMS ARV drugs (Activity #7449) & CDC systems strengthening (#7360).

The main focus of this activity is to provide support to the Primary Health Care Directorate of the Ministry of Health & Social Services (MoHSS) to ensure that Home Based Care (HBC) Kits are in sufficient supply & moving through a supply chain that will ensure that the kits are available in the right quantities & at the right places at the right time. Specifically funding will be provided to conduct a comprehensive assessment of the logistics & management systems in place at the MoHSS for the management of the quantification, procurement, inventory management & distribution of HBC kits to service delivery points. Following this assessment, the SCMS project will facilitate the design of a new logistics management system for the HBC kits. This design will be developed in close collaboration with all key stakeholders.

Procurement of HBC kits is currently satisfactorily being done through a local firm, Commodity Exchange, with support from the Global Fund; this indicates positive implications on long term sustainability. However, there are no effective HBC kits supply chain management supportive systems & coordinated mechanisms at the national & regional levels, for forecasting, quantification, storage, distribution, recording, monitoring & evaluation. Regions decide when, what & how much to order, intermittently & in unspecified periods, thus placing a heavy burden both on national & regional PHC management. Community-based organizations who deliver basic care in Namibian communities rely upon this national kit supply, including PEPFAR-funded FBOs, NGOs & CBOs. However, stock-outs are common & PEPFAR partners are often unable to replenish basic supplies necessary to delivering home-based nursing care for PLWHA, especially for clients who are bedridden. Anecdotal reports indicate that community & home-based caregivers are unable to fully protect themselves or their clients from HIV transmission due to the lack of basic gloves, training & supplies essential for universal precautions. Other key weakness in the national HBC kit program includes lack of training of volunteers on appropriate & rational use of the kits, inventory management & control, monitoring utilization, monthly reports & supportive supervision.

This activity will therefore focus on strengthening the effectiveness & efficiency of a revised HBC kits logistics system by ensuring that: 1) Forecasting & procurement planning capacity is developed & coordinated at the central level; 2) HBC kits are quantified & procured in a manner consistent with resources & policies for scaling up; 3) Inventory control procedures are consistently used at site & central level; 4) A logistics management information system (LMIS) is in place at all levels & the central level database provides the aggregated national data that is used for decision making; 5) Logistics policies & procedures are documented in a standardized procedures manual that is available & used at all sites; 6) All key personnel are trained in these logistics policies & procedures; 7) A monitoring & evaluation plan with identified short & long term indicators & data sources is in place to monitor the supply chain & make adjustments as needed; 8) Interventions to remedy identified problems & issues in the system are being implemented; 9) PEPFAR partners responsible for community & home-based palliative care (PACT Basic Care Activity (#8043) & DAPP Basic Care (#7326)) are able to request, receive, use & track kit supplies necessary for implementation. Additionally, SCMS will provide support to conduct a multi-year forecast & quantification of HBC kits, which will be revised periodically to provide for the accurate budgeting of needed funds for procurement of HBC kits. These activities will ensure that there is an uninterrupted supply of HBC kits to support the scale-up of ART services in Namibia. To ensure long term sustainability of interventions, SCMS will assist in improving national capacity through training & skills transfer to MoHSS staff, & will ensure that the interventions are consistent with the vision & capacity of the MoHSS. This component will provide support to one MoHSS division, & training for about 30 personnel.

The MoHSS is currently reviewing the national standard for HBC kit contents in partnership with key stakeholders & the Global Fund. The current components are designed to assist caregivers & their clients to maintain personal hygiene, provide basic wound care, ensure

basic universal precautions & infection control, monitor basic signs (e.g. thermometers) & symptoms, distribute condoms with balanced ABC messaging, ensure referrals for essential HIV/AIDS services (e.g. CT, ART, PMTCT, family planning, TB, etc) & provide basic medications & commodities to manage basic symptoms related to HIV/AIDS (e.g. Step 1 analgesics such as panadol & ORS). SCMS will work closely with the MoHSS (#7331) & Comforce Basic Care (#8024), Global Fund, Commodity Exchange, USG/Namibia & PEPFAR partners to promote availability of commodities necessary for delivery of the preventive care package & other key palliative care services in communities. However, current regulations prohibit non-professional community caregivers from prescribing or distributing medications for prophylaxis & management of OIs, malaria medications, symptom-relieving medications, & Step 2 & 3 analgesics. Essential medications & supplies for palliative care will be available at hospital & clinic levels (including medications for prophylaxis & management of OI, pain & symptoms [SCMS activity #7449 in ART section & CDC systems strengthening (#7360)]; thus highlighting the need for bi-directional referrals & stronger partnerships between facility-based caregivers & community caregivers to ensure that PLWHA receive & adhere to essential services at both facility & community/home levels of care. Malaria prevention strategies (which is seasonal & in parts of Namibia) is leveraged with Global Fund & includes insecticide-treated bed nets (ITNs) for pregnant women & children under 5. In COP07, the USG plans to work with the Ministry of Agriculture & Rural Development & Global Fund to explore the feasibility & cost of leveraging appropriate safe water strategies for PLWHA.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Logistics	51 - 100
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	☐

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Administrative Support Units (CASU)
Prime Partner: IAP Worldwide Services, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8014
Planned Funds: $ 34,701.00
Activity Narrative: Funding is requested to purchase 10% of the time of the Regional Palliative Care Advisor from the USAID Regional HIV/AIDS Program in Southern Africa, based in South Africa. The Advisor will build on activities begun in FY06 to advance palliative care efforts in Namibia.

Palliative care technical expertise in Namibia is currently limited to oncologists in the Government Cancer hospital. Hospices found throughout many parts of Southern Africa largely focused on end of life care (especially prior to ART) & who often provide broader technical support to PEPFAR investments to advance comprehensive HIV-related palliative care do not exist in Namibia; this has greatly limited the development & expansion of HIV-related palliative care. In FY06, the USG & its partners, including the MoHSS began receiving 20% technical assistance time from the USG Regional Technical Advisor for HIV/AIDS Palliative Care. Significant program accomplishments have been achieved & are currently underway, including: sensitization of the MoHSS, key stakeholders & USG partners care & treatment partners regarding the palliative approach to HIV/AIDS care; strategic planning & technical support to integrate core aspects of palliative care & the preventive care package into facility & community-based HIV/AIDS care for adult & children PLWHA; capacity building & technical support to the MoHSS, other in-country stakeholders & the African Palliative Care Association to mobilize for Namibian leadership in palliative care training, service delivery & policy development; technical support to USG implementing partners to develop improved mechanisms of counting quality palliative care services; support to the USG team to develop & implement a care & treatment technical workshop, improve programming of prevention with positives into community based care, & conduct critical planning meetings between the USG & MOHSS to integrate clinical nutrition, family planning, the preventive care package & community based care for PLWHA into COP 07 programming.

In FY07, the Palliative Care Advisor will provide ongoing technical assistance in palliative care to build on the above mentioned activities. Emphasis will be placed on increasing in-country expertise in palliative care, including support for the new technical advisor to the MoHSS for roll-out of HIV-related palliative care services & the national Integrated Management of Adult Illnesses (IMAI) palliative care program Comforce/CDC Basic Care (Activity #8024). The advisor will provide continued capacity building & technical support for APCA, an African palliative care TA provider (Pact/APCA Activity #8043) dedicated to applying lessons learned from other African countries to scale-up of cost-effective, culturally-appropriate palliative care for PLWHA & their families. The Regional Advisor will also continue to work directly with the USG team & the MoHSS (Directorate of Special Programs & Directorate of Primary Health Care) to provide technical support, & will supervise implementation of a planned targeted evaluation of selected palliative care partners working in collaboration with APCA & King's College London (Pact/APCA TE Activity #8022). The Advisor will also assist the USG to further develop & implement two different models of community & home-based palliative care service delivery which are under PACT (Catholic AIDS Action model) (Pact Basic Care Activity #) & DAPP/TCE (Activity #7326) (OHEP/Omaheke adaptation), & recommend approaches for program expansion.

The technical advisor will ensure gender-sensitive approaches, including monitoring of partners to ensure equitable training & support of male & female health care workers with the goal of equitable access to HIV/AIDS services for PWLWHA & their families throughout USG-supported programs.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: FANTA
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8021
Planned Funds: $ 306,086.00

Activity Narrative: This activity is linked to MOHSS (Activity #7331), ITECH (Activity # 7350) HBHC efforts, the MoHSS/Red Cross Nutrition suppl. (Activity #7330) in the ART section & the Capacity Project Basic Care (Activity #7404).

Appropriate nutrition counseling, anthropometric assessment, monitoring, micronutrient supplementation, rehabilitation & referral of severely malnourished PLWHA & safe infant & young child feeding (IYCF) strategies in the context of HIV/AIDS are critical program gaps in Namibia. Anecdotal reports indicate that health workers in key HIV/AIDS service delivery sites (especially ART & PMTCT) are unable to conduct basic clinical nutrition assessments or recommend appropriate nutrition strategies for HIV-positive adults, children & infants, as well as HIV-positive pregnant & lactating women. In FY06, the USG supported through ITECH a Technical Advisor for HIV & Nutrition in the MoHSS Food & Nutrition Subdivision of the Family Health Division to begin addressing critical program gaps essential for PEPFAR goals in MTCT & care & treatment. The advisor began providing training & technical support in priority PEPFAR program areas, including safe infant & young child feeding for HIV/AIDS programs & work with the Food Assistance & Nutrition Technical Assistance (FANTA) project to undertake a review of dietary practices by HIV-positive infants, children & adults in Namibia. Prior to this activity, no reliable data existed on food consumption patterns or dietary habits of PLWHA, including an adequate examination of gender roles & responsibilities for nutritional care in the household, reviewing locally available foods for PLWHA in Namibia, & determining current traditional nutritional & herbal remedies used to "treat" HIV & AIDS. The review is currently underway, & results will be used by health care providers, community counselors & community home-based care volunteers to advise PLWHAs & their families on strategies for sustaining their health through appropriate dietary practices (rather than reliance on highly marketed nutritional supplements). Findings will also be used to inform national policy, guidelines, planning, & messaging about nutrition & HIV/AIDS.

Building on successes in 2006, there is a critical need to build Namibian capacity to address clinical nutrition & HIV/AIDS in 2007. Currently, nutrition assistance in Namibia is limited to a small unit in the MoHSS, located in the capital, with technical support dedicated to HIV & nutrition from one expatriate technical advisor from ITECH. In FY07, the MoHSS requested PEPFAR support to expand & decentralize training & technical support on clinical nutrition & HIV/AIDS for Namibian health workers who work in HIV/AIDS service delivery areas. This includes the following: (1) scale-up of the in-service training for health workers on nutrition & HIV/AIDS (developed by the MoHSS & ITECH); (2) support for more intensive training to a fewer number of Namibian HIV/AIDS health providers who will serve as trainers & technical "resource persons" on clinical nutrition & HIV; & (3) assistance with tools & IEC materials on nutrition & HIV which support health worker performance & client adherence for quality HIV care. USG plans which respond to the MoHSS request for scale-up of in-service training for health workers on nutrition & HIV/AIDS is found in ITECH (Activity #7350).

In partnership with ITECH & the MoHSS in FY07, FANTA will provide technical support for development of the short course & the tools on nutrition & HIV which will support & reinforce health worker performance to provide quality nutritional care for PLWHA. As described above, the MoHSS requested more intensive training to a fewer number of Namibian HIV/AIDS health providers who will serve as trainers & technical "resource persons" on clinical nutrition & HIV. Given the current human resource crisis, rather than send health workers out of Namibia for training (as was requested by the MoHSS), the USG support the development of a short course in Namibia which would expand the base of nutrition & HIV expertise in-country beyond the current in-service course for health workers. Based on the findings of the FY06 nutrition & dietary practices review, FANTA, in collaboration with ITECH & the MoHSS Food & Nutrition Subdivision, will develop an intensive two month short-course for Namibian health workers. Approximately ten Namibian health workers who work in HIV/AIDS service delivery sites in highly vulnerable regions of Namibia will be trained to become nutrition & HIV resource persons at the regional clinic level. The resource persons will provide technical support on clinical nutrition & HIV to other health care workers with an emphasis on ensuring safe infant & young child feeding strategies, appropriate anthropometric assessment, nutrition counseling, monitoring, micronutrient supplementation, & referral, as well as managing technical implementation of "nutrition corners" in select ART sites for the MoHSS/Red Cross Nutrition suppl. (Activity #7330) & the Capacity Project Basic Care (Activity #7404),

which are proposed to provide appropriate messaging & training for PLWHA & their families on proper nutrition with locally available foods. With FY07 support, FANTA will partner with the MoHSS & ITECH to identify & support an appropriate consultant to assist with design & implementation of the short course, in consultation with the USG country team. FANTA will also provide technical assistance in the development of the curriculum, & follow-up & reporting after the training program.

Routine nutrition counseling, anthropometric assessment, micronutrient supplementation & monitoring of nutritional status of HIV-positive infants, children & adults including pregnant & lactating women is a critical activity to achieve goals in MTCT & HIV/AIDS care & treatment. However, basic equipment, monitoring tools & information are required by health workers to manage clients effectively. Technical support is needed for the development & adaptation of nutrition tools, similar to what FANTA has done in other countries, which support health workers to appropriately manage nutrition & HIV. The emphasis is on facility based providers, however, the information on nutrition & symptom management would also be utilized with community providers. This activity is essential for reinforcing training messages & guiding quality service delivery, particularly regarding the management of metabolic complications of malnourished PLWHA & the increasing challenges of lipodistrophy & ART. It is proposed that FANTA would provide technical assistance in partnership with ITECH & the MoHSS to develop, adapt & pre-test the following tools: 1) A nutrition job aide for facility-level use by nurses & physicians. This will involve development of a small binder & a clinic poster which contains appropriate algorithms for health workers in HIV/AIDS service delivery sites to manage clinical nutrition, including severely malnourished PLWHA & lipodistrophy; 2) A health worker counseling cue card on breast management & safe infant & young child feeding; 3) A pamphlet & poster on symptom management with nutrition & HIV/AIDS. This would cover basic nutritional management of common HIV-related symptoms such as weight loss, wasting, diarrhea, nausea & vomiting, mouth sores, & poor appetite; 4) A pamphlet & poster on food, water & personal hygiene strategies for improved nutrition & improved HIV status; & 5) IEC materials & a communication strategy specific to safe infant & young child feeding in the context of HIV/AIDS.

Emphasis Areas	**% Of Effort**
Food/Nutrition	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Target Populations:

Doctors
Nurses
HIV/AIDS-affected families
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Comforce
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8024
Planned Funds:	$ 183,000.00

Activity Narrative: This is a new activity to support a technical advisor to the Ministry of Health & Social Services (MoHSS) for roll-out of HIV-related palliative care services, including support for the national Integrated Management of Adult Illnesses (IMAI) palliative care program. This activity relates to other Basic Care services: MoHSS (7331), Intrahealth (7404), Potentia (7340), & I-TECH (7349), PACT/APCA (#8043) & PACT grantee links (#7412), DAPP (#7326), RPM/SCMS (#7967) as well as to MoHSS ARV services (#7330), Potentia ARV services (#7339), & CDC systems strengthening (#7360).

Palliative care technical expertise in Namibia is currently limited to two oncologists & a few cancer nurses in the Government Cancer hospital. Hospices found throughout many parts of Southern Africa, which are largely focused on end of life care (especially prior to ART) & often provide broader technical support to PEPFAR investments to advance comprehensive HIV-related palliative care do not exist in Namibia; this has greatly limited the development & expansion of HIV-related palliative care. In FY06, the USG & its partners, including the MoHSS, began receiving technical assistance from the African Palliative Care Association (APCA) & the USAID Regional Technical Advisor for HIV/AIDS Palliative Care which will continue in 2007. While significant program accomplishments are underway with this technical support, there exists a critical need to have an in-country, experienced, full-time palliative care technical advisor who is dedicated to development, decentralization, monitoring & evaluation of HIV-related palliative care in Namibia. This advisor will directly support the MoHSS development of palliative care at facility levels, including support for implementation & monitoring of the WHO Integrated Management of Adult Illness (IMAI) program which is pending final approval by the MoHSS. The advisor will also support MoHSS goals to advance pediatric care through its training program & the MoHSS Integrated Management of Childhood Illness (IMCI) program. This advisor will further support the current MoHSS Coordinator for Palliative Care & OI Services in the MoHSS Directorate of Special Programs to develop the Coordinator's palliative care expertise & leadership in palliative care. The technical advisor will also serve as a liaison between the MoHSS case management unit's implementation efforts, the extensive ITECH trainings & mentorship programs, & the IMAI site nurses & their referring district ART doctors. The technical advisor will also closely collaborate with the MoHSS Family Health Division who is responsible for community-based palliative care, clinical nutrition & FP/HIV integration, USG partners (ITECH PC:BHCS_7349, PACT PC:BHCS_7412, DAPP PC:BHCS_7326 & RPM+/SCMS PC:BHCS_7967) to address other critical program gaps in the Government which are essential to palliative care. This includes partnering with the MoHSS nutrition subdivision & ITECH nutrition advisor to ensure that developments in clinical nutrition are well integrated into HIV/AIDS palliative care programs; partnering with the MoHSS Family Health Division in Primary Health Care Services Directorate & the Global Fund to strengthen the delivery community-home based care & the integration of palliative care at home & community levels; & partnering with the family planning unit & ITECH to ensure that MoHSS investments in family planning begin to integrate with HIV/AIDS service delivery areas. Lastly, although the emphasis of this advisor will be palliative care, the technical advisor will also support the goals of ARV services. The advisor will coordinate closely with SCMS/RPM+ to address gaps in procurement & supply chain management for home based care kits & essential palliative care medications (SCMS/RPM+ PC:BHCS_7967 & SCMS/RPM+ ARVDrugs_7449).

The technical advisor will emphasize key palliative care priorities across program areas will include the provision of the preventive care package for adults & children which includes cotrimoxizole prophylaxis for Stage III, IV disease or CD4<300 and for HIV-exposed/infected children; TB screening & isoniazid preventive therapy in select sites; integrated CT; child survival interventions for HIV-positive children such as infant young child feeding during weaning, growth monitoring & immunizations; clinical nutrition counseling, anthropometric measurement, monitoring, referral, micronutrient supplementation & minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART; prevention strategies which include balanced ABC prevention messaging, condoms, support for disclosure of status, referral for family planning & PMTCT services, reduction in alcohol use & gender-based violence including assistance as needed through government centers for abused women & children. Key palliative care priorities also include other OI management, ART adherence, routine clinical monitoring & systematic pain & symptom management. Closer partnerships with districts & communities will allow increased opportunities to expand safe water & hygiene strategies & access to malaria prevention for PLWHA & their families, including leveraged support

from Global Fund-supported for bed nets. The advisor will also work with the Ministry of Agriculture & Rural Development & other partners to explore the feasibility & cost of appropriate safe water strategies for PLWHA. It is also anticipated that roll-out of IMAI will likely result in MOHSS development of a national palliative care policy that allows nurses to prescribe narcotics & symptom-relieving medications. Technical support from APCA (#8043) will support this activity.

The technical advisor will ensure gender-sensitive approaches, including equitable training & support of male & female health care workers with the goal of equitable access to HIV/AIDS services for PWLWHA & their families throughout USG-supported programs.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

Number of individuals provided with HIV-related pallative care (excluding TB/HIV): 25000

Target Populations:

Nurses
National AIDS control program staff
Host country government workers
Public health care workers

Coverage Areas:

National

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:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8043
Planned Funds:	$ 293,373.00

Activity Narrative: The African Palliative Care Association (APCA) is dedicated to applying lessons learned from other African countries to scale-up of cost-effective, culturally-appropriate palliative care for PLWHA & their families. This activity is continuing from FY06 & relates to MoHSS (MoHSS/CDC Activity #7331), PACT Community Reach (Activity #7412), Comforce (Activity #8024), (IAP Basic Care Activity #8014) & the DAPP roll-out of CBHC (Activity #7326).

Palliative care technical expertise in Namibia is currently limited to oncologists & other health workers in the Government Cancer hospital. Hospices found throughout many parts Africa largely focused on end of life care (especially prior to ART) & who often provide broader technical support to PEPFAR investments to advance comprehensive HIV-related palliative care do not exist in Namibia; this has greatly limited the development & expansion of HIV-related palliative care. In FY06, the USG & its partners, including the MoHSS began receiving technical assistance from APCA members, a pan-African network of African palliative care technical support, including support for the Catholic AIDS Action (CAS) community & home-based care (CHBC) program to integrate key palliative care strategies & palliative care training into their CHBC efforts within the Northern region of Namibia; sensitization of MoHSS, key stakeholders & USG partners care & treatment partners regarding the palliative approach to HIV/AIDS care & effective bi-directional referrals; review of the adapted IMAI palliative care module; & technical support to the MoHSS & other in-country stakeholders to mobilize for Namibian leadership in palliative care training, service delivery & policy development.

While significant program accomplishments are underway, continued technical support is needed to build on program successes, address existing gaps & develop in-country expertise dedicated to advancing palliative care. In FY07, it is anticipated that APCA will support the MoHSS, USG partners & other stakeholders with technical support for the new MoHSS IMAI technical advisor (Comforce/CDC Activity #8024) & MoHSS Coordinator for Palliative Care & OI Services in the MoHSS Directorate of Special Programs (MoHSS/CDC Activity #7331) for roll-out of HIV-related palliative care services, including support for the national Integrated Management of Adult Illnesses (IMAI) palliative care program. MoHSS leadership & implementation for facility-based palliative care for adult PLHWA is within the framework of the IMAI program. Anticipated in 2007, the 13 regions will be responsible for the rollout of IMAI, including the palliative care module, to selected health centers & clinics in their catchment area. APCA will support the MoHSS & ITECH (Activity #7349) with implementation of IMAI palliative module through ongoing review of palliative care training materials & essential drug lists for palliative care provision, & technical assistance with regards to the current policy environment for ensuring availability & accessibility of essential palliative care drugs. It is anticipated that roll-out of IMAI will likely result in MOHSS development of a national palliative care policy that allows nurses to prescribe narcotics & symptom-relieving medications; technical support from APCA, with technical experience in nurse prescription of narcotics in Zimbabwe & Uganda, will be essential to supporting this activity. Building on successes to date with the 2006 APCA Regional Drug Availability Workshop in Entebbe, APCA will work with Namibian stakeholders to ensure Namibian participation & outcomes in a regional drug availability workshop for countries within the Southern Africa Region. The objective of including Namibia in this workshop will be to improve the availability, knowledge & appropriate use of medications for effective symptom & pain management for PLWHA at facility & community levels of care (for both PLWHA on ART & not on ART). A small team of key stakeholders including the MoHSS engaged in the IMAI program will participate in the workshop & then develop a strategic plan with regards to how to ensure & promote drug availability & accessibility within the IMAI program in Namibia.

With the development of palliative care services within country, the gradual understanding of what palliative care involves & its integration into the existing health structures it is anticipated that a national working-group of key Namibian stakeholders will be formed within FY06. Within FY07 APCA will support this national working group & the MoHSS to develop a detailed plan for palliative care leadership & integration at policy, service delivery & education/training levels in Namibia, including a response to the MoHSS request to support a palliative care needs assessment which will better inform program planning & strategic leadership on palliative care for PLWHA. APCA will also support exchange visits for Namibia MoHSS staff & select PEPFAR community care partners to learn from Ugandan experiences in implementation of palliative care at facility & community levels, &

understand the resources & commitment required to advance palliative care in Namibia.

APCA will provide ongoing support in FY07 to CAA (PACT Activity #8043) to expand the palliative care service delivery pilot to additional sites which are to be determined in partnership with the MoHSS & CAA. APCA will also partner with the MoHSS to integrate key palliative care strategies in the Omaheke Health Education Program (OHEP), a program cited as a best practice in the delivery of quality community & home based care in Namibia. This will include strengthening the delivery of a multidisciplinary approach to family-centered care, pain & symptom management, effective bi-directional referrals, improved bereavement & communication skills, & increased training to support delivery of key aspects of the program. The OHEP model is currently a training site for other HIV/AIDS programs & the integration of key palliative care strategies will allow this site to expand the current knowledge & training base on palliative care for health providers in Namibia. APCA will train 20 health care professionals to receive TOT in palliative care, & also directly train Omaheke & CAA volunteers. APCA will ensure gender-sensitive approaches, including equitable training & support of male & female health care workers with the goal of equitable access to HIV/AIDS services for PWLWHA & their families throughout USG-supported programs.

Other PEPFAR support for APCA is incorporated in (PACT/APCA TE Activity #8022) to provide technical support in carrying out a program evaluation utilizing the APCA African Patient Outcomes Scale (POS) as part of the evaluation protocol in partnership with King's College in London. It is anticipated that this evaluation will utilize & adapt lessons learned from the centrally-funded PEPFAR targeted evaluation to inform programming & evaluate models which are specific to the Namibian context.

Support will be provided to APCA by the Regional Palliative Care Advisor from the USAID Regional HIV/AIDS Program in Southern Africa (IAPWS Activity #8014).

Continued Associated Activity Information

Activity ID:	4797
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	South Africa-Regional Associate Award
Funding Source:	GHAI
Planned Funds:	$ 203,051.00

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	☐

Target Populations:

Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers

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: $ 2,626,284.00

Program Area Context:

In FY 07, the USG will continue to work with the Namibian government (GRN) & other partners to improve access to & quality of tuberculosis (TB) care to those infected with HIV & TB. To ensure that appropriate care is available to these individuals, a well-functioning & well-supported TB program is essential. Although PEPFAR does not support general TB services, the team works in close collaboration with both the Global Fund (GFATM) & the TB Control Assistance Program (TBCAP) which support DOTS program strengthening, essential to good HIV-TB care. Thus far the GFATM has committed $19.3M to strengthen the National TB Control Program (NTCP), support supervision & drug resistance monitoring, & expand cost-effective community based care throughout the country. TBCAP focuses on fortifying the management capacity of the NTCP through training & staff support, expansion of TB control & infection control strategies, & community education. PEPFAR builds on this foundation to address particular issues among those who are dually infected with HIV & TB.

Through strategic partnerships with the MoHSS, GFATM, TBCAP, CDC, USAID, & other bilaterals, the NTCP has already documented significant accomplishments relevant to PLWHA & TB:
• Introduction of District TB reviews in 4 high burden regions, coverage in all 13 regions by 2007
• Introduction of Fixed Dose Combination (FDC) tablets
• Commemoration of World TB day with the launch of revised TB guidelines, FDCs, & patient information pamphlets
• Five trainings on the revised TB guidelines (ITECH)
• Expansion of district supportive supervision visits
• Initiation of TB National Steering Committee meetings (4 to date)

Despite this progress, Namibia continues to suffer from one of the most severe TB epidemics in the world. According to the WHO report of 2006, Namibia reported 15,984 cases in 2004, resulting in a case notification rate (CNR) of 788/100,000, second only to Swaziland. In 2005, 5 of 13 regions had CNRs =1000.

The 2004 TB cohort had a 70% treatment success rate (unchanged from 2003), 13% default, 8% mortality, 7% transfer & 2% failure. The success rate in retreatment cases was 53%, with 20% default, 16% mortality, 7% transfer, & 4% failure.

It is estimated that 9750 (61%) of Namibia's reported TB cases are HIV-infected. However, in 2005 only 16% of TB patients were tested for HIV, of which 58% were positive (NTCP data). This is probably an underestimate of the extent of co-infection & care, as many patients do know their HIV status, and/or are on ART, but do not disclose unless prompted (many may access TB treatment in the public sector & HIV treatment in the private sector, particularly if they are have personal insurance). In addition, previous iterations of NTCP & NACOP data systems were unable to collect data related to dual infection or to share data, & information was therefore not consistently captured, underestimating the true extent of HIV care for TB patients. The NTCP will begin collecting data on TB patients receiving cotrimoxazole prophylaxis (CPT) in FY06 with the introduction of a new recording & reporting (R & R) system. Similarly, collection of data on Isoniazid (INH) prophylaxis (IPT) to contacts of TB patients will begin aft

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	47
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,264
Number of HIV-infected clients given TB preventive therapy	15,000
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,990

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Cooperative Agreement U62/CCU025154
Prime Partner: Potentia Namibia Recruitment Consultancy
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7342
Planned Funds: $ 87,721.00
Activity Narrative: This activity relates to other training activities in this area including the I-TECH activity (7353) and the CDC technical assistance activity (7974).

There is critical human resources gap at facility levels to delivery HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and at the level of quality that is required for ARV roll out and palliative care expansion. This in turn creates issues of bonding and incentives for these cadre of health care workers to return to Namibia and retention incentives for staff currently serving in the country. The vacancy rate in the Ministry is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists.

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. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia, which administers salary and benefits packages equivalent to those of the MoHSS. Both HHS/CDC and the MOHSS participate in the selection of health personnel who are then trained and provided with field support by ITECH, HHS/CDC, and the MoHSS with USG funding. Beginning in FY06, Potentia also began supporting technical and administrative staff that were previously funded through I-TECH – in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets.

As of August, 2006, Potentia supported a total of 117 staff and this number is projected to increase to 363 in FY07.

In this activity, Potentia will contract professionals to serve as TB/HIV trainers with I-TECH, which is the major USG partner for health worker training in Namibia. In FY06, funding for local I-TECH positions was transferred to Potentia in order to save on administrative costs. This includes half of the cost of a Physician Training Manager (shared with ART Services and a Curriculum Developer (shared with ART Services) and a full-time IMAI/TB in-service trainer to be based at the National Health Training Center.

Training content corresponds to Namibia national guidelines and emphasizes routine counseling and testing for consenting TB patients, isoniazid preventive therapy for eligible TB/HIV patients, cotrimoxazole prophylaxis, linkages of TB with HIV/AIDS services, and provision of ART in eligible TB/HIV patients, including children.

Continued Associated Activity Information

Activity ID: 3896
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Potentia Namibia Recruitment Consultancy
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 30,036.00

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

Targets

Target	Target Value	Not Applicable
Number of TB patients who were counseled and tested for HIV and received their results		☑
TB tests performed (Number)		☑
Persons trained in TB/HIV surveillance (Number)		☑
NIP staff trained on smear microscopy (number)		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Indirect Targets

Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals: 440

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists

Coverage Areas:

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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7353
Planned Funds: $ 206,818.00
Activity Narrative: The lack of comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services (MOHSS) to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the MOHSS Directorate of Special Programs to train new and existing health care workers in HIV/AIDS. I-TECH provides technical advisors, training and curriculum experts, clinical mentors, educational and training materials, monitoring and evaluation systems for training, infrastructure, training logistics, and funding for training. Based on new or updated national guidelines, I-TECH has facilitated the development of the Ministry's national training curricula on PMTCT, VCT, rapid HIV testing, Couples Counseling, TB/HIV, ARV, nutrition and HIV, Integrated Management of Adult Illness (IMAI), Dried Blood Spot Collection for HIV DNA-PCR for infants, and pediatric care/ARV. Support is also being provided to incorporate this new content into the pre-service training curricula for registered nurses at UNAM and for enrolled nurses at NHTC. I-TECH will play a critical role in the decentralization of palliative care and ARV through various levels of training ranging from didactic sessions to clinical mentoring. To date, a total of more than 3,800 health workers have been trained in the various HIV/AIDS topics.

In this activity, funding in FY07 will cover:

(1) Five in-service trainings in TB/HIV for a total of 90 government medical officers and 50 private practitioners. These trainings will be conducted by staff of the National TB Control Program (NTCP) and physicians selected and trained by I-TECH as well as the I-TECH Physician Training Manager and Clinical Mentors. The curriculum already developed by the Ministry and I-TECH in 2005-06 will be used for these trainings. Clinical mentoring in TB/HIV will also be supported.

(2) The Integrated Management of Adult Illness (IMAI) course will also train health care workers, primarily nurses, in TB/HIV. (Costs for this activity are not reflected here but will be shared by Palliative Care: Basic Health Care and Support, project ITECH_PC:Basic Health_#7349 and ARV Services, project ITECH_ARV Services_#7350) The IMAI training package also addresses stigma and discrimination issues of health care workers through the use of Expert Patient Trainers.

(3) Two TOTs on TB for nurses will be conducted to train 40 nurses in the public health sector. These nurses will support the training of district level nurses in TB/HIV with funds provided for these trainings by the Global Fund.

Continued Associated Activity Information

Activity ID: 3870
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Washington
Mechanism: I-TECH
Funding Source: GHAI
Planned Funds: $ 115,487.00

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB patients who were counseled and tested for HIV and received their results		☑
TB tests performed (Number)		☑
Persons trained in TB/HIV surveillance (Number)		☑
NIP staff trained on smear microscopy (number)		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	440	☐

Indirect Targets

Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (through TOT): 1,020

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7447
Planned Funds: $ 9,779.00
Activity Narrative: The USG has supported two key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) and one FBO/NGO, Lifeline/ Childline (LL/CL) to implement the PMTCT, AB, ART, counseling and testing, and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity). CHS manages four faith-based hospitals and 45 health centers and clinics in three different health regions. LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics. The five FBO hospitals are serving a population of 400,000 (20% of the total population).

• Namibia is one of the countries whose population most affected with both TB and HIV. The TB incidence rate in Namibia is 809 per100, 000 (MoHSS, 2005). About 61% of cases are expected to be HIV positive. These patients are eligible for HIV/AIDS treatment. Because TB remains the leading cause of death for people living with HIV/AIDS, integration of TB/HIV services into clinics remains an important priority for support.
• In the five faith-based hospitals, there are TB district clinics collaborating with the MoHSS Regional Directorate of Health. The TB clinics are linked to counseling and testing (C&T) sites in their host hospitals operationally and in some of these sites physically too. In Oshikuku hospital (CHS), the TB district clinic is a registered site for counseling and rapid testing, allowing almost 100% of TB patients to receive C&T for HIV/AIDS. In 07, the other 3 CHS hospitals are planning to add C&T services to their TB clinics. In LMS, the TB clinic will be housed in the same building as C&T, allowing for close physical and operational linkages. In the ART sites and other departments in the five faith-based hospitals, Capacity will continue staff training to screen HIV patients for TB risk factors and to offer isoniazid prophylaxis to eligible ones in addition to cotrimoxazole prophylaxis, micronutrients supplementation and counseling and testing for family members. Staff from the five faith-based hospitals and their clinics will be trained on TB/HIV management.
• Capacity, with the collaboration of the HIV Clinician Society and NTCP, will train 40 private practitioners together with 25 of the staff in the five faith-based hospitals and their linked clinics on TB/HIV management during 07.
• The personnel and operational costs of the TB clinics and the TB drugs costs are funded by the MoHSS.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	☐
Number of HIV-infected clients given TB preventive therapy	500	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	650	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	☐

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Other Health Care Worker
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas

Hardap

Ohangwena

Kavango

Omusati

Oshana

Oshikoto

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024419
Prime Partner:	Namibia Institute of Pathology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7971
Planned Funds:	$ 848,500.00

Activity Narrative: In FY07, USG will continue to provide technical assistance to the national TB laboratory at the Namibia Institute of Pathology. This activity relates to the International Laboratory Branch Consortium Partners activity (8019) and the CTS Global activity (7323).

In FY06, a comprehensive review of the TB laboratory program was performed including laboratory aspects of the National TB Control Program (NTCP), the laboratories performing TB smear microscopy and culture, and the needs of the NIP for developing a quality assurance program, followed by recommendations towards capacity building and strengthening the national TB laboratory system. Based on the recommendations from the assessment, a team of consultants from the American Society for Microbiology spent 2 months at the NIP TB laboratory consulting on smear-microscopy training, use of liquid media for culture, rapid identification of TB using DNA probes, and optimizing drug susceptibility testing. This support resulted in increased capacity for accurate testing of patient specimens and for performing the National TB Control Program (NTCP) Surveillance Study to determine resistance to anti-tuberculosis drugs in Namibia. This survey will provide the NTCP with information on the burden of resistant TB in the country. Information from this survey will be used to put in place strategies to counter the problem. Furthermore, this information will justify the use of second line drugs by NTCP and support the country's application to the Green Light committee for access to cheaper second line drugs.

The funding for this initiative will allow the NIP to equip the national TB laboratory with instrumentation that provides adequate capacity for optimizing turn-around time and accuracy for liquid culture and drug susceptibility testing. The MGIT 960 instrument will be purchased and installed in the laboratory to replace the current BACTEC 460 radiometric system, and augment the lower-capacity BactAlert instruments. In addition, one of the primary concerns during the laboratory assessment was Biosafety. There is a critical need for adding two other biological safety cabinets (BSC) to the central TB laboratory, and also to provide BSC for peripheral laboratories performing smear microscopy on patient sputum specimens. Currently the central laboratory has only one functioning BSC, resulting in the potential for continual exposure of laboratory staff to infectious TB aerosols. In addition, most of the peripheral laboratories are preparing sputum smears on the open counter, and would benefit greatly from the purchase of smaller bench top BSCs to enclose the infectious material during preparation and drying.

Namibia has the highest rate of tuberculosis in the world and TB currently is the leading cause of death for persons with HIV. In addition to multidrug resistant TB, Namibia is facing the added challenge of identifying and responding to the potential emergence of extreme drug resistant TB, first recognized in neighboring South Africa. This activity has three components:

(1) Upgrades to the Namibia Institute of Pathology tuberculosis laboratory. This component will improve NIP's ability to process a greater volume of testing anticipated from expanded testing for ART clinic patients and other persons identified as being at risk of HIV and/or TB. These upgrades will also minimize the potential for specimen contamination and improve safety for NIP staff. NIP's current TB lab is outdated and cannot accomodate the large volume of TB testing needed (including drug sensitivity testing), newly acquired state-of-the-art TB testing equipment, and the need for on-going training of laboratory technologists.

(2) Recruitment and hiring of a TB QA technologist. This technologist will oversee the ongoing and expanding TB testing activities within Namibia. In addition to an anticipated increase in volume of TB testing among HIV-positive persons and others at risk, TB testing will be decentralized to Walvis Bay and Oshakati, two high prevalence areas respectively located in populated areas in the west and north. By decentralizing testing, results can be returned to the care site in a more timely manner and lessens the likelihood of specimens being lost or contaminated during transport. The QA technologist will oversee the TB testing operations at the central laboratory in Windhoek, as well as playing the lead role in establishing the satellite testing sites in Walvis Bay and Oshakati. This individual will be responsible for monitoring equipment performance, data management, and oversight of medical technologists working in the TB laboratory.

(3) Procurement of TB-related Laboratory Equipment. Two MGIT 960s, state-of-the-art

TB testing equipment, will be purchased for the decentralized NIP TB testing sites in Walvis Bay and Oshakati. Related items, such as reagent and supply cabinets, will also be procured to ensure that these sites are fully equipped to serve as satellite testing sites.

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

Targets

Target	Target Value	Not Applicable
Number of TB patients who were counseled and tested for HIV and received their results		☑
TB tests performed (Number)	36,000	☐
Persons trained in TB/HIV surveillance (Number)		☑
NIP staff trained on smear microscopy (number)	50	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Indirect Targets

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: 741,805

Target Populations:

Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
PLWHA infected or affected by TB
Laboratory workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7972
Planned Funds:	$ 250,000.00

Activity Narrative: Within COP07, funding for Community Counselors, who dedicate part of their time to this activity, is distributed among six program areas, all of them Ministry of Health and Social Services activities: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360).

This activity is a new extension of the Ministry of Health and Social Services' (MoHSS) Community Counselor initiative to support counseling and HIV testing of TB patients and relates to all provider-initiated counseling and testing services and VCT in health facilities. TB/HIV accounts for 10% of the overall cost of the community counselor initiative. According to the 2005 TB Electronic TB Register, only 16% of TB patients were tested for HIV. Anecdotally, this has increased significantly following new guidance that included Stage III disease (pulmonary TB) for ART eligibility, but capacity for CT of TB patients is limited.

Training and Deployment of Community Counselors. MOHSS established the Community Counselor cadre in 2004 to assist doctors and nurses in healthcare facilities with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as community counselors as a strategy to reduce stigma and discrimination. To date, 175 community counselors (~25 % of whom are HIV positive) have been placed at 74 health facilities. With FY07 support, this number will increase to 430 by September 2007, and to a final target of 480 by December 2007. PEPFAR funding for the "Community Counselor package" includes: recruitment and salaries for the community counselors, 13 regional coordinators, and an assistant national coordinator (implemented through the Namibian Red Cross); initial and refresher training for community counselors (implemented by a TBD training partner); supervisory visits by MOHSS staff who directly supervise the community counselors; training for MOHSS accountants who provide financial management assistance to the programme; support for planning meetings and an annual retreat for community counselors; and support for community counselor participation at international conferences.

Supervised by a nurse, Community Counselors are the primary personnel at health sites responsible for providing HIV testing and counseling, providing pre-and post-test counseling and testing (using rapid tests) to TB patients.

The 2006 NTCP report indicates that 30% of TB patients were tested for HIV, out of which 67% were HIV positive. Majority of TB cases are HIV, justifying the need for TBHIV collaborative activities. The most crucial of the collaborative activities is to put in place a surveillance system which accurately captures patients with dual infection. Namibia is therefore introducing an electronic TB register developed by CDC in Botswana. This electronic register is being adopted by a number of SADC countries.

The funds requested will enable the Ministry of Health and Social Services to adapt the already prepared Electronic TB Register (ETR) for the Namibian National TB Control Programme (NTCP). The ETR is an Access-based tool that was originally developed in Botswana and has since been disseminated to South Africa and a number of other Southern African countries. This relatively large user group means that training and user support are accessible and the incorporation/modification of indicators is also facilitated. ETR will greatly improve upon the existing TB/HIV surveillance system which is paper based. This will accommodate more TB/HIV variables and provide required reports on TBHIV. The funding will enable the MOHSS to procure technical assistance for the adaptation and maintenance of the software, train 100 officers including District TB coordinators, data clerks, regional and national staff. The implementation will be piloted in Khomas region then rolled-out to all regions in Namibia. Prompt and efficient data processing is critical for effective patient management and program evaluation. Particularly with the emergence of XDR TB, it is essential that programme managers and policy makers have rapid access to data on treatment failure, drug sensitivity, and other indicators with demographic and regional disaggregation.
Additional funds for the ETR have been leveraged from Global Fund and COP07 for purchasing of the computers and training nurses on computer skills. However, this funds

are not adequate, thus the need for extra funding. The ETR fits in COP07 plans which include recruiting and training community counselors who will be deployed in all TB clinics and wards. This is aimed at increasing the TB patients offered HIV testing and counseled on adherence to treatment for both HIV and TB.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB patients who were counseled and tested for HIV and received their results		☑
TB tests performed (Number)		☑
Persons trained in TB/HIV surveillance (Number)		☑
NIP staff trained on smear microscopy (number)		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	47	☐
Number of HIV-infected clients given TB preventive therapy	15,000	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	☐

Indirect Targets

Indirect: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)
100

Target Populations:

People living with HIV/AIDS
PLWHA infected or affected by TB
HIV positive pregnant women
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.07: 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: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7974
Planned Funds: $ 175,000.00

Activity Narrative: This new activity will cover travel in FY07 for CDC technical assistance to the Ministry to strengthen guidelines and facility interventions to prevent nosocomial transmission of TB and to complete the transition from the Epi Info 6 version of the Electronic TB Register to the Windows version of the software. It relates to Royal Netherlands TB Association, ITECH, and CDC Systems Strengthening.

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 (now the Directorate of Special Programs for TB, HIV, and Malaria), Ministry of Health and Social Services (MoHSS) to provide technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART services. At the time there was but one Ministry staff member in the National TB Control Program (NTCP), but there has since been added a USG-funded TB Technical Advisor, 2 additional program managers, a Global Fund-funded coordinator for community-based TB initiatives, and two Global Fund-funded data clerks to support the Electronic TB Register. The NTCP has since developed their first Medium Term Plan and updated their TB guidelines to include routine offer of HIV counseling and testing, isoniazid preventive therapy (IPT), cotrimoxazole prophylaxis for TB/HIV co-infected patients, and management of TB treatment and antiretroviral therapy (ART).

Two of the many challenges facing the NTCP are instituting practical measures to prevent nosocomial transmission of TB, particularly to HIV-infected patients, and strengthening of the surveillance system for TB/HIV. In FY07, CDC will support the NTCP to conduct an assessment of health facilities and prepare an action plan for bringing Namibia in line with current WHO/CDC recommendations. Emphasis will be placed on sites with higher rates of MDR-TB and in locations where patients with undiagnosed and untreated cough are managed to minimize exposure to HIV-infected patients and health workers. The CDC team in the Ministry will support the NTCP with implementation of the plan once developed to ensure that action steps are followed.

Namibia is one of several southern Africa countries who adopted the Electronic TB Register based in Epi Info 6 that was developed by the BOTUSA Project (Botswana-CDC collaboration) in Botswana. Effort will begin in 2006 to migrate this system to the Windows-based version ETR.net as developed in South Africa with USG support. Additional TA will be provide in FY07 to follow through with the adaptation and migration process, including training of end users in the district TB program offices and at the regional and national for data management. The ETR will include information on HIV status and use of ART in TB/HIV patients.

This activity leverages resources with the USAID-funded TBCAP and with the Global Fund Round 2 and Round 5 support to the Ministry.

Namibia has the highest rate of tuberculosis in the world and TB currently is the leading cause of death for persons with HIV. In addition to multidrug resistant TB, Namibia is facing the added challenge of identifying and responding to the potential emergence of extreme drug resistant TB, first recognized in neighboring South Africa. This activity will support technical assistance from the American Society of Microbiologists (ASM) to the Namibia Institute of Pathology (NIP) to build TB expertise. Specifically, ASM will provide one or more expert technologists to work closely with the new TB QA Technologist within NIP and the NIP Training Unit Coordinator. This assistance is critical as these are new positions within NIP and are responsible for improving the expertise of the NIP technologists. Furthermore, NIP is in receipt of new instruments (MGIT 960s) and ASM will play a key role in ensuring that NIP technologists are proficient in using this equipment, as well as assisting with the expansion of TB laboratory capacity two two new sites, Walvis Bay and Oshakati. The ASM consultants will further assist NIP with the a planned TB drug sensitivity testing survey.

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

Targets

Target	Target Value	Not Applicable
Number of TB patients who were counseled and tested for HIV and received their results		☑
TB tests performed (Number)		☑
Persons trained in TB/HIV surveillance (Number)	68	☐
NIP staff trained on smear microscopy (number)		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Indirect Targets

INDIRECT TARGET: 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: 741,805

Target Populations:

Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Tuberculosis Control Assistance Program
Prime Partner:	Royal Netherlands Tuberculosis Association
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8040
Planned Funds:	$ 1,048,466.00

Activity Narrative: This activity links directly to the support provided by CDC (# 7974), ITECH (# 7353), Potentia (#7342), and NIP (# 7971) to improve TB/HIV implementation. This activity leverages $1.5 Million in USAID TB Resources to strengthen implementation of community based DOTS, MDR-TB mgmt, infection control, and also mobilizes $19.3 Million in resources from the GFATM (R2 and R5) to support overall implementation of the objectives outlined in the MTP-1 for TB.

Despite resources in basic TB control and prevention (and HIV control), the burden of TB and TB/HIV co-infection remains one of the highest in the world in Namibia. WHO estimates that 61% of all TB cases are HIV+. Greater efforts are needed to improve coordination and implementation of TB and TB/HIV collaborative programs at the national, regional, and district levels. HIV testing and counseling of TB patients is reported in 2005 (NTCP) at only 16% of registered patients, with a range of 0%-80% in districts – still falling short of the 90% target. The NTCP aims to offer CT to all TB patients (and test 90% of them) and provide access to CPT and ART for all eligible patients. The main problem has been lack of counselors in the TB clinics and wards, and the failure of health workers to offer HIV testing to TB patients under their care, or ask them about their HIV status. To date, there has been no established forum to discuss TB/HIV collaborative activities within the Directorate of Special Programs and other partners (in public and private sector) As a result implementation of activities is uncoordinated, fragmented and M&E systems are operating in isolation.

TBCAP activities will intensify TB/HIV collaboration at all levels, securing critical planning, coordination, and technical assistance through MSH and KNCV, two of the partners in the TB CAP coalition. This activity will create effective management and coordination between HIV/AIDS and TB Control, through implementation of district level TB/HIV coordination meetings across the country. These routine meetings will provide a platform for in-service training on the newly revised NTCP guidelines focusing on TB/HIV activities needing to be implemented. NTCP national officers will assess TB/HIV needs in 34 districts across the country, and sensitize and train health care personnel in districts to organize and implement TB/HIV services. These services will include improving the coverage of CT and HIV tests for TB patients or suspects, screening PLWHA for TB, improving coverage and follow-up of IPT and CPT for HIV patients, and increasing quality of care for TB/HIV patients (through early detection, diagnosis, and treatment, and stronger coordination between facility and community home based care partners). Three regions (Kavango, Khomas, and Karas) with high TB CNR and HIV prevalence will be the focus of intensified TB CAP TBHIV support in this first year.

These regions will improve community and facility level care for TB/HIV patients through stronger bi-directional referrals and linkages between facility-based health care providers, community based health care promoters, and palliative/home-based care volunteers in Kavango, Lüderitz, and Windhoek. TB/HIV resources will be used to train existing community care partners, ensure clinical supervision and support to 1400 volunteers, and alleviate critical human resource constraints at the national and district level by filling 2 key TB/HIV nursing positions in the TBHIV referral hospital, Katutura, and hiring 3 TB/HIV sr health program administrators in Karas, Omaheke and Kavango regions. These regional posts are part of the Ministry approved staffing structure, will be supported under the Emergency Plan at Ministry approved salary levels, and will be transitioned to the Ministry for future absorption.

TBCAP will also support application of a Management and Organizational Sustainability Tool for TB/HIV Collaboration (MOST TB/HIV) for 30 TB-HIV health workers to support comprehensive TB/HIV care for the dually infected patient. The MOST TB/HIV tool is a participatory process that will involve 30 senior TB/HIV program mgrs in assessment, action planning and follow-up to improve collaboration between TB and HIV/AIDS programs, which have to date not been well coordinated. The process focuses on strengthening management systems to support the mechanisms for collaboration, and interventions needed at different levels of the health system to support the diagnosis, care and treatment of dually infected individuals. The action plan will minimize the burden on patients faced in accessing free services through better coordination, planning, implementation, and M&E at different levels of the system.

TBCAP will work in collaboration with CDC to improve recording and reporting systems for

TB/HIV, through basic training of nurses in computer applications that will reinforce their ability to use the ETR NET. TB/CAP resources will also support printing of TB/HIV forms and registers for nationwide use. Simple infection control measures will be reinforced through districts, and further IPT will be scaled-up to PLWHA and eligible patients in CDCs and contacts of infectious TB patients -- especially children under 5 years and HIV+ adults.

Since 2002, The Royal Netherlands Tuberculosis Foundation (KNCV) has supported the National TB Control Program (NTCP) in the Ministry of Health and Social Services. External and resident technical KNCV assistance to NTCP has led to: a) Successful Global Fund proposals (2nd & 5th Rounds), b) Formulation of the 5 year National TB Strategy (TB-MTP I) with TB/HIV as one of the Strategic Outcomes, c) Formulation of the HIV/AIDS strategic plan mainstreaming TB (HIV/AIDS-MTP III); d) Publication of the revised TB Guidelines (2nd ed), emphasizing TB/HIV implementation & MDR-TB management, and nosocomial infection prevention. e) Adaptation of the TB reporting system to include information on TB/HIV (counseling and testing, CPT and ART); and e) Successful leveraging of USAID DA funds for strengthening community based DOTS expansion and overall NTCP management and coordination capacity.

In FY07, USG resources will continue to support long-term TA through a physician with TB/HIV expertise from within the Africa region in TB/HIV and NTCP planning and management issues at the national level, as well as provide full-time support for TB-HIV integration activities. Through this TA support will be given to training of approximately 120 health care providers throughout the country (doctors and nurses) on TB/HIV co-management (clinical prophylaxis and treatment for TB to HIV infected individuals, in collaboration with I-TECH with funding from another COP grant. Health care providers will be supervised to provide care and treatment in a non-discriminatory and patient supporting environment (See I-TECH activity #7353).

An additional $948,000 will be leveraged from USAID Development Assistance (DA) funds to support expansion of community based DOTS (Directly Observed Treatment Short-Course) in Erongo region, the region with the highest burden of multi-drug resistant (MDR)-TB in Namibia.

In addition support will be given USG resources 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.

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.

COP 07 plus up funds will build capacity to implement, sustain, and monitor effective TB infection control practices.

Continued Associated Activity Information

Activity ID:	4436
USG Agency:	U.S. Agency for International Development
Prime Partner:	Royal Netherlands Tuberculosis Association
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 118,000.00

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB patients who were counseled and tested for HIV and received their results		☑
TB tests performed (Number)		☑
Persons trained in TB/HIV surveillance (Number)		☑
NIP staff trained on smear microscopy (number)		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	47	☐
Number of HIV-infected clients given TB preventive therapy	2,000	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,580	☐

Target Populations:

Adults
Community-based organizations
HIV/AIDS-affected families
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Seafarers/port and dock workers
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Public health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

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: $ 7,404,702.00

Program Area Context:

The USG Ophans and Vulnerable Children (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 Namibia National Plan of Action for OVC (NPA: 2006-2010). 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 2001. The overall goal of the National Plan of Action is: To scale up a national OVC response by implementing 5 Basic Strategies in order to provide essential care and support to OVC (~ one fifth of all children in Namibia) most in need. The 5 Basic Strategies in the NPA are: Rights and Protection; Education; Care and Support; Health; Management and Networking.
Target Population as of 2006 is ~177,000 OVC (includes child-and-elderly-headed households), 75% of which are orphaned due to HIV/AIDS;
Target Population by 2021 is ~ 250,000 OVC

In FY06, focused efforts to include child participation and involvement of OVC in USG program design, planning, and evaluation continued. The USG and UNICEF supported Namibia's fourth annual national OVC conference to share lessons-learned across partners and included a special session to hear the voices of OVC. Critical topics such as progress in meeting deliverables of the NPA and greater involvement of OVC in program planning, implementation, and evaluation were discussed. Other important events for Namibia included hosting the USG Regional OVC Leadership Forum, and implementing a Care and Treatment Workshop in July 2006 which tackled how partners could integrate prevention, care, and treatment services to OVC and families. Recommendations from these meetings, and final OGAC OVC guidance led to formulation of FY07 HKID activities that have a stronger family centered approach to integrating OVC care and prevention strategies at a community level.

In FY06, at the national level, the USG leveraged core resources from USAID/W to a M&E workshop with key partners, stakeholders, and donors. The workshop led to consensus on a draft National Monitoring and Evaluation Plan which selected appropriate M&E indicators within the context and resource constraints of Namibia. The USG requested further assistance from USAID/W to translate the M&E plan at a national level into actual programmatic outcome indicators that would eventually allow USG partners to support the strategic priorities outlined in the NPA. This "harmonization" process was facilitated by a local consultant who took the NPA and the OGAC OVC guidance and worked intensively with partners to identify a standard set of outcome indicators to measure quality by core service area at the outcome and output level. The consultant also worked with USAID/W and FHI/W to support development and field testing of a facilitation guide that could aid other countries to bring partners together and achieve consensus on standards for quality improvement. These achievements will allow OVC partners in FY07 to deliver direct services to OVC and improve the quality of activities.

Another important exercise in FY06 was for the USG to leverage resources from UNICEF and USAID/W to conduct a human resource capacity assessment/gap analysis to allow targeted technical support to the MGECW. It is anticipated that core funds from both the Health Policy Initiative and CAPACITY/Intra health will be used to develop and field test a tool to allow Namibia and other countries to improve current human resource allocations, analyze bottlenecks in the implementation of NPAs, and come up with recommendations to accelerate progress in NPA implementation.

In FY07, much of this groundwork will allow the USG to provide targeted assistance to the MGECW and improve the quality of direct services rendered to OVC. USG partners will receive critical support from PACT to improve programmatic monitoring and evaluation, and strengthen coordination and partnership with regional OVC forums. USG will staff a few key positions in the MGECW based upon the human resource capacity assessment/gap analysis mentioned previously, and improve MGECW coordination and implementation capacity. USG support for an OVC database will also allow OVC partners across the country to register, monitor, and track exactly what kinds of services are rendered to OVC, in addition to improving

the MGECW's capacity to advocate for increased resources from the government. The tool will also serve as a means for partners, donors, and the MGECW to leverage resources from one another and provide comprehensive care and support to OVC.

USG funded partners will strive to work with OVC so that they can find their own solutions and take ownership for their future. Project HOPE will target OVC and OVC headed households to improve their access to IGAs and economic strengthening (in addition to supporting OVC caregivers, particularly grandmothers). ORT will provide older OVC with vocational, life-skills, and leadership training, and also link them to direct care, support, and treatment services. AED will continue to expand access to basic primary education for young OVC, and emphasize reducing the vulnerability of girls who are heading households or victims of violence and abuse. Teachers in the workplace will be targeted to ensure that schools are safe environments to learn and grow, rather than sites for sexual assault, cross-generational, or transactional sex. Small grants from AED to families and communities will ensure that schools with highest concentration of OVC have greater opportunities to improve enrollment, retention, and learning opportunities. Sub-grantees under PACT and CAFO will work together to facilitate community responses that build local capacity and sustain meaningful interventions to meet the physical, economic, social and/or emotional needs of OVC. Strategic wrap-arounds will also be leveraged with the Global Fund and World Food Program to address child malnutrition, equip vulnerable schools with counselors, and provide 110,000 OVC with nutritional support. In cases where adequate nutritional support is not available, partners will work with local communities to support food and nutrition for OVCs, but strive to identify more sustainable solutions. All USG funded partners will register OVC and improve their access to social welfare grants provided by the MGECW. Given anecdotal evidence of OVC being mistreated by their relatives when there is money involved, an assessment of the effectiveness of these social welfare grants is proposed under for FY 07.

All USG funded OVC efforts will enable 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 approaches to care and support for 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. New partnerships will also be sought to reduce gender based violence, vulnerability, and abuse of OVC.

Program Area Target:

Number of OVC served by OVC programs	44,891
Number of providers/caregivers trained in caring for OVC	5,596

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7400
Planned Funds:	$ 867,915.00

Activity Narrative: This activity links with the education workplace prevention activities proposed for FY07 (AB 8500 and OP 7460). The goals are to ensure that all OVC attend school and are not deterred from full participation in an environment free from stigma and discrimination. The activity directly supports one of the 5 core service areas outlined in Namibia's OVC National Plan of Action providing basic educational opportunities for OVC, while strengthening their transition to become healthy, productive and participatory members of Namibian society. Since FY05, the Academy for Educational Development (AED) has improved the delivery of quality education for OVC in primary school and strengthened community mobilization efforts to keep them in school and improve their overall educational performance. In close partnership with the Urban Trust of Namibia (UTN), AED has provided small grants to reach over 6,370 OVC in 39 schools since inception of the program. Support is concentrated within the six target regions of Namibia burdened with the highest number of OVC. (According to a baseline survey done by AED in FY05, approximately 44,000 OVC were living in these 6 regions -- representing 64.67% of Namibia's current total OVC population).

In FY07, AED plans to provide direct support to 12,000 OVC and 2,000 caregivers through $425,000 in small grants developed in collaboration with schools, parents, and communities that have identified OVC most in need. Basic school related costs will be subsidized (school uniforms, books and fees), psycho-social support (counseling, peer education, etc), prevention counseling and overall health improved (referrals and access to health services), and educational support administered (after-school tutoring, supplies, and teacher training) with the ultimate goal of keeping OVC successfully in school through the end of Grade 7. UTN Community Based Trainers (CBTs) and Education Region Circuit Teams (CSTs: Inspectors of Education, Advisory Teachers and Resource Teachers) will monitor grant projects and ensure that the quality of support and training provided to OVC, community members, and caregivers is maintained and improved. AED will also prioritize the enrollment and retention of vulnerable girls in school, ensure referral to child protection units and care in cases of gender-based violence, and develop linkages to safe social spaces for young girls to receive shelter, counseling, protection, and access to post-exposure prophylaxis. AED will also strengthen local capacity to leverage resources from within the community, private sector, or local government. AED will help grantees develop transition strategies to ensure sustainability of activities. Any nutrition support will be short-term and implemented only when there are gaps in government feeding programs, and where there are no MOE or MGECW school-based nutritional support activities to avoid duplication.

As a complement to direct OVC support through small grants, AED and UTN will target vulnerable schools that have an enrollment of 30% or more OVC to receive grants that provide for relief teachers, assist OVC to access MGECW social welfare government grants, mainstream HIV/AIDS life-skills and prevention training into curriculum. FY06 activities that were initiated in the first 50 schools will be assessed for effectiveness, adjusted as needed, and continued with support in FY07. An additional 15 schools will be added in FY07 to provide $200,000 in education related grants for a total of 65 highly vulnerable schools.

FY07 support through AED will also strengthen referral systems to and from prevention and care services. OVC and their families/caretakers will be linked to counseling and testing, in addition to prevention programs. AED will also obtain referrals from such sites to support children of parents, families, or other caretakers that are living with HIV/AIDS. Key USG funded partners working in the same regions will collaborate to enhance quality of OVC support mechanisms and extend coverage according to the core service areas outlined in the OVC National Plan of Action for Namibia. AED and UTN will work with the Nawa/JHU Sports for Life (SFL) program to include OVC in sports and group activities. Similarly, AED will work with DAPP) TCE Field Officers located in the circuits and regions where OVC school grant programs are in place to provide community members with additional skills and strategies to cope with the impact of the epidemic on students. AED will provide support to older girls to reduce peer and societal acceptance for cross-generational sex and ensure collaboration with Engender Health (Activity 8030) to obtain technical assistance and training on addressing male norms and behaviors in the school environment. AED will continue collaboration with Catholic Aids Action peer educators and counselors working at the Sam Nujoma Multi-Purpose Center in Ongwediva to support after-school tutoring and provide a venue for psycho-social support activities. AED will work leverage MOE school counselor training and OVC psycho-social support in grant schools.

AED will continue operational research to evaluate the effectiveness of interventions on

learning outcomes. The research will collect current, as well as longitudinal data to assess the relative impact of these interventions (school feeding, uniform and material provision, after-school activities, mentoring and tutoring activities, psychosocial support and counseling, etc) on school retention, quality of learning experiences, and learner performance. The information gained from this research will permit targeted programming of Emergency Plan, Global Fund, MGECW, MOE, and NGO funding. AED will also continue to work with the Educational MIS (EMIS) to ensure that newly added OVC data fields are accessible to Regional Education Office Planners, Inspectors of Education, and other GRN and NGO partners for planning and implementation of OVC support activities. Currently the EMIS system is not available to Regional Education Offices. This activity will leverage $50,000.00 in Presidential Africa Education Initiative funding.

Continued Associated Activity Information

Activity ID:	3781
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,037,743.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	12,000	☐
Number of providers/caregivers trained in caring for OVC	2,000	☐

Target Populations:

Community-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers
Teachers
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: Track 1
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7401
Planned Funds: $ 218,797.00

Activity Narrative: BACKGROUND

FHI has been implementing a Track 1 program, Community Faith-Based Initiative for Vulnerable Children (FABRIC), in Namibia, South Africa and Zambia since FY06. Utilizing a family-centered response, the program has provided comprehensive care and support services to OVC in the three countries. In Namibia, FHI's main sub-partner is the FBO, CAFO: Church Alliance for Orphans. CAFO provides capacity-building, training, policy formulation, and small grants to local church congregations and FBOs who will provide direct care and support services to reach 1000 OVC during COP 07. Quality-of-care will be assured through a rigorous M & E system, and the requirement that all OVC served must receive at least three of the following: psycho-social support, supplemental food and nutrition; educational support services, improved household economic strengthening, improved access to health care services, improved security and child rights. Training of caregivers and volunteer-providers from congregations will concentrate on methodologies that promote self-sufficiency in the above areas, and in the management of their programs. In six regions, the sub-grant recipients have been tentatively determined: Kavango, Omaheke, Erongo, Otjojondupa; Hardap, and Karas. Care is taken to provide services where there are no other USG providers. One or two additional or alternative sites may be selected, e.g. in Khomas region and/or Kunene. The major components of the Namibian portion of this regional program are:

1. Capacity building – both of CAFO and their small grant recipients
2. Collaboration and coordination with government and existing government programs for the provision of quality support to OVC; and
3. Effective monitoring and evaluation (M&E).

ACTIVITY

In FY07, this activity will link with PACT to build overall organizational capacity of CAFO and subgrantees. PACT will strengthen CAFO's management capacity at the national and regional level, while FHI improves CAFO's overall technical knowledge and skills in OVC programming. This strategic partnership will also enable human resources to be leveraged across partners, and increase effective coordination and sustainability of OVC programs of CAFO member organizations. PACT will work with CAFO to strengthen the capacity of their sub-grantees in project and financial management, while FHI supports OVC technical areas, and M&E to enhance quality of OVC activities. This support (already begun) will include training, supportive supervision and mentoring/twinning across partners, and will provide local partners with skills to set priorities/target services, expand coverage, improve quality, and work to reduce stigma and discrimination.

In FY07, CAFO will expand and strengthen current OVC services by integrating OVC care with home-based care and prevention services. Through community mobilization, training of caregivers and community leaders, and coordination and policy formulation with local government authorities and community leaders, CAFO sub-grantees will provide OVC with psychosocial support, access to educational programs, and food/ nutrition support (if warranted based upon a nutritional assessment), with referrals and linkages to other partners, improved access to basic health care, life skills, and critical linkages to livelihood opportunities (e.g., income-generating activities and access to entitlements and grants). CAFO currently chairs the National Subcommittee on Care and Support under the OVC Permanent Task Force, and will continue to work vigorously to ensure the registration of all OVC under the Ministry of Gender Equality and Child Welfare, and promote the access to social grants by eligible OVC wherever possible. Beyond government-determined criteria, local partners will also define and target the most vulnerable populations, identify local resources, advocate with local authorities and communities to develop linkages with other services over the life of the project and map out strategic referral points and partnerships. FHI, CAFO, and local partners will also work closely with local religious and traditional leaders, as well as government partners, including the district and regional authorities, to ensure they are supportive of project activities, lead trainings when feasible, and link projects to appropriate services. It will be through these linkages and referrals that the broader needs of the OVC, their caretakers etc. are met (i.e. programs for addressing economic vulnerability, micro-credit, food security and improved access to health services, etc). Although the direct targets and beneficiaries will be the OVC, the program will work with, train and collaborate with many others: members of households, PLWA, caregivers, community leaders, volunteers, religious leaders as well as government

counterparts in health and other sectors. For the first time, the training will systematically integrate prevention-education, counseling and testing, medical referrals with follow-up verification, and pediatric treatment–adherence counseling. It is envisioned that some of CAFO's sub-grantees will work with specific OVC groups, such as child-headed households, the San community, and out-of-school youth. Four current CAFO sites also have US Peace Corps (currently one under FABRIC) volunteers working with them, CAFO hopes to expand partnerships with and improve capacity. In efforts to address issues of stigma and discrimination and promote HIV prevention-education, the project will also work with a variety of groups, community leaders, FBOs, child care forums, family members, etc. in order to create a positive and enabling environment for OVC, respond to the best interest of the children, and facilitate a supportive social context. In conjunction with other partners, CAFO plans to focus on gender issues (specifically, protection against abuse). An additional component, critical to the success of the OVC program, is effective and reliable data collection systems for monitoring and planning. In its first year of funding, in conjunction with USAID and other partners, this project created an improved M&E project database and began training all sub-grantees on how to monitor and report on their programs, and inform current and future activities. Further strengthening of this process is anticipated, especially in conjunction with the national OVC data-base that is envisioned for Namibia under the Ministry of Gender Equality and Child Welfare. Project staff will work closely with government counterparts to ensure that the data collected is in line with USG and GRN strategies and expectations as well as compatible and able to feed into existing systems. Tied to this process will be the registration and promotion of child welfare grants, where applicable, and the promotion of additional mechanisms – through public policy and/or regulatory changes – to extend these grants to needy OVC not currently eligible for technical reasons – e.g. because they lack the death-certificate of one parent, are in child-headed households (and therefore do not have a responsible adult in the household to sign for the grant), etc.

EXPECTED RESULTS

The following intermediate results will be accomplished during COP 07 in order to achieve the program's goal of improving the quality of life for OVC):

- Reach 1,000 OVC through increased community-level services.
- Strengthen the capacity of CAFO, its member organizations, and its sub-partners to effectively coordinate and sustain programs of local level.
- Enhance skills and knowledge of 150 people through direct training.
- Increase provision to beneficiaries of Child Welfare Grants through the Ministry of Gender Equality and Child Welfare
- Increase partners' capacity to collect, manage and use data for program improvement and to identify under-served areas in need of OVC services.

Continued Associated Activity Information

Activity ID:	3780
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	Track 1
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,000	☐
Number of providers/caregivers trained in caring for OVC	150	☐

Indirect Targets

To the extent that the legislative/policy formulation work is successful, many other children and their caregivers – not only those served through CAFO – will benefit. Church and community leaders (mostly men) are another indirect target because they will be involved in the community-mobilization and implementation efforts at the local level. It is anticipated that they will apply their learning and increased sensitization to other arenas of their work, as well.

Target Populations:

Adults
Street youth
Orphans and vulnerable children
People living with HIV/AIDS
Girls
Boys
Out-of-school youth

Key Legislative Issues

Stigma and discrimination

Food

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Wrap Arounds

Microfinance/Microcredit

Education

Coverage Areas

Erongo

Hardap

Karas

Kavango

Omaheke

Otjozondjupa

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7410
Planned Funds:	$ 660,640.00

Activity Narrative: The overall goal of Organization for Resources and Training (ORT) is to enhance the lives and development of OVC in the Hardap, Khomas, and Otjozondjupa regions. The main cities of Windhoek, Rehoboth, and Otjiwarango were strategically chosen in these regions, to obtain maximum collaboration between ORT and local governmental and non-governmental structures. Each city is a hub for transport, trade, or services – but suffers from high HIV prevalence, a significant OVC population, alcoholism, violence, and poverty.

Since last year, ORT activities within these cities have focused upon the following key objectives:
1. Increasing access for OVC and their household members to quality vocational skill training:
ORT is working with KAYEC, an NGO specializing in vocational skills training and youth development in Windhoek, Namibia's capital. Many people living with HIV/AIDS come to the city in search of medical services, including OVC seeking basic survival and/or employment. ORT enhances KAYEC's capacity to target and train OVC in marketable skills such as bricklaying, plumbing, carpentry and information technology. The vocational skills training courses developed by KAYEC conform to the National Vocational training guidelines, giving graduates recognition from the National Training Authority. KAYEC courses are short, resulting in less drop-out, with the majority of trainees from Katatura (one of the poorest towns in Windhoek). Since last year, 548 young female and 404 young male OVC have received support, and 80% now generate an income for themselves and their families. Professions which were typically dominated by men are now more accessible to women, and in FY07 trainees will receive targeted HIV/AIDS prevention, care, and treatment information. ORT will link KAYEC to other USG funded NGOs and support referrals for trainees to access counseling, testing, and treatment services through tracking forms and an on-site social worker to monitor progress. Health education sessions will be provided at the center, and ORT will seek linkages between KAYEC, Project Hope, and Engender Health to ensure that orphaned girls' vulnerability to sexual abuse, rape, exploitation, and HIV is addressed.

Another partner in vocational skills training is the government-funded Community Skills Development Center (COSDEC). Located in Otjiwarango, a popular stopping off point for truckers, COSDEC provides training services at a highly subsidized fee. Since last year, ORT has provided management and capacity building support to COSDEC, upgraded the quality of vocational skills training courses, and established strong partnerships with other NGOs and community members in Otjiwarango to ensure that OVC and caregivers can access training courses. In FY07, ORT will negotiate further with COSDEC to tailor vocational training courses for caregivers and OVC, share curricula used by KAYEC on HIV/AIDS prevention, care, and treatment, and work with COSDEC to decrease or excuse course fees for OVC and caregivers. ORT will also link COSDEC trainees with HIV/AIDS prevention, care, and treatment services via on-site support, supervision, and referral tracking through a VSO volunteer at COSDEC.

In Rehoboth, a town with high poverty and alcoholism, violence against women, and overall local government neglect, ORT has been working steadily with the Rehoboth Aids Association (RAA) to develop a vocational skills training strategy currently under consideration by COSDEC. The RAA is an umbrella organization that brings together various entities in the community (FBOs, CBOs, Ministries, schools, businesses and the Town Council) for HIV/AIDS planning and coordination. In FY07, ORT will support COSDEC to work with the RAA and implement vocational skills training courses in Rehoboth by sharing lessons learned and experiences from KAYEC. ORT will also link COSDEC with Engender Health and make a concerted attempt to include more female and OVC headed household participants in trainings, in addition to accessing critical HIV/AIDS prevention, care, and treatment services through referrals and tracking.

2. Fostering Youth Development for in and out-of-school OVC: ORT supports KAYEC to implement an internationally recognized International Youth Award (IYA) program in Windhoek, Rehoboth, and Otjiwarango. Since last year, IYA has provided 477 girls and 289 boys with a tiered life-skills training program, tied to certificates which recognize youth for their achievements. By participating in the IYA, OVC improve their ability to express themselves and take up leadership positions within the program and in their communities. OVC that were in-school received academic support and improved their

overall school performance. Out of school OVC were linked to the vocational skills trainings and became more marketable. Through the IYA and monitoring of social diaries, OVC were linked with further psycho-social, counseling, or health support. IYA adult supervisors and volunteers monitored progress, and provided additional referrals to services as needed. In FY07, this program will continue to improve the leadership, self-esteem, and courage of OVC through formal recognition of achievements in sports, skills, community service, and expeditions. IYA trained staff will spend time with children and provide them with a safe and nurturing environment to discuss HIV/AIDS prevention, care, and treatment and how to access services. IYA staff will conduct home visits and also link families with HIV/AIDS prevention, care, and treatment services.

3. Developing local organization capacity: ORT is building the management, organizational, and human resource capacity of KAYEC, COSDEC, and RAA. Since last year, ORT has sensitized these organizations to become more accessible to OVC and their caregivers, built critical linkages within the community and municipality to foster a strengthened HIV/AIDS response, and improved the overall quality of services offered by these partner organizations. For example, KAYEC and COSDEC have strengthened their monitoring and evaluation capacity, COSDEC has formally adopted policies to support more OVC and caregivers, and RAA has developed a constitution that articulates its mandate and has prompted the local Municipality to commit more resources towards OVC. ORT has also participated in a networking exercise to assist RAA with the development of a booklet of service provider organizations in Rehoboth. In FY07, ORT plans to continue to work directly with these organizations and the municipality to leverage resources, facilitate collaboration and action on HIV/AIDS between local government authorities and civil society organizations, and monitor how capacity is strengthened by comparing progress against an initial baseline organizational capacity assessment conducted last year.

Overall, ORT will continue to strengthen capacity of KAYEC, CODEC, and RAA and improve linkages with other USG funded partners (i.e. Project Hope, PACT, CAPACITY, Engender Health) to provide comprehensive quality services to OVC. ORT will also reduce orphaned girls' vulnerability to sexual abuse, assault, and exploitation through development of strategic partnerships with Engender Health, a new NGO that will be supporting USG and the Ministry of Gender Equality and Child Welfare to address gender norms, gender based violence, and reduce vulnerability of girls to HIV/AIDS.

Continued Associated Activity Information

Activity ID:	3782
USG Agency:	U.S. Agency for International Development
Prime Partner:	Organization for Resources and Training
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 615,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,540	☐
Number of providers/caregivers trained in caring for OVC	350	☐

Indirect Targets

An estimated 12,080 will benefit from either increased income in the household or from more positive young people as role models in their household. In addition, 2,780 people will benefit from the building of capacities of the three community organizations (RAA, COSDEC and KAYEC) and by training Caregivers.

Target Populations:

Adults
Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Gender

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Volunteers

Wrap Arounds

Coverage Areas

Hardap

Khomas

Otjozondjupa

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7415
Planned Funds:	$ 3,903,594.00

Activity Narrative: USG has been working with churches, their faith-based affiliates and relevant line ministries to implement OVC programs since 2001. In FY07, PACT will continue to provide funding to OVC partners focusing on strengthening community and family systems to sustainably and effectively deliver quality services to OVC. PACT will strengthen organizational & technical capacity of partners, & work with the MGECW to coordinate efforts with regional OVC forums. Pact will map service delivery sites, linking famlies to pall care, tx, & prevention programs which enable OVC & remaining parent/guardians to access testing, tx, & care. PACT grantees will link to ACQUIRE (#8030) to reduce vulnerability of female OVC, & AED's education program under MOE to access small grants for OVC in overlapping service sites. PACT will access technical assistance to organizations through national & regional sources, & foster networking & formation of an OVC technical working group among partners. Overall achievement of program goals & linkages to nat'l systems will be monitored, with the goal of sustainability of interventions. At the nat'l level, PACT will participate in the OVC Permanent Task Force & provide capacity building support to the MGECW's Child Allowance Division. PACT will fund a few key positions recommended by a USAID-UNICEF assessment/gap analysis, provided that the positions are approved by the MGECW & fit within the overall GRN structure. Over the long-term, the positions will be absorbed by the MGECW. PACT will support the MGECW to assess the effectiveness of their social welfare grants, & support the development of a national database to register, track & support services rendered to OVC.

The partners below form a core group that aims to ensure OVC have access to quality services & are provided with counseling & other opportunities to improve integrating effectively into Namibian society. PACT will establish consensus among USG implementing partners on what is quality OVC service, how to measure partner's performance in delivering OVC services, & ensure consistency & minimum standards are met across partners in collaboration with MGECW. PACT will coordinate leveraging support across sectors to include agriculture, shelter, education & legal services. The range of services & strategies planned for FY07 are as follows:

1.At the regional level, 2 Lutheran partners, ELCAP and ELCIN, will continue to serve OVC as an outgrowth of their existing home-based care programs. Both organizations have trained their volunteers to identify most vulnerable OVC & provide them with psychosocial support & grief counseling. In FY07, ELCIN will serve 2500 OVC (primarily in the north) focusing on the following objectives: registration of OVC; train/retrain 725 volunteers in psychosocial support; mobilize church & congregant resources in their communities; work with traditional leaders to leverage communal land for agricultural activities; & support micro-finance projects with other USG partners (Project Hope #3779). ELCAP will build the capacity of an additional 113 family & community caregivers (primarily in the central & southern regions of the country) to provide psychosocial support, counseling & referral, & direct material aid to 1,500 OVC. It will train information providers, community leaders, traditional leaders & local resource people on the rights of disadvantaged OVC in Namibia to increase OVC access to free education, healthcare, & social grants, & will organize self-help projects within communities.

2. CAA is Namibia's largest provider of community-based support to OVC, reaching 17500 OVCs in FY07. Psychosocial support, supervision, & advocacy will occur through trained volunteers at the community level, supervised by CAA full time staff. In FY07 a WRAP AROUND F&Nprogram with WFP will provide supplemental food for 20,000 OVC. 9,000 children will receive school uniforms. CAA begins supporting children before they are orphaned, helping HIV+ parents with their planning & transition. Once a parent dies, CAA continues to work with OVC caregivers in the community to provide support. This includes referrals for medical intervention, education, supplemental food, support groups, after-school programs, grief counseling, & advocacy. In FY07 CAA, in collaboration with other USG partners & the MGECW, will implement, monitor & evaluate minimum standards for volunteer visits to OVC in home, community & hostel settings. CAA's Saving Remnant program, which provides scholarships to OVC to access higher education through wrap-around resources, has placed 300 "best and brightest" OVC into secondary education.

3. PT provides OVC support through peer education, psychosocial support/structured group therapy, experiential learning, & youth leadership. Following on FY05/06 activities, in FY07 PT will train 120 group leaders (48 in psycho social support & 72 in counseling & group therapy). The Youth Leaders will run 15 kids clubs, which will emphasize overcoming fears & loss while imparting life-skills & knowledge of HIV prevention & care. The Youth Leaders will reach 2,207 OVCs through Kids Clubs, which meet biweekly or monthly to address needs & organize recreational activities.

4. CAFO assists congregations to develop OVC programs within communities. Currently, CAFO works with 360 member congregations to build capacity by training 100 members on small grants management & advocacy. In FY07, CAFO will serve 1500 OVC with small grants & train 50 individuals & organizations in strategic information, oversight, & project management.
5. TKMOAMS will train 38 volunteers, caregivers, & community counselors to reach 1,500 OVC with psychosocial support, life skills education & supplemental food in 4 north central regions. They will provide school uniforms as needed, run day camps, & offer vocational training to OVC. To ensure sustainability, TKMOAMS will support some OVCs & PLWHA to start up IGAs.
6. The Rhenish Church (RC) will provide assistance to OVC in Erongo, Hardap, & Khomas – covering all the Rhennish congregations in Namibia. By training volunteers as caregivers, promoting full OVC educational enrollment, & building the capacity of 12 local churches, it hopes to directly serve 200 OVCs. 120 volunteers will be trained in OVC care & HIV prevention (links to A/B).
7. AFM will continue providing in depth & qualitative services to OVCs through its cadre of 100 trained OVC coordinators & volunteers, trained in psychosocial support for OVC & in functioning as role models & mentors to community caregivers. AFM expects to serve 300 OVCs through its 3 Hope Clubs.
8. The Sam Nujoma Multi-Purpose Center will serve 360 OVCs through educational tutoring, organized recreation & sports, youth empowerment, HIV prevention, food/nutrition support, & vocational training. 60 trained caregivers will be trained to provide support, monitor referrals, & link OVC to health, social welfare, & legal services. Additional $55,000 will provide more in-depth training on monitoring and evaluation for OVC activities.
Additional COP 07 Plus up funds will allow PACT to address some of the key recommendations that arise from a May 2007 HR Assessment of the capacity of the Ministry of Gender Equality and Child Welfare to implement the National Plan of Action for OVC. Activities such as filling immediate HCD gaps with short-term on-the-job training and long-term pre-service degree training (e.g. bursaries for degrees in social work) will be undertaken. Additional technical assistance, capacity building, and HR support will be provided to the MGECW to fill social work positions at the national and regional level, and enable a greater number of OVC to access the MGECW's social welfare grant system. Resources will also be used to support stronger private partnerships between NGOs under PACT and the business sector, and tie approximately 200 OVC to the job market.

Continued Associated Activity Information

Activity ID:	6471
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Community REACH
Funding Source:	GHAI
Planned Funds:	$ 2,408,694.00

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, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	29,267	☐
Number of providers/caregivers trained in caring for OVC	2,726	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Food

Education

Addressing male norms and behaviors

Increasing women's legal rights

Microfinance/Microcredit

Coverage Areas:

National

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:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7416
Planned Funds:	$ 861,679.00

Activity Narrative: For the past one-and-a half years, Project HOPE has been implementing the Sustainable Strengthening of Families of Orphans and Vulnerable Children program; an economic strengthening through micro-credit activity integrated with OVC education, in the Oshana and Omusati regions of Namibia. According to a 2001 UNICEF OVC Situational Analysis, these two regions have the highest concentration of OVCs in Namibia. Since inception of the project, more than 400 women have accessed loans, successfully participated in small business and management training, and managed to secure seed funds to earn a small income for meeting basic needs of OVCs and families. With a loan repayment rate of 97% and intensive on-site supervision and support, many women have gradually expanded the scope of their loans to initiate small businesses (women often start off by obtaining loans for basic survival, and eventually move on to selling items in the local or regional market). At the beginning of 2006, Project HOPE conducted a baseline survey of 250 OVC and caretakers in both regions to identify priority needs across households responsible for care and support to OVC. The results of the survey validated the concern that most caregivers cannot afford to access basic health services, food/nutrition, or maintain OVC in school. Caregivers lack resources to obtain birth and death certificates and become ineligible to receive government social welfare grants that require such essential documentation. One important finding from the baseline survey was the surprisingly high age of many OVC caretakers, with 54% of them 60 years of age or older.

As a result of this baseline, Project HOPE proposes to expand provision of economic strengthening opportunities to the most vulnerable of OVC caretakers, namely OVC heads of households and elderly OVC caretakers. The current Village Health Fund (VHF) approach that provides small-scale loans to groups of women to start or expand their income generation activities has about 10% of existing loan recipients that are aged 60 or above. While continued expansion of the VHF approach will reach additional elderly OVC caretakers, many more are not taking advantage of the opportunity and require additional adaptations in the approach and greater assistance. Therefore, a more concentrated and targeted effort to reach these elderly OVC caretakers and OVC heads of households is needed.

Through this new expansion, Project HOPE will increase coverage in FY07 to reach an estimated 300 additional elderly OVC caretakers (60 years and older) and/or OVC heads of households with economic strengthening opportunities to generate improved incomes and financial resources.

The project will begin by utilizing the existing network of VHF participants and the 60 community volunteers across 20 villages to assist in identification of the elderly OVC caretakers in their area as well as any OVC heads of households. Other partners such as the Ministry of Gender, Equality, and Child Welfare, and organizations such as CAA, EASA, TKMOAMS, RACOC, LL/CL, Yelula will help identify potential participants. Thereafter, the project will solicit input from potential participants to inform the specific elements of the project activities. Seed capital will be provided to participants in the forms of lease to own and or start up loans. At the same time, Project HOPE will commission one business opportunities assessment of both Oshana and Omusati regions to identify potential economic activities, with an emphasis upon those that are low labor intensive at the beginning of the project. We envision a continuum of activities and services with the participants that range from initial targeting, soliciting interest, organization into small peer groups, needs assessments of participants, assisting the participants with feasibility assessments of their business ideas appropriate for them, skills building and training, enterprise formation, capitalization, support and mentoring, to independence and economic improvement.

All caregivers and OVC who access the program will be provided with bi-weekly education sessions focusing on critical OVC care and support and the business skills necessary for small-scale enterprises (an estimated 360 sessions). The OVC Family Curricula currently used by Project HOPE addresses issues such as obtaining psychosocial support, handling stigma and discrimination, achieving better health through better nutrition, and dealing with the ramifications of HIV/AIDS in the community. Furthermore, the educational support component will focus upon referrals and linkages with other partner organizations that can provide access to resources or services needed such as: food security, vocational training, medical services, alternative technologies, marketing boards, cooperatives, and others. For the OVC heads of households, we aim to create mentoring relationships with

successful adults to provide guidance and opportunities for workplace apprenticeship. H. L. Furniture of Oshakati and Okamukuku Tyres & Motor Spares have already expressed their willingness to provide such apprenticeships.

Weekend health fairs will also complement the educational sessions. These fairs involve the participation of children and are entertaining events that highlight issues of importance to the community, enable access to varied types of services such as medical checkups, vaccinations, growth monitoring and child development, nutrition, counseling, plus others, and provide educational sessions that incorporate guest speakers to facilitate specialized topics or skills of importance.

Project HOPE maintains detailed information systems that identify OVC caretakers and OVC by name and tracks the services they receive. We will make every effort to avoid double counting when partnering with other PEPFAR awardees. These information systems and existing tools further document both baseline and follow-up collection of socio-economic indicators that represent changes in economic status.

Elderly OVC caretakers or OVC heads of households who participate in these activities, will gain the knowledge, capacity, and opportunity to generate increased income. Furthermore, they will have greater access to local services of all types including child welfare grants, food parcels, or funds for income generation activities available through the Ministry of Gender, Equality, and Child Welfare, Yelula, and AED.

Continued Associated Activity Information

Activity ID: 3779
USG Agency: U.S. Agency for International Development
Prime Partner: Project HOPE
Mechanism: Project HOPE
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,080	☐
Number of providers/caregivers trained in caring for OVC	300	☐

Indirect Targets

All the market assessments and business skills training will also serve to strengthen the economic earning capacity of the less vulnerable OVC caretakers participating in the Project HOPE Track 1 program that will serve 800 OVC caretakers in FY07. Furthermore, the lessons learned will be incorporated into the continuing growth of Project HOPE's micro-credit activities.

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
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

Wrap Arounds

Microfinance/Microcredit

Coverage Areas

Omusati

Oshana

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Cooperative Administrative Support Units (CASU)
Prime Partner:	IAP Worldwide Services, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8015
Planned Funds:	$ 69,401.00
Activity Narrative:	Funding is requested to purchase 20% of the time of the Regional HIV/AIDS Program Advisor on OVC and Human Capacity Development. Technical assistance will be provided to the USG Namibia team and implementing partners through both virtual and on-site assistance. The Advisor will work with the USAID/Namibia OVC Advisor (#8016) to strengthen OVC programming in Namibia and will provide assistance based on experiences elsewhere in the southern African region.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8016
Planned Funds: $ 72,365.00
Activity Narrative: The USAID Advisor on Orphans and Vulnerable Children (OVC) assists the HIV/AIDS team in planning, management, implementation and evaluation of OVC programs and activities. He represents the USG at a multisectoral level through membership on the National OVC Permanent Task Force. The Advisor works in close collaboration with other USAID sectoral offices to identify crosscutting opportunities, maintains close contact with other USG agencies and donor organizations, and maintains strong ties with the Ministries of Gender Equality and Child Welfare (MGECW), Health and Social Services (MoHSS); Education (MOE), Safety and Security (MOSS), and others as appropriate. He raises awareness of challenges faced by OVC implementing partners and identifies opportunities to support the Ministry of Gender Equality and Child Welfare to tackle key operational issues in the implementation of OVC programs. He liaises with the O/GAC OVC Technical Working Group and brings the experiences of other countries to bear on OVC activities under the Emergency Plan in Namibia.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8026
Planned Funds: $ 650,311.00

Activity Narrative: For the past one-and-a half years, Project HOPE has been implementing the Sustainable Strengthening of Families of Orphans and Vulnerable Children micro credit activity in the Oshana and Omusati regions. According to a 2001 UNICEF OVC Situational Analysis, these two regions have the highest concentration of OVC in Namibia. Since inception of the project, more than 400 OVC care givers (women) have accessed loans, successfully participated in small business and management training, and managed to secure seed funds to earn a small income for meeting basic needs of OVC and their families. With a loan repayment rate of 97% and intensive on-site supervision and support, many care givers have gradually expanded the scope of their loans to initiate small businesses (women often start off with obtaining loans for basic survival, and eventually move on to selling items in the local or regional market). At the beginning of 2006, Project HOPE conducted a baseline survey of 250 OVC and caregivers in both regions to identify priority needs across households responsible for care and support to OVC. The results of the survey validated the concern that most caregivers cannot afford to access basic health services, food/nutrition, or maintain OVC in school. Caregivers lack resources to obtain birth and death certificates and become ineligible to receive government social welfare grants that require such essential documentation.

As a result of this baseline, Project HOPE will continue to provide micro credit loan opportunities for caregivers to OVC through a Village Health Fund (VHF) approach that provides small scale loans to groups of women to start or expand their income generation activities. Project Hope will expand coverage in FY07 to caregivers and with the addition of older OVC with a special emphasis on young women and girls. All caregivers and OVC who apply for loans will be provided with health education sessions that address critical OVC care and support issues such as obtaining psychosocial support, handling stigma and discrimination, achieving better health and better nutrition, and dealing with the ramifications of HIV/AIDS in the community.

Every two weeks, at loan repayment time, a different health module will be covered, as part of an OVC Family Curricula developed by Project HOPE using different Namibian and International experiences in the field. Health education sessions will also be complemented by health fairs on weekends to enable the participation of children and also husbands/partners. The topics to be covered during the health fairs will be similar to those covered with the loan participants, but also incorporate more sensitive issues (i.e. alcoholism and gender-based violence) depending upon the support requested by the community. Specialist speakers (counselors, nurses, etc.) will be invited to facilitate topics based upon skills required.

These efforts will support families to understand basic health care needs and obtain relevant information to access prevention, treatment, care, and support services. Project HOPE will strengthen collaboration with other USG partners such as AED, PACT, CAPACITY and others to support access to education, home based care, and treatment services, and institute a system for tracking referrals through forms and follow-up support. Project HOPE will train community volunteers as TOT to provide peer education and counseling to OVC care givers and their children. Volunteers will receive intensive training on the core health topics covered in health education sessions, and be provided with M&E training to monitor progress of activities at the community level. A Health Coordinator will supervise these peer education activities of volunteers, and also monitor referrals to any service provider organizations. This level of community involvement and ownership in implementation and monitoring will allow the activity to improve based upon actual needs.

Caregivers or OVC who obtain micro credit loans will be empowered in an understanding of rights and responsibilities, and be more capable of accessing social welfare grants through the Ministry of Gender, Equality, and Child Welfare. Project HOPE will also couple loan provision with basic market assessments to assist micro credit loan seekers with expanded opportunities. A total of 24 additional VHFs will be formed in FY07, including those from last year to enable 60 VHFs to be in operation. The Omusati region will establish a second office and staff to support these additional activities.

Project HOPE will endeavor to support other micro credit organizations with training their beneficiaries in caring for OVC through the OVC Family Curricula. These organizations are Omusati Cooperatives SCA, Koshi Yomuti ELO, and Shack Dweller Federation. A community health worker will be assigned to work with these organizations and provide

bi-weekly educational sessions. Each group of beneficiaries of the mentioned organizations will elect health activists, who will assist in reporting OVC accessing services.

Project HOPE has developed tools to monitor caregivers and OVC receiving education by service topic, and track accessing services and referrals. These tools will be further refined during FY07 through the hire of an information specialist and a data entry person, whom will be responsible to enter, maintain and process data for reporting purposes. This will allow Project HOPE to report more accurately the number of OVC by the number of services they have received from us or from another organization working in the same area.

All these interventions will allow Project HOPE to directly serve a total of 1,000 care givers and 3,200 OVC during FY07 through multiple services including:

- Economic opportunity/strengthening via access to micro-finance
- Food and Nutritional Support via training on nutrition to care givers and OVC
- Health Care via
  - Referrals and linkages to child health care
  - Training of caregivers to monitor children's health
  - Training of caregivers and guardians on how to talk to children about abstinence and safe sexual behaviors and support healthy life decisions
- Protection via coaching caregivers to better access community and system level support to which OVC are entitled.
- Psychosocial support via strengthen the capacity of caregivers to listen to and talk with children

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

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	3,200	☐
Number of providers/caregivers trained in caring for OVC	1,000	☐

Indirect Targets

Project HOPE is working through primary direct support.

Target Populations:

Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Gender

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Microfinance/Microcredit

Coverage Areas

Omusati

Oshana

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Regional Procurement Support Office/Frankfurt
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12396
Planned Funds:	$ 50,000.00
Activity Narrative:	This acitivity is associated with OHPS # 8027. The funding will to the State Department's Ambassador's HIV/AIDS Self Help Program. As the program grows, it has become noticeable that the majority of funding is going to community-based projects and organizations that provide local solutions to the growing number of OVC and their care givers in Namibia. This funding will directly serve at least 40 OVC through at least supplemental support and train 15 care givers and providers to care for OVC. Projects include those that train volunteer care givers, provide direct material support as well as economic opportunities to care givers and OVC alike.

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	30	☐
Number of providers/caregivers trained in caring for OVC	15	☐

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12397
Planned Funds:	$ 50,000.00
Activity Narrative:	This activity is linked to new plus up activities in HTXS as well as #7330 in HTXS in the original COP07 around the purchase of medical equipment. Specifically this funding will purchase infant weight scales with height monitors and lactate meters for Ministry of Health, FBO and MoD hospitals. This equipment will improve care provided in the clinics and will also decrease overall laboratory costs by avoiding the need to send out blood to the laboratory to test for lactate levels of patients on antiretroviral therapy. In addition to reducing laboratory costs, point of care testing for lactate levels will allow clinicians to receive and be able to respond to any abnormal results (the result of adverse reactions to ARVs) while the patient is still present in the clinic. This can significantly decrease morbidity and even mortality for some patients and also decreases the need for patients to return for these results, decreasing the burden of extra visits on the patient and the health center. The infant weight scales with height monitors also play a key role in the implementation of the new PEPFAR OGAC guidance around feeding of OVCs. This equipment will be integral in helping the health workers as well as care givers identify malnourished and under weight/height children, fecilitating access to food supplements and government grants for OVC.

Key Legislative Issues

Wrap Arounds

Other

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: $ 8,435,009.00

Program Area Context:

USG support to counseling and testing (CT) is a high priority in Namibia, with the promotion of routine services in the clinical setting and VCT at non-governmental community centers. Routine services, confidentiality, and protection against discrimination and stigma are being integrated into the new national HIV/AIDS policy.

Since 2003, activities have included technical assistance to the MoHSS at the national level, development of national guidelines, training and curricula, establishment of rapid testing and QA, HIS support, renovations, and direct financial support for CT in health facilities, and community VCT centers. 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. Rapid testing is now available in 55 large public health facilities (17% of all facilities). Rollout of rapid testing to all health facilities will be a major priority in FY07. The USG will continue to support training of health workers and NGO/FBO providers in CT, to supervise community counselors (CCs), and to introduce couples counseling in FY07. The Ministry will increase the number of CCs deployed to health facilities from 300 by early 07 to 500 by the end of 07.

As of FY06, the USG provides support to implement a network of 14 community-based community centers in 10 regions. The network began in 2003 with EU funding and 6 centers. Since FY04, USG funding expanded the network to 8 more centers, including establishing integrated CT within PMTCT and ART programs in 3 MoHSS supported mission hospitals. As a result of continued USG support for the extension and expansion of CT services, the network has seen dramatic increases in client numbers- the total number of CT clients rose from 13,425 in 2004 to 31,061 clients in 2005 to 48,000 in FY06. Average client flow grew to over 4,000 clients per month during FY06. Challenges encountered have been strong stigma particularly in some regions which have resulted in low uptake of testing services, significant gender imbalance resulting in low numbers of men accessing testing and up to 30% retesting rates at some centers. In 07 and in support of the goal of 65,000 new CT clients in community centers, USG community testing partners will implement focused community mobilization and a behavior change communication strategy focusing on first time testers, couples and increased male testing. It is hoped that 95% of those tested will be first time testers and that the number of couples tested will at least double from 8% to 16%.

The USG support for community centers is being leveraged by the Global Fund (GFATM) which is providing funding for the lead USG VCT partner to set up a community center at Eenhana, the 1st center in Ohangwena region. The MoHSS is expanding capacity within the public sector to increase CT provision with rapid testing through decentralization at health facilities principally financed by the USG and the GFATM. The GFATM has also provided an assistant CT coordinator in MoHSS to work with the USG-funded technical advisor. With DFID support, USG VCT partners have established 5 Tusano post-test clubs (PTC) in areas of high prevalence; Katima, Walvis Bay, Rundu, Katutura and Oshakati. With USG funding, focus groups will be conducted with PLWHA to determine what services would lead to a greater participation in post test clubs. A pilot activity will be initiated based on the formative research to meet the complex psychosocial support and palliative care needs of PLWHA. It will provide clients with comprehensive information referrals and counseling on a preventive care package as well as individual and group counseling sessions on treatment and care options, disclosure, and risk reduction strategies following the CDC "prevention with positives" model which will be adapted for community use in 07. A gendered approach to post-test service prevision will be ensured by undertaking a qualitative needs assessment to identify the support needs of men and women. Future strategies to meet the gendered needs and perspectives of post-test clients are likely to include strengthening linkages with men and women's support and advocacy groups, conducting gender-specific counseling sessions, engaging men as partners for PMTCT, and reaching men in non-traditional settings (e.g. sports clubs).

The introduction of community counselors into health facilities in mid-2005 has been a major boost to

provider-initiated CT services as well as those seeking VCT in health facilities, which is surprisingly common in Namibia. CT is now to be routinely offered to pregnant women, TB patients, STI patients, and patients with suspected HIV-related symptoms, but capacity remains limited compared to the huge demand. Community counselors, who receive a 6 week didactic and 6 week practical training, are being certified to perform rapid testing. Quality assurance results thus far show essentially 100% concordance with ELISA. In the first 6 months of FY06, which was the start-up phase of the program, community counselors tested more that 27,000 patients. Emphasis in FY07 will be to make at least one counselor available to most clinics, 2-3 per health center, 3-5 per small hospital, and 10-15 per referral hospital. Counselors will be equipped to deal with clients in a range of settings including PMTCT, TB clinic, ART clinic, and general outpatients. Training will be enhanced to include prevention with positives, couples counseling (ART clinic is the most common scenario in which this is needed in Namibia), and risk reduction. The additionally trained community counselors support a more integrated system through strong linkages to health facilities and the community, aiming to strengthen community and institutional linkages as well as referrals over the long term.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	217
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	189,373
Number of individuals trained in counseling and testing according to national and international standards	1,193

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7336
Planned Funds:	$ 777,000.00

Activity Narrative: Within COP07, funding for Community Counselors, who dedicate part of their time to this activity, is distributed among six program areas, all of them Ministry of Health and Social Services activities: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with Counseling and Testing activities of inter-faith Intrahealth (7405), Potentia (7343) and I-TECH (7351), and CDC's system strengthening activity (7360).

This activity is a continuation of FY06 activities and includes four primary components: (1) Training and deployment of Community Counselors, (2) procurement and distribution of HIV test kits, lancets, and supplies, (3) promotion of counseling and testing through Namibia's first ever National HIV Testing Day, and (4) professional development of MOHSS national counseling and testing program staff.

(1) Training and Deployment of Community Counselors ("Community Counselor initiative"). MoHSS established the Community Counselor cadre in 2004 to assist doctors and nurses in healthcare facilities with provision of HIV prevention, care, and treatment services, including HIV counseling and testing for PMTCT, TB, and STI patients as well as ART adherence and supportive counseling; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as community counselors as a strategy to reduce stigma and discrimination. To date, 175 community counselors (25% of whom are HIV positive) have been placed at 74 health facilities. With FY07 support, this number will increase to 430 by September 2007, and to a final target of 480 by December 2007. PEPFAR funding for the "Community Counselor package" includes: recruitment and salaries for the community counselors, 13 regional coordinators, and an assistant national coordinator (implemented through the Namibian Red Cross); initial and refresher training for community counselors (implemented by a local training partner); supervisory visits by MoHSS staff who directly supervise the community counselors; training for MoHSS accountants who are responsible for financial management of the program; support for planning meetings and an annual retreat for community counselors; and support for community counselor participation at international conferences.

Community counselors are the primary personnel at health sites responsible for providing HIV testing and counseling, providing pre-and post-test counseling and testing (using rapid tests) to support provider-initiated testing of PMTCT clients and their partners, TB and STI patients, and those with HIV-related symptoms. A large number of Namibians surprisingly also access health services for VCT services, which includes development of a risk reduction strategy and encouragement to bring in partners for testing.

(2) Procurement of HIV Test Kits and Supplies. With PEPFAR support, MoHSS will continue to purchase Determine and Unigold test kits (using a parallel testing algorithm) to be used at MoHSS and mission-managed sites for HIV testing of a projected 128,000 clients, using Hemastrip as a tie-breaker in rare instances of discordance; 60 HIV rapid test starter packs to launch new testing sites; and rapid HIV test training supplies for training community counselors. Test kits and supplies are procured and distributed to health facilities by the Central Medical Stores through existing mechanisms.

(3) Promotion of Counseling and Testing through National HIV Testing Day. MOHSS will again organize Namibia's first ever National HIV Testing Day in 2007. PEPFAR funds will be used to support promotional activities in all 13 regions, including drama presentations, radio announcements, other entertainment/educational events, speeches by national and local leaders, and production and distribution of print and electronic media. Billboards will be erected in 5 regions. Community partners such as the door-to-door campaign by Total Control of the Epidemic will be used to encourage people to test and to link them with the nearest counseling and testing facility. It is estimated that 50% or approximately 500,000 Namibians will be reached by mass media messages through this campaign.

(4) Professional Development of MOHSS National Counseling and Testing Program Staff. PEPFAR funds will be used to support attendance of 3 national-level program managers to make presentations at relevant regional and international HIV/AIDS conferences or meetings.

Continued Associated Activity Information

Activity ID: 3926
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health and Social Services, Namibia
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 919,465.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in couples counseling according to national and international standards.		☑
Number of individuals provided with HIV- related palliative care.		☑
Number of individuals trained in strategic information (includes M&E).		☑
Number of service outlets providing counseling and testing according to national and international standards	200	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	16,873	☐
Number of individuals trained in counseling and testing according to national and international standards	400	☐

Target Populations:

Adults
Children and youth (non-OVC)
Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7343
Planned Funds:	$ 682,419.00

Activity Narrative: Within COP07, funding for Community Counselors is distributed among six program areas, all of them Ministry of Health and Social Services activities: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360). In addition, the activity 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.

This activity also addresses the critical human resources gap at facility levels to delivery HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and at the level of quality that is required for ARV roll out and palliative care expansion. This in turn creates issues of bonding and incentives for these cadre of health care workers to return to Namibia and retention incentives for staff currently serving in the country. The vacancy rate in the Ministry is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists.

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. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MoHSS through Potentia, which administers salary and benefits packages equivalent to those of the MoHSS. Both HHS/CDC and the MoHSS participate in the selection of health personnel who are then trained and provided with field support by ITECH, HHS/CDC, and the MoHSS with USG funding. Beginning in FY06, Potentia also began supporting technical and administrative staff that were previously funded through I-TECH – in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets. As of August, 2006, Potentia supported a total of 117 staff and this number is projected to increase to 363 in FY07.

(1) In response to a request from the Namibian government, a Technical Advisor to the national coordinator for counseling and testing in the Ministry of Health and Social Services (MoHSS) was provided in early 2005 and will be continued. This has succeeded in the deployment of 175 Community Counselors to 74 public health facilities beginning in June 2005 and rapid HIV testing in more than 50 public health facilities. MoHSS established the Community Counselor cadre in 2004 to assist doctors and nurses with provision of HIV prevention, care, and treatment services, including HIV counseling and testing for PMTCT, TB, and STI patients as well as ART adherence and supportive counseling; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as community counselors as a strategy to reduce stigma and discrimination. To date, 175 community counselors (25% of whom are HIV positive) have been placed at 74 health facilities. With FY07 support, this number will increase to 430 by September 2007, and to a final target of 480 by December 2007.

Policy development, quality assurance, and support to field services are important aspects of this position. 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. 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. 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, Condoms and Other Prevention, TB/HIV, and ART Services (adherence counseling). The Advisor will be intimately involved with CDC advisors in the Ministry's implementation of the prevention with positives initiative at the national level through the community counselor initiative.

(2) To increase capacity for decentralized training, 5 trainers will be deployed to the Ministry's Regional Health Training Centers to train 560 health workers in counseling and testing, rapid testing, and couples counseling. This activity includes the creation of a new position to oversee the training of Community Counselors. The Community Counselor Training Coordinator will be placed at the Ministry VCT program to develop curricula, train trainers, provide mentoring and evaluation support, and plan and implement supervision strategies for this cadre of health wordkers. A counseling trainer will take the lead on Prevention with Positives and Family Planning Trining. This activity also includes the cost of an additional rapid test trainer because the availability of only one expert trainer has impeded rollout of rapid testing. One RT training coordinator will be supported as the lead person at national level to identify trainees from health facilities and organize trainings. Funding will also support 0.5 FTE curriculum developer and a driver to transport trainers to health facilities following training.

The $250,000 plus up funds will support: (1) hiring of six laboratory technicians to carry out HIV rapid testing quality assurance. These technicians will relieve major bottlenecks in the ongoing rollout of HIV rapid testing in Namibia, specifically with regard to certifying rapid testing sites and the staff persons who carry out rapid testing. The technicians will certify sites and staff persons based on guidelines established by the Namibia Institute of Pathology and the Ministry to ensure the confidentiality, accuracy, and safety of rapid testing carried out in Ministry facilities. These technicians will conduct site visits to ensure the integrity of testing sites and the performance levels of the staff. These findings will be relayed to appropriate persons within the VCT program to inform programmatic decision-making. This activity will eventually be scaled back as test sites are certified and coverage is maximized. (2) hiring a short-term IT professional to develop a rapid testing database to be used by the technicians and others within the national VCT program. Currently, no central database exists that can capture the rapid testing activities being carried out in the field. The six technicians will be able to use the database to monitor rapid testing activities and to support adjustments in programmatic activities as appropriate in collaboration with key VCT stakeholders.

Continued Associated Activity Information

Activity ID:	3897
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Potentia Namibia Recruitment Consultancy
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 153,651.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in couples counseling according to national and international standards.		☑
Number of individuals provided with HIV- related palliative care.		☑
Number of individuals trained in strategic information (includes M&E).		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	5,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Indirect Targets

Number of individuals trained in counseling and testing according to national and internatinal standards: 680

Target Populations:

National AIDS control program staff

Public health care workers

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7351
Planned Funds:	$ 397,518.00

Activity Narrative: The lack of comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the Directorate of Special Programs to train new and existing health care workers in HIV/AIDS. I-TECH provides technical advisors, training and curriculum experts, clinical mentors, educational and training materials, monitoring and evaluation systems for training, infrastructure, training logistics, and funding for training. Based on new or updated national guidelines, I-TECH has facilitated the development of the Ministry's national training curricula on PMTCT, VCT, rapid HIV testing, Couples Counseling, TB/HIV, ART, nutrition and HIV, IMAI, dried blood spot collection for HIV DNA-PCR for Infants, and pediatric care/ART. Support is also being provided to incorporate this new content into the pre-service training curricula for registered nurses at UNAM and for enrolled nurses at NHTC. I-TECH will play a critical role in the decentralization of palliative care and ART through various levels of training ranging from didactic sessions to clinical mentoring. To date, a total of more than 3800 health workers have been trained in the various HIV/AIDS topics. I-TECH training activities have been central to Namibia's success to date with meeting its prevention, care, and treatment targets and a long-term strategy is being implemented to reach those health workers still in need of training in HIV/AIDS.

Also, the provision of family planning (FP) for PLWHA is also a primary prevention strategy for mother to child transmission. However, FP needs of HIV-positive women and their partners have been largely overlooked in Namibia. Contraceptive use among Namibian women is high (38%), but anecdotal evidence suggests that women on ART are becoming pregnant unintentionally. This not only has implications for the mother's well-being but also for pediatric AIDS. Many women are also thinking of having another pregnancy and would like to discuss their options with their service providers. Namibian health workers are willing to address FP, but they are often constrained by a lack of information, training and clarity on messaging. HIV clinics lack clinical guidelines/protocols and IEC materials, as well as a formal referral system for FP, among other things. Knowledge gaps exist among clinic staff; many HIV staff do not understand the concept of dual protection, while FP staff often believe their clients are at low risk for HIV.

In FY07, I-TECH will address this issue by integrating FP messages into curricula used for training MDs, RNs, and Community Counselors to make sure that appropriate messages are delivered, including appropriate gender and cultural considerations.

I-TECH's emphasis areas in Counseling and Testing include training, local organization capacity building and human resources. Funding covers :

1) A total of 200 health workers will be trained in rapid HIV testing using the curriculum developed with USG support. This relates to Potentia_C&T_#7343, Potentia_C&T_#7336, MOHSS_PMTCT_#7334, and NIP_Lab Support_#7337.

2) One TOT in Voluntary Counseling and Testing and 10 subsequent in-service trainings to train a total of 220 health workers. These trainings will be conducted by 5 in-service tutors supported by Potentia at NHTC, see project Potentia_Other/PA/SS_#7341.

3) One TOT in Couples Counseling and 5 subsequent in-service trainings to train a total of 120 health workers. These trainings will be conducted by 5 in-service tutors supported by Potentia at NHTC, see project Potentia_Other/PA/SS_#7341.

4) 50 site visits (conducted by the in-service tutors) to health care facilities providing VCT services, to assess transfer of learning and to provide additional on-site teaching.

5) Development and delivery of training on Prevention with Positives. One TOT and 5 regional trainings will be held to train a total of 120 health workers.

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.

Continued Associated Activity Information

Activity ID:	3868
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	I-TECH
Funding Source:	GHAI
Planned Funds:	$ 270,987.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in couples counseling according to national and international standards.		☑
Number of individuals provided with HIV- related palliative care.		☑
Number of individuals trained in strategic information (includes M&E).		☑
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	680	☐

Indirect Targets

N/A

Target Populations:

Teachers

Public health care workers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

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:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7405
Planned Funds:	$ 4,014,936.00

Activity Narrative: The USG has supported 2 key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) and one FBO/NGO, Lifeline/ Childline – (LL/CL) to implement the PMTCT, AB, ART, counseling and testing, and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity). CHS manages four faith-based hospitals and 45 health centers and clinics in 3 different health regions.
LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics. The 5 FBO hospitals are serving a population of 400,000 (20% of the total population).
Both LMS and CHS health facilities provide PMTCT, ARV services, counseling and testing, palliative care, prevention and training to their staff and communities they serve.
LL/CL is a Namibian registered NGO with a faith focus since 1981. It operates 2 main programs, counseling training and school-based and community prevention programs aimed at youth. LL/CL trains volunteer counselors, community counselors, lay counselors and nurses in PMTCT counseling, counseling and testing, ARV counseling and provides supervision and psychological support. In addition, it provides refresher training to counselors and nurses in the field. The trained graduates, community counselors, are deployed in the MoHSS health system which includes FBO health facilities. The school-based and community programs of LL/CL provides A & B prevention activities to student and teachers as well as the general public through its radio services and face to face counseling sessions

Capacity through the LMS provides counseling by professional nurses and community counselors. The counselors are trained for both pre-test and post-test counseling. An average of 70 clients is counseled daily at the LMS Hospital, which includes VCT and hospital referrals. Community counselors are expected to carry out most of the counseling and rapid testing under supervision of trained health professionals. To cope with this demand, LMS recruited 4 community counselors in 06. Each community counselor provides at least 2 sessions for every client as well as follow-up counseling sessions when needed. Professional nurses will also carry out rapid testing, for specific situations where test results are urgently needed, such as for women in labor. All counselors will receive follow-up training and psychological support with the assistance of the LL/CL staff. The total number of persons that will receive counseling and testing per year is estimated at 12,500 (excluding pregnant women included under PMTCT), including hospitalized and ambulatory (OPD) patients as well as self-referrals. Self referral represents about 58%, while provider referral represents 42% of C & T. Counseling and testing for self-referral or provider-initiated referrals for clients from outpatient or inpatient departments in the hospital occurs under the same roof as the care and treatment center. This facilitates the linkage between C&T and care and treatment services in LMS center. In an effort to involve more men in a female dominated area, LMS recruited a male counselor to work with the male clients.

Catholic Health Services' integrated C&T centers with the SMA/New Start VCT program are operating in 3 CHS hospitals. The fourth CHS hospital (Rehoboth) also offers in-facility HIV testing for patients and works closely with the local health center (for PMTCT) and the New Start VCT center. These four hospitals will provide counseling and testing to approximately 8,000 patients from hospital wards, outpatient departments and self-referred clients. Each facility will be expanding C&T community outreach to promote uptake of services according to the MoHSS planning. The linkage between the counseling and testing sites and the ART sites will be enhanced and expanded.

In 07, Capacity will continue the 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 to include decentralized health facilities as well as the private sector. Targeted assistance will be provided through supportive clinical supervision, mentoring, standard 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. Counselors will be trained to assess the needs of their post-tested HIV positive clients of the preventive care packages and to perform the appropriate actions, linkage and referrals to address such needs.

LL/CL supports C&T by implementing an integrated counseling program to ensure effective C&T through follow-up support and supervision of 100 community counselors that were previously trained in basic counseling skills. Lifeline/Childline will continue to build the capacity of NGO/FBOs by training staff and community counselors to meet the increasing demand of the expanding C&T counseling services. LL/CL will train an additional 200 community counselors in C&T.

In 07, USG will support the Anglican Church Medical Services, Odibo Health Center, in setting up counseling and testing services . (See ARV services section)

In Namibia, the private sector provides about 20% of medical services in the country. The private clinicians also offer pre-test and post test counseling but a gap has been identified as many of these clinicians do not have enough time, the skills or human resources to perform quality counseling and testing. To bridge these gaps, Capacity will support LL/CL during 07 to provide training and services for the private sector. LL/CL-trained counselors will work under the supervision of a LL/CL senior counselor/supervisor in 3 private hospitals/departments and under the supervision of the HIV Clinician Society health worker to provide quality pre-test and post-test counseling for the private sector clients. This collaboration will represent a public/private initiative. The cost will cover the recruiting of 2 counselors for these hospitals and their supervision. The private hospitals are providing in-kind contribution for a designated counseling area, utilities and support staff.

New special training sessions on children's counseling will take place in 07 with the collaboration between Capacity Project, MoHSS, and other USG partners such as I-Tech, LL/CL, and CDC with the assistance of local, regional and international expertise. The target staff members for these training sessions are doctors, nurses and counselors. 30 of the staff of the five faith-based hospitals will attend these training sessions. These sessions will include training on children's counseling, and how to prepare children for available adolescent programs.

Through the CR process it was discovered that PSI/SMA had a significant FY 06 pipeline for VCT (HVCT). In the past there have been concerns expressed by the COP technical review committee regarding the high cost of individual client testing at the community VCT Testing Centers (New Start) supported by SMA/PSI with funding, technical assistance and supervision. In addition, and as a result of increased monitoring by the USG, some performance and uptake issues have been identified. As a result of the above, a decision was made to move funding for FY 07 service delivery of community VCT to IntraHealth/The Capacity Project which already manages 5 of the 15 currently operating community VCT centers and 1 integrated hospital community testing center. IntraHealth has an excellent track record in quality service delivery and 2 of the VCT centers it manages are located in a high volume treatment hospitals so it is well versed in integration of services and community outreach.

Continued Associated Activity Information

Activity ID:	4736
USG Agency:	U.S. Agency for International Development
Prime Partner:	IntraHealth International, Inc
Mechanism:	The Capacity Project
Funding Source:	GHAI
Planned Funds:	$ 846,808.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	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, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in couples counseling according to national and international standards.		☑
Number of individuals provided with HIV- related palliative care.		☑
Number of individuals trained in strategic information (includes M&E).		☑
Number of service outlets providing counseling and testing according to national and international standards	19	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	50,000	☐
Number of individuals trained in counseling and testing according to national and international standards	103	☐

Indirect Targets

Number of individuals who are referred for HIV care & treatment - 10,000
Number of individuals reached through community outreach that promotes VCT services - 45,000
Number of individuals trained to promote VCT through community outreach - 150

Target Populations:

Adults
Commercial sex workers
Mobile populations
Pregnant women
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Out-of-school youth

Key Legislative Issues

Stigma and discrimination

Gender

Addressing male norms and behaviors

Twinning

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Social Marketing Association/Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7418
Planned Funds: $ 0.00

Activity Narrative: Through the CR process it was discovered that PSI/SMA had a significant FY 06 pipeline for both VCT and Prevention (HVCT, HVAB and HVOP).(Funding reduced to 0 from $3,381,103.)
As a result of continued USG support for the extension and expansion of C+T services, the New Start network has seen dramatic increases in client numbers- the total number of clients counseled and tested rose from 13,425 in 2004 to 31,061 clients in 2005. Average New Start client flow has grown to over 4,000 clients per month during FY 06.
In response to this period of rapid expansion, The Social Marketing Association (SMA) proposes to consolidate existing C+T activities in 2007, and strategically focus on quality of service delivery. By strengthening the existing New Start C+T systems and operations, SMA aims to substantially increase C+T numbers at existing sites and when MoHSS mobile testing guidelines and rollout are approved. Quality service will mean complying with the national standards, regular supervision, regular refresher training, clear guidelines and protocols and above all attention to the psychosocial and referral needs of the clients. Quality service delivery will be complemented by aggressive demand creation initiatives, which will target men, particularly men as partners, and specific campaigns will be developed to address the current and significant gender imbalance. The New Start Centers' counseling sessions will be utilized as a platform to implement personal behavior change strategies, with emphasis on messages for reduction of partners, fidelity within partnerships and the issues surrounding discordant couples. PEPFAR funds will continue to leverage support from the Department for International Development (Dfid) for establishing PLWHA support groups at selected C&T sites.

SMA will continue provision of HIV counseling and testing through stand-alone centers, integrated hospital C+T services and mobile C+T, as and when approved by the MoHSS. FY 07 funding will support demand creation for C+T services through innovative mass-and-multi media campaigns; continued organizational and technical capacity building of local FBO/NGO partners. Discussions have already started with MOHSS to partner with SMA in developing regional referral networks through the existing structures in the community. A mapping exercise will be done of all the referral points in a region. The result will be a map that indicates: available services, their location and the service providers to provide choice for the clients. Networking with Regional HIV/AIDS Coordinating committees (RACOCS), leveraging EU support, and with NANASO, the AIDS NGO umbrella organization, referral directories reflecting regional level support services will be distributed at. VCT centers. Quality assurance will be monitored and evaluated through a variety of strategies, including regular supervision and records review, direct observation, mystery client surveys, suggestion book, exit interviews, and analysis of routine data. Staff will be trained to use new and updated monitoring tools and techniques.

SMA also aims to increase capacity and accountability among New Start franchise partners; key to this approach will be requiring the designation of a VCT focal person within each partner organization. New management and technical protocols have already been established, which place increased emphasis on recruiting and retaining professional staff, in order to enhance overall quality of service.

In support of its goal to counsel and test 65,000 new clients in 07, SMA will implement a behavior change communication strategy focusing on first time testers, couples and increased male testing. It is hoped that 95% of those tested will be first time testers and that the number of couples tested will at least double from 8% to 16%.
SMA will work in partnership with the Ministry of Information and Broadcasting's (MIB) Take Control national media campaign and Nawa Life Trust/JHU to develop targeted messages promoting C+ T services utilizing mass and multi-media. New Start community radio programming will focus on male involvement in HIV prevention, services and partner reduction. Interpersonal communication prevention strategies will be implemented to reinforce behavior change among New Start clients. These strategies will include group education discussions and the use of visual aids, particularly flip charts in the counseling rooms.

SMA will more actively use community mobilization to bring first time testers to the centers with the aim of increasing risk perception and motivation among individuals and community groups to access services. Each VCT partner organization will have a dedicated community mobilizer and use SMA standardized community mobilizing practices. As a pilot

activity and until mobile outreach to rural areas is approved by the MoHSS, low income clients will be provided with transportation to selected centers twice monthly. SMA community mobilization teams will reach high risk groups through Health Awareness Days (HAD) which provide a unique opportunity to impart C+T information to those living in rural areas. SMA will also collaborate with JHU in areas where there are Community Action Forums (CAF) and VCT centers so that C+T mobilization activities can be carried out in coordination and conjunction with CAF activities (See Condoms and Other Prevention section), allowing for coordinated C+T message and information dissemination at a local/regional level.

With technical guidance and support from CDC, SMA has developed a MIS to capture and conduct analysis of New Start data There is a need to strengthen it to meet increasing demands of an expanded C+T program. The current Epi Info system will be upgraded to a more user-friendly and accessible "windows environment". The SMA MIS team will collaborate with the CDC and the Safe Injection Track 1 partner to obtain data from client intake records regarding interest in male circumcision.

SMA will continue as the overall coordinator of the New Start VCT partner network and provide technical assistance to build franchise partners' capacity to provide quality services.

With DFID support, SMA and its VCT partners have established 5 Tusano post-test clubs (PTC) in areas of high prevalence; Katima, Walvis Bay, Rundu, Katutura and Oshakati. With PEPFAR funding, SMA will conduct focus groups with PLWHA to determine what services would lead to a greater participation in post test clubs. A pilot activity will be initiated based on the formative research to meet the complex psycho-social support and palliative care needs of PLWHA. The pilot activity in the Walvis Bay MPC and the CAA Tonateni Center will be run and managed by specialist counselors who will provide clients with comprehensive information referrals and counseling on a preventive care package as well as individual and group counseling sessions on treatment and care options, disclosure, and risk reduction strategies following CDC "prevention with positives" model which will be adapted for community use in 07 by Nawa Life Trust/JHU. Additional counselors will be recruited and trained for the pilot post-test clubs initiative.

Through partnerships with the Legal Assistance Centre, Ibis, and Tusano PTC, the USG will leverage advocacy and media training for PLWHA members, which provides the tools and capacity allowing PLWHA to tackle stigma and discrimination at the grass roots level.

SMA will ensure a gendered approach to post-test service prevision by undertaking a qualitative needs assessment to identify the support needs of men and women. Future strategies to meet the gendered needs and perspectives of post-test clients are likely to include strengthening linkages with men and women's support and advocacy groups, conducting gender-specific counseling sessions, engaging men as partners for PMTCT, and reaching men in non-traditional settings (e.g. sports clubs).

Continued Associated Activity Information

Activity ID:	4450
USG Agency:	U.S. Agency for International Development
Prime Partner:	Social Marketing Association/Population Services International
Mechanism:	Cooperative Agreement
Funding Source:	GHAI
Planned Funds:	$ 2,760,509.00

Targets

Target	Target Value	Not Applicable
Number of individuals trained in couples counseling according to national and international standards.	0	☐
Number of individuals provided with HIV- related palliative care.	0	☐
Number of individuals trained in strategic information (includes M&E).	0	☐
Number of service outlets providing counseling and testing according to national and international standards	0	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	☐
Number of individuals trained in counseling and testing according to national and international standards	0	☐

Table 3.3.09: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7448
Planned Funds: $ 410,136.00
Activity Narrative: The main focus of this activity is to provide support to the Social Marketing Association (SMA), which represents Population Service International (PSI) in Namibia, to 1) develop and implement a logistics system for rapid test kits, and 2) procure required rapid test kits to test for HIV/AIDS in Namibia. These Rapid Test Kits will be in accordance with the Government of the Republic of Namibia's (GRN) national ART program protocols, and will be procured in a manner that follows all USG rules and regulations. Funding will be specifically provided a situational analysis of the current commodity management system in place at SMA. Following the assessment, a new system will be designed in collaboration with relevant stakeholders and staff of the VCT centers. The logistics systems developed will be documented and manuals developed for use in quantification, inventory management, ordering and information management. Training will be provided for personnel of the VCT Centers and SMA's procurement and stores staff in the new policies and procedures. A monitoring and evaluation system with appropriate indicators will be developed in addition to institutionalization of a supportive supervision system. Thus ensuring that stock outs, and over stocks, leading to obsolescence and expiry are minimized.

Procurement of Rapid Test Kits will be done through SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs. By creating a consolidated procurement mechanism, SCMS leverages economies of scale, provides the best value and increases efficiency. SCMS offers clients certainty of price, quality standards, and delivery dates. In FY 2007, USG will purchase three types of test kits for various testing procedures: screening (currently Determine), confirmatory (currently Unigold) and tie breaker (currently Hema-Strip). All HIV test kits purchased will be in accordance with GRN testing protocols and will be purchased from USG-approved vendors. All test kits will go directly to the SMA where it will be used in the USG funded VCT program. It is estimated that the USG procurement will provide the needed tests kits in FY 2007 to meet the target of 75,600 tests delivered to 14 VCT Centers. The procurement process will be closely linked with the development of a rigorous logistics management information system (LMIS) and the use of software to monitor stock levels on a monthly basis.

To ensure sustainability, SCMS will build the capacity of staff of SMA through technical assistance, training, and skills transfer to effectively forecast, procure, and deliver rapid test kits and other health commodities, and to collect, use, and share supply chain information. SCMS will make full use of its Regional Distribution Center (RDC) in South Africa to allow for immediate shipping of test kits on a more frequent basis which will diminish the storage capacity needs of SMA and reduce the procurement lead time. The use of the RDCs to cost-effectively deliver frequent, small shipments rather than large annual or semi-annual shipments will effectively increase the throughput of the supply chain without adding physical infrastructure.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in couples counseling according to national and international standards.		☑
Number of individuals provided with HIV- related palliative care.		☑
Number of individuals trained in strategic information (includes M&E).		☑
Number of service outlets providing counseling and testing according to national and international standards	14	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	65,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Social Marketing Association

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: DOD/Social Marketing Association
Prime Partner: Namibian Social Marketing Association
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7896
Planned Funds: $ 500,000.00
Activity Narrative: Per 07/07 reprogramming; Funds are being re-allocated from this activity to support the monitoring, evaluation and quality assurance by the DAO PEPFAR Program Office in counselling and testing services within the Namibian Defence Force and it will not impede the provision of such services.

This activity will continue to support the Ministry of Defense's Military Action and Prevention Program (MAPP) by providing military community counseling and testing at the Remember Eliphas Education Center (REEC) in Rundu, the Grootfontein Army Headquarters hospital, and the Windhoek military hospital. Three mobile units (one for each C+T center) will provide C+T services for the other 20 military bases and camps throughout the country. At least 7500 soldiers will receive HIV counseling and testing services through these initiatives. MAPP will train 10 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 program and will be monitored by MOD/NDF staff to ensure adherence. At all levels attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination.

Continued Associated Activity Information

Activity ID: 4488
USG Agency: Department of Defense
Prime Partner: Social Marketing Association/Population Services International
Mechanism: Military Action and Prevention Program (MAPP)
Funding Source: GHAI
Planned Funds: $ 321,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in couples counseling according to national and international standards.		☑
Number of individuals provided with HIV- related palliative care.		☑
Number of individuals trained in strategic information (includes M&E).		☑
Number of service outlets providing counseling and testing according to national and international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,500	☐
Number of individuals trained in counseling and testing according to national and international standards	46	☐

Target Populations:

Most at risk populations
Military personnel
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement U62/CCU024419
Prime Partner: Namibia Institute of Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7992
Planned Funds: $ 691,000.00
Activity Narrative: This activity links with all Ministry of Health and Social Services Counseling and Testing activities: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with Counseling and Testing activities of inter-faith Intrahealth (7405), Potentia (7343) I-TECH (7351), SMA (7418) and CDC's system strengthening activity (7360).

This activity contains five components which serve as the foundation for the quality assurance provided at the national level to all rapid HIV testing sites in Namibia, including both public and NGO/FBO sectors. This is a new activity for FY07 in support of rapid and extensive expansion of provider-initiated testing as well as existing VCT services

Namibia Institute of Pathology (NIP) is responsible at the national level for provision of all HIV-related testing technologies for the public sector. With respect to rapid HIV testing, the NIP is responsible for validation of any new rapid test technologies before being used in Namibia; making recommendations to the Ministry on the rapid testing algorithm and selection of test kits; training and post-training certification (based on their first 50 samples being also tested by ELISA) of all rapid testers before they can give results; site inspection of all new rapid test sites to ensure that they meet the minimum standards; preparation, distribution, and follow-up analysis of quality controls and proficiency panels that are sent to rapid test sites; analysis of a 5% sample from test sites that is also tested by ELISA and following up any performance issues with the tester; submission of reports on rapid test QA to the CT unit, Directorate of Special Programs, MoHSS.

Rapid HIV testing is still relatively new in Namibia, but has been spearheaded by the NIP in collaboration with the Ministry and CDC. Rapid testing began in New Start VCT Centers in March 2005 followed by Ministry facilities in mid-2005. There are now 41 sites for MoHSS and 24 sites for SMA and partners in operation. From January to July 2006, 169 new testers were trained, including 98 health workers, 30 community counselors, 13 SMA counselors, and 28 community counselors who were retrained after performing sub-optimally on the first training. A total of 88 new rapid testers started their first 50 re-tests, 58 completed them, and 22 were certified during this time period. The number of new MoHSS sites was 29 as well as 5 new New Start sites. A further 66 Ministry and 10 New Start sites were visited to perform sites assessments prior to starting rapid testing. Out of 3189 tests performed as part of the first 50 tests, there were only 3 (0.09%) discrepancies noted in the field, but these were are traced to potential procedural issues. Similar performance was observed for the 10% sample of ongoing testing that has been retested, therefore, NIP has recommended that stable sites move to a 5% sample to lower costs.

Support is needed at the NIP to increase capacity to drive and support rapid testing. This will include:

(1) Funding for preparation of quality controls, proficiency panels, and to cover the costs of the ELISA tests for ongoing sampling of rapid tests performed
(2) To increase the number of NIP medical technologists for quality assurance from two just in Windhoek to support the north with one additional technologist in Oshakati and one in Rundu. This will be an increase of two technologists in FY07 for a total of four.
(3) Currently NIP has no transport to support the rapid test rollout process. Funding will be included for a vehicle in Windhoek, Oshakati, and Rundu.
(4) A modest amount of funding will be included for laboratory equipment related to the quality assurance program.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in couples counseling according to national and international standards.		☑
Number of individuals provided with HIV- related palliative care.		☑
Number of individuals trained in strategic information (includes M&E).		☑
Number of service outlets providing counseling and testing according to national and international standards	200	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Indirect Targets

(QA component of testing in service outlets); number of individuals tested: 148000

Target Populations:

Lab staff

Laboratory workers

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12400
Planned Funds: $ 500,000.00
Activity Narrative: This funding will be routed through State/AF in order to efficiently procure a large number of vehicles for various programmatic areas of the PEPFAR Namibia program. Due to the size of the country, the great distances between communities and health facilities and large catchment areas for CT sites, transport is one of the major barriers to supervision of services, training and ensuring quality. Eight vehicles will be procured for counseling and testing regional support supervision. These vehicles will be distributed to support FBO and MOHSS facilities that provide testing and ART services. Four more vehicles will be procured for Rapid Testing Regional Quality Assurance support. These vehicles will greatly enhance the ability of the MoHSS and NIP to certify more rapid testing sites as well as assure quality of CT services.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Training	10 - 50

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: $ 6,997,291.00

Program Area Context:

The accomplishment of PEPFAR in ARV drug activities has been to complement the Ministry of Health and Social Services (MoHSS) system in it's relatively successful approach to ARV drug procurement. The MoHSS issued its first tender to procure anti-retroviral (ARV) drugs in 2003, which 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®.
In 2005, the MoHSS received $1.1 million from the USG for ARV drug procurement and successfully expended those funds on FDA-approved branded products using their Cooperative Agreement with HHS/CDC. A procurement plan for 2006 has been developed by the MoHSS and USG to use $3.6 million in direct funding and is being implemented. There were no FDA-approved generic products in the Ministry's tender for ARVs in 2005, but USG assistance has been successful in registering more FDA-approved products. The new MoHSS one-year tender for ARVs effective September 2006 will include >80% of the required budget to purchase FDA-approved generics. The possibility of using the Supply Chain Management System for any lower cost FDA-approved products on the current tender or in the updated guidelines is under review. At present the supply chain is working in Namibia, so the comparative advantage with SCMS could be in terms of price and in terms of access to ARVs which are currently non tendered for and would be very costly to buy locally off-tender. The Global Fund began support for ARV procurement in July 2005 with approximately $4 million in Year 1 and $9 million is expected to be approved in Year 2 (2007) as proposed in the Phase 2 Round 2 proposal currently under review. USG funds for ARV drug procurement in FY07 will strongly leverage resources with those of the Global Fund and MOHSS. SCMS will replace RPM+ support for assistance with projections, logistics of drug distribution.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Cooperative Agreement U62/CCU024084
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 7335
Planned Funds: $ 4,500,000.00
Activity Narrative: This is an expansion of FY06 and relates to other activities in this area, including MSH/RPM+ (7135), SCMS/Partnership for supply Chain Management (7449), and to ARV service activities, including those of Potentia (7339), the Ministry in Health and Social Services (MOHSS) (7330), and Intrahealth (7406).

The Central Medical Stores of the MOHSS is responsible for all ARV drug procurement and distribution in Namibia in the public sector, including mission-managed health facilities. As of March 2006, ART services had rolled out to all 34 district hospitals in Namibia, and by July 2006, Namibia had 22,000 persons on ART in the public sector alone. Children account for 16% of patients started on ART. ART services remain congested in these hospitals, and thus the current focus of the national ART program is to: 1) decentralize care and treatment, 2) focus on quality of care and treatment, 3) incorporate prevention and family planning messages into treatment, 4) improve "user friendliness" of ARV services, 5) improve linkages to TB and PMTCT services as well as with community-based organizations, and 6) increase the involvement of PLWHAs in palliative care and/or adherence support programs to strengthen the adherence strategy. It is planned to decentralize to at least 13 additional sites in 2007 and to have started more than 50,000 patients on ART by March 2008. Namibia has standardized first and second-line regimens. Approximately 70% of adults are currently on d4T/3TC/NVP or AZT/3TC/NVP, ~25% are on d4T/3TC/EFV or AZT/3TC/EFV, ~3% are on a TDF-containing regimen, and ~2% are on a protease inhibitor-containing regimen. However, the first edition of the national treatment guidelines are under review, particularly with respect to moving away from d4T due to toxicity. The financial implications of doing this, however, are still to be determined. Moreover, 13% of our adult patients are HepBsAg positive, yet only 3% of our patients are on an EFV-containing regimen. Efforts are underway to educate our clinicians to follow the guidelines and use EFV in such patients. It can be anticipated that greater use of TDF and EFV, as well as second-line treatment will increase the cost per capita in FY07 depending on the comparable pace of price reductions in ARVs over time.

In 2005, the MoHSS received $1.1 million from the USG for ARV drug procurement and successfully expended those funds on FDA-approved branded products using their Cooperative Agreement with HHS/CDC. A procurement plan for 2006 has been developed by the MoHSS and USG to use $3.6 million in direc funding and is being implemented. There were no FDA-approved generic products in the Ministry's tender for ARVs in 2005. However, the new MoHSS one-year tender for ARVs effective September 2006 will include 80% of the required budget to purchase FDA-approved generics, 6% for FDA-approved branded products, and the remainder for non-FDA-approved products. The possibility of using the Supply Chain Management System for any lower cost FDA-approved products on the current tender or in the updated guidelines is under review. At present the supply chain is working in Namibia, so the comparative advantage with SCMS could be in terms of price and in terms of access to ARVs which are currently non tendered for and would be very costly to buy locally off-tender. The Global Fund began support for ARV procurement in July 2005 with approximately $4 million in Year 1 and $9 million is expected to be approved in Year 2 (2007) as proposed in the Phase 2 Round 2 proposal currently under review. USG funds for ARV drug procurement in FY07 will strongly leverage resources with those of the Global Fund and MOHSS.

Continued Associated Activity Information

Activity ID: 3883
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health and Social Services, Namibia

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 3,600,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Indirect Targets

Number of service outlets providing antiretroviral therapy (includes PMTCT + sites) 47;
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT + sites) 18,835

Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT + sites). 50,349; Number of indiviuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT + sites) 45,000

Target Populations:

Adults
Pregnant women
Children and youth (non-OVC)
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	SCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7449
Planned Funds:	$ 2,497,291.00

Activity Narrative: This activity has several different components. One component is to continue the work initiated by MSH/RPM plus to provide technical assistance and support to the Central and Regional Medical Stores of Namibia for the development of modern logistics practices and technologies to efficiently carry out its immediate responsibility of procurement and distribution of MoHSS, USG and GFATM HIV/AIDS related commodities. This funding will go specifically to support the training of stores personnel for the implementation of SOPs and job aids developed by MSH/RPM Plus during FY 2006. This training will improve the skills and knowledge of stores personnel in stores management and inventory control and improve storage practices. Following the adoption by the MoHSS of the Procurement Policy and Procedures Manual developed by RPM Plus during FY 2006, USG will support the implementation of the revised policies, procedures, guidelines and systems for procurement. Implementation of the draft policy will improve procurement practices of the MoHSS thus establishing an efficient procurement system that will attract the participation of a wider supplier base and guarantee competitive prices and improved supplier performance. In FY 2006 MoHSS requested RPM Plus to link the RMS to the CMS as one operational unit. In response to this request, SCMS will facilitate the redesign of the distribution system. The proposed reorganization of the management and technical structure for the CMS/RMS will create a comprehensive medical stores system with the RMS as depots of the CMS. A design, budget and plan of action will be developed through a consultative process. A field trip and a comprehensive training program will be organized for senior management of the CMS, RMSs and Pharmaceutical Services Division of the MoHSS to visit the SCMS Regional Distribution Center (RDC) in South Africa, to acquaint them with modern warehouse layouts and practices. Additionally, USG in FY 2007 will continue to provide support to ensure the continual functioning of the computerized inventory control system, Syspro™ and provide for the upgrading of Syspro™ from the current Version 6 to Version 9 to accommodate additional functionality required for the proposed integration of the medical stores system. During FY 2006, USG supported the installation of a CCTV system in the CMS to promote the security of goods in storage. During FY 2007, support will be provided to develop innovative interventions aimed at ensuring the continued security of goods both in storage and in transit. In FY 2007, USG will support the setting up of a coordinated mechanism for national level forecasting, quantification, and procurement planning for MoHSS, USG and GFATM funded HIV/AIDS related commodities. This will entail the development of 12-monthly procurement plans in collaboration with MoHSS, USG and GFATM, that will be updated quarterly to inform the procurement of commodities by the various funding mechanisms. Quantification of ARVs will be done using Quantimed®, an MSH/RPM Plus quantification tool. This activity which links with the pipeline monitoring activity of SCMS will ensure that both CMS and SCMS procurement activities are accurately timed as to avoid potential stock outs or stock overages. All quantification and procurement decisions will be made by a group of stakeholders to ensure that there is no unnecessary duplication of purchases and that timing of the procurement and receipt of the different components of combination treatments are correct. This component of the activity will provide support for 3 medical stores, work to train 30 individuals in stores management, 3 management personnel in warehouse management and 6 individuals in procurement, and provide support for the procurement and distribution of ARVs to about 32,000 individuals on treatment.
The second component of this activity is to provide support to strengthen quality assurance systems for HIV/AIDS related commodities. The Quality Surveillance Laboratory (QSL) of the MoHSS has the responsibility of ensuring that all medicines including ARVs, TB and Malaria drugs moving in commerce in Namibia comply with international standard requirements. In FY 2007, USG funding will specifically support the QSL for the development and institutionalization of a Quality Surveillance System, including the provision of reference standards. Support will also be provided to introduce the MiniLab system in Namibia to monitor the quality of the products when they are received, and after transportation to treatment sites. The MiniLab is a simple effective and cost saving system that can be used to conduct simple quality tests at any point within the supply chain. Additionally, SCMS will facilitate the development of a Laboratory Information System (LIMS) to enhance the process of data collection and control, and likely decrease the turn around time in quality procedures. Training will be provided to 2 personnel of the QSL to ensure that they are up to date with regulations and techniques to ensure sustainability and support capacity development in the principles of quality assurance in supply chain management. SCMS will constantly monitor the progress of registration of FDA-approved generics in Namibia, and where relevant encourage and facilitate the registration process, and also advocate for their use in Namibia. This component will

ensure that the quality of ARVs and other HIV/AIDS related commodities are assured throughout the supply chain.
The main focus of the third component of this activity is to procure ARVs to treat HIV/AIDS in Namibia, and to ensure sufficient supply and availability to Namibians at treatment sites. These ARVs will be procured in accordance with the Government of the Republic of Namibia's (GRN) national ART program protocols, and USG rules and regulations. Procurement of ARVs will be done through a dual mechanism. 1) The GRN will be provided funds under the CDC cooperative agreement with the GRN to procure ARVs, and 2) Procurement through the SCMS to leverage the benefits of the SCMS approach to procurement which is based on aggregated purchasing on behalf of HIV/AIDS care and treatment programs. By creating a consolidated procurement mechanism, SCMS leverages economies of scale, provides the best value and increases efficiency. SCMS offers clients certainty of price, quality standards, and delivery dates. SCMS will procure of a minimum of 25% of the USG contribution of ARVs to the GRN, amounting to about $1,500,000. This proportion may increase during the course of the program year based on a combination of factors including the capacity of the GRN to obtain these products through the normal tender mechanisms of the CMS and potential advantages of using the SCMS mechanism vis-à-vis the CMS tender system. These ARV drugs will go directly to the Central Medical Store and will be accessed by all public sector ART programs. The USG contribution is estimated to cover approximately a third of the ARV procurement needs to reach a target of 32,000 patients on treatment. The procurement process is closely linked with the development of a rigorous logistics management information system and the use of software to monitor stock levels on a monthly basis. SCMS will make full use of its Regional Distribution Center (RDC) in South Africa to allow for immediate shipping of products on a more frequent basis which will diminish the storage capacity needs of CMS. The use of the RDCs to cost-effectively deliver frequent, small shipments rather than large annual or semi-annual shipments will effectively increase the throughput of the supply chain without adding physical infrastructure.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

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: $ 19,451,041.00

Program Area Context:

ART services and facility-based palliative care were offered by 7 hospitals in 2003, 23 in 2004, and all 35 public hospitals by March 2006. According to the health information system (HIS), as of June 2006, a total of 36,828 patients are enrolled in palliative care in MoHSS facilities of whom 22,281 are on treatment. Since only about 70% of treatment facilities are included in the electronic Health Information System for care/ART, the numbers are likely to be under-reported. Recent targets set by the MOHSS project slighly more than 50,000 people on treatment by the end of March 2008, 80% of which are within the public sector network.

Strong commitment and leadership from MoHSS with substantial programmatic, financial, logistical, and technical support from the USG has been the key to reaching targets. Namibia is constrained by a lack of human resources. In FY06 the USG supported a total of 386 supplemental doctors, nurses, pharmacists, and community counselors at ART sites. Addition of these staff was associated with a sharp increase in ART uptake. Based on a USG-supported modeling exercise to estimate human resource requirements to meet the projected increase in patients, approximately 50% more health professionals will be provided in FY07 with an emphasis on high-volume sites under severe strain from heavy demand. Supervision and support from the national and local level with be strengthened through more regular site visits; expanded clinical mentoring to both doctors and nurses; human resource support to existing health supervisors in the districts; regular clinical and programmatic updates through an expanded video conferencing program; streamlining and reinforcing HIS data collection efforts and making better use of ART data for program evaluation. The HIVQual quality assurance program will be expanded to monitor and support sites to improve their quality at more ART sites. LSTEP will be set up at major treatment sites to monitor patient outcomes. Architectural support for additional sites to be renovated based on need and public health impact will continue to be funded. With more than 500 health workers trained to date in the provision of ART, 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 300 to 500 in FY06.

ART services are congested in existing hospital Communicable Disease Clinics, and the current focus of the MOHSS is to promote: 1) decentralization of care and treatment services, 2) monitoring quality of care and treatment, 3) improving "user friendliness" of ARV services, particularly from the pharmaceutical services, 4) linkages to community-based support, 5) involvement of PLWHAs in palliative care and/or adherence support programs, and 6) personnel support for defaulter tracing, 7) earlier access to care including children 8) prevention and family planning messages into treatment. The USG will support each of these foci.

The national ART guidelines for adults, pregnant women, and children will be updated and reprinted based on new WHO recommendations and available dosing combinations. Routine laboratory tests, which are funded by the USG, will be simplified to lower costs and reduce the strain on services. Eligibility criteria for adults includes Stage III or IV disease, regardless of CD4, and pregnant women with CD4 <250 compared with <200 for other adults. Diagnostic algorithms for children <18 months based on HIV testing or DNA PCR testing using dried blood spots (DBS) have been developed. The current algorithm tests exposed infants at 6 weeks of age and then at least 2 months after breastfeeding cessation, but this will be reviewed as locally available data and experience is gained and cost-benefit considerations are made. The eligibility criteria for children have been updated to take age, CD4%, and clinical stage into account. Pediatric ART is at 16% of all patients on ART and the USG will support the MOHSS to maintain that level. With the expansion of DBS training for infant diagnosis, the average age of pediatric cases is expected to drop. Pediatric regimens have been simplified through the use of appropriate capsules/tablets where feasible and using weight-banded dosage tables. Strengthening of the PMTCT regimen has been recommended to the Ministry by adding short-course AZT beginning at 28 weeks gestation to single-dose NVP, plus a "tail" of AZT/3TC to mother and 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. Support to the MOHSS for drugs will be increased from $3.6 million to $6 million through a combination of direct-funding to the MOHSS, which now purchases FDA-approved generic and branded products almost exclusively, and to SCMS for products where there is a clear pricing advantage. The supply chain management system in Namibia otherwise seems to work well. The USG-supported HIS for ART in Epi-Info has been adopted by the MoHSS as its standard and is being rolled out to all public sites. The transition to a Windows-based program will be undertaken to be compatible with government-endorsed software environments and local programming capacity. The anticipated IMAI program has adapted the WHO health information card and register system to enable simplified periodic cohort analyses.

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	49
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	50,649
Number of individuals receiving antiretroviral therapy by the end of the reporting period	42,300
Number of individuals newly initiating antiretroviral therapy during the reporting period	19,135
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,030

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7136
Planned Funds:	$ 3,090,198.00

Activity Narrative: In 06, RPM Plus focused on activities that included the strengthening of Therapeutics Committees (TC). A functional Therapeutics Committee serves as the foundation for the improvement of rational use of medicines at treatment facilities. To ensure sustainability of these committees, RPM+ is working with the regional TCs who are charged with the responsibility of addressing issues related to rational use of medicines in district hospitals located in their catchment areas. RPM+ is working with the following TCs: regional TCs of Oshana, Otjozondjupa, Omusati and Erongo regions and the district TCs in Onandjokwe Lutheran Hospital and Windhoek Central Hospital (WCH). These TCs will serve as best practice centers for the development of TCs in other regions in Namibia. Also in 06, RPM+ provided TA for the development of an adherence system. An assessment of current adherence practices is being conducted to determine factors that affect patient adherence and to determine strategies that health facilities have in place for the monitoring and improvement of adherence. This assessment will provide information for the development of national standards for monitoring and measuring adherence and for the implementation of interventions to improve adherence. The provision of infrastructure to treatment facilities will ensure that ARV medicines are stored and dispensed in a secure and safe environment. With 06 funding RPM+ developed the Therapeutics Information and Pharmacovigilance Center (TIPC) implementation plan. The MoHSS has nominated a TIPC implementation working group. In 06 RPM Plus conducted field supervisory visits for follow-up on the HIV/AIDS Pharmaceutical management training. Findings indicate that treatment facilities are in need of regular TA in the use of Standard Operating Procedures (SOPs), adherence monitoring and in quantification of ARV medicines need. 06 funds were also used to conduct an option analysis for the determination of interventions for reducing the cost of ARV medicines in the private sector. In continuation of support for the strengthening of policies and procedures of CMS/RMS for efficient procurement, storage and distribution of medicines, RPM+ in 06 provided CMS with a Closed Circuit Television (CCTV) surveillance system, supported the partitioning of the ARV warehouse, provided support for the implementation of the CMS SOPs and provided TA and support for the linking of the different medical stores and for the electronic ordering of medicines. Also in 06, RPM Plus continued to support the human capacity needs for pharmaceutical services by supporting ten (10) Pharmacists, a Quality Surveillance Laboratory Manager, a CMS Network Administrator and two (2) Pharmacists Assistants all managed by a local human resources company.

In 07 RPM+ will focus on support for the improvement in the quality of pharmaceutical care at the 34 treatment facilities and TA for the MoHSS decentralization plan for ART services to 13 health centers and clinics. 07 funding will provide:
Support for the implementation of the pharmacy SOPs. The SOPs are currently in use in about 10 treatment facilities. The SOPs include a quantification workbook to assist facilities in the quantification of their ART medicines requirement. 07 funds will assist in the updating of the SOPs, printing of the final version, distribution to all the 34 facilities and the monitoring;
Provide training in pharmaceutical management for treatment facilities in seven regions not covered in 06. These trainings will be provided to 30 pharmaceutical officers and will cover topics in stock-keeping, inventory control, store management, record keeping and reporting, SOPs and quantification. They will also address key knowledge of ARVs, OIs and Palliative care medicines including their side effects, adherence monitoring and appropriate dispensing practices;
Provide TA and support for establishing a process for ongoing monitoring and supportive supervision of pharmaceutical services at treatment sites. 07 funds will ensure that all 34 treatment facilities have patient friendly ART dispensing practices. Patients attending the CDC Pharmacy and whose prescriptions contain ARVs, Cotrimoxazole Prophylaxis Therapy (CPT) and Isoniazid Prophylaxis Therapy (IPT) will receive their medicines at the same CDC Pharmacy. TA will ensure that prescriptions are monitored so that all patients qualifying for CPT and IPT according to the Namibia guidelines receive these medicines. This will support the provision of the Preventive Care Package of the USG;
Provide TA for the strengthening of Therapeutics Committees to support projects aimed at improving rational use of medicines. Such projects may include reduction in patients waiting time to receive services, improvements in the reporting of side effects to ART medicines, hospital drug utilization reviews and application of the Monitoring-Training and Planning (MTP) model to improve functioning of TCs. RPM+ will be collaborating with URC on this activity to support their recommended interventions to improve injection safety practices;

Provide TA for the development and implementation of adherence monitoring and measurement strategies to assist in the finalization of the development of the national standards for monitoring and measuring adherence that were initiated in 06 and for the improvement in adherence to treatment including the training of expert patients and community counselors in 34 treatment facilities to provide adherence counseling;
Provide TA and to reduce cost of ART treatment in the private sector. An option analysis was conducted in 06 and the results of that analysis and subsequent discussions with stakeholders including medical aid (health insurance) schemes will provide direction for the required interventions will reduce cost of ART provision in the private sector;
Provide support for Health care workers to enhance professional training networking;
Support mid-level Pharmaceutical officers and the development of continuing professional development materials in pharmaceutical management;
Support will be provided for retention of ten (10) Pharmacists and the hiring of a drug information Pharmacist to support the TIPC center. Also bridge funding will be provided for five (5) newly qualified Pharmacist Assistants until MoHSS is able to absorb them.
RPM+ plans to support the rollout of the Integrated Management of Adolescent and Adult Illness (IMAI) with the recruitment of mid- level pharmaceutical officers for 5 selected district hospitals. All staff will continue to be provided through Potentia, a local human resources company;
Support the MoHSS decentralization plan for ART services using the IMAI model to 13 health centers and clinics. To improve outcome with chronic disease management, stabilized patients must be able to access care closest to their homes. This approach is in line with one of the key recommendations of the Namibia Cabinet, better health care in the rural areas by ensuring equal treatment in respects to medicines and equipment. For the decentralization of ART services, the critical pharmaceutical management issues will include aspects related to distribution systems as well as to the rational use of ARV, OIs and palliative care medicines. Support to ART decentralization among other things will involve the following:
a) Advocacy for the adoption of a policy to allow nurses to repeat ART prescriptions, for stabilized patients
b) Training of Nurses, health center and Clinics officers in pharmaceutical management topics and training of Community counselors, support groups and CBOs on: how to store medicines, need for adherence, Patient Information Leaflets (PIL) on medicines in local languages, how to recognize mild and transient side effects and when to seek medical attention with moderate to severe side effects

Continued Associated Activity Information

Activity ID:	3769
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	Rational Pharmaceutical Management, Plus
Funding Source:	GHAI
Planned Funds:	$ 1,644,495.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services	13	☐
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy	47	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	60	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Doctors
Pharmacists
Other Health Care Workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7330
Planned Funds:	$ 5,072,731.00

Activity Narrative: This activity relates to MOHSS ARV Drugs (7335); Potentia ARV Svcs (7339), the NIP (7975), I-TECH (7350), HRSA (7450), RPSO(7345); & CTS Global's Strategic Information activity (7323). The MOHSS health care network comprises 31 district hospitals, 4 referral hospitals, 35 health centers, and >240 clinics within hospital catchments. ART services and facility-based palliative were offered by 7 hospitals in 2003, 23 in 2004, and all 35 public hospitals by March 2006. According to the health information system (HIS), as of June 2006, a total of 36,828 patients are enrolled in palliative care in MoHSS facilities of whom 22,281 are on treatment.Since only about 70% of treatment facilities are included in the electronic HIS, the numbers are likely to be under-reported. Recent targets set by the MOHSS project 50,000 people on treatment by the end of Sept 2007, and 52,000 in care, 80% within the public sector network.

The MoHSS is responsible for national coordination, resource mobilization, monitoring and evaluation, training, and policy development in support of all HIV/AIDS related services. MoHSS recognizes an urgent need to decentralize ARV services and transfer tasks from doctors to nurses. In this regard, a national policy review and curriculum adaptation workshop was held in early 2006 to localize WHO's Integrated Management of Adult Illness (IMAI) program. Each district hospital CDC will be responsible for the rollout of IMAI to one health centers or clinic in their catchment. Nurses in these sites will prescribe refills for ARVs for PLWHAs after the first 6 months of treatment at a district CDC. Many of the existing and future ART facilities are ill-equipped in terms of basic medical equipment and furniture. Lack of transport still impedes the ability of regional and especially district level supervisors to follow-up on the status of services in peripheral health facilities.

Specifically, this activity includes 5 primary components:

(1) Support to Ministry and mission-managed facilities including $3,690,243 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 50,000 patients still on ART by the end of March 2008 and for CD4 monitoring of non-ART patients enrolled in palliative care at communicable disease clinics (CDCs) and future IMAI sites. 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.

2) Support has been underway with MoHSS since 2004 to establish a new cadre of "Community Counselors" to assist doctors and nurses with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals from the health facility's catchment area as a strategy to reduce stigma and discrimination. To date, 175 community counselors (approximately 25% of whom are HIV positive) have been placed at 74 health facilities. With FY07 support, this number will increase to 430 by September 2007, and to a final target of 480 by December 2007. This is to enable most clinics to have at least one counselor, each health center 2-3, each district hospital 5-10, and each major referral hospital 10-15 counselors to serve the various departments. PEPFAR funding for the "Community Counselor initiative" includes: recruitment and salaries for the community counselors, 13 regional coordinators, and an assistant national coordinator (implemented through the Namibian Red Cross); technical assistance at the national level; initial and refresher training for community counselors (implemented by a local training partner); and supervisory visits by MoHSS staff who directly supervise the community counselors.

Within COP07, funding for Community Counselors, who dedicate part of their time to adherence counseling, is distributed among six program areas, all of them MoHSS activities: PMTCT (7334), AB (7329), OP (7333), HIV/TB (7972), CT (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360). Through serving in Ministry Communicable Disease Clinics, Community Counselors are an important source of information and adherence counseling to ART patients. They also assist health professionals with basic administrative tasks in the clinic and language interpretation for those who do not speak a local Namibian language.

(3) This component continues to fund anthropometric measurements, monitoring, micronutrient supplementation, and minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART, including children. While MOHSS policy does not allow for provision of food to outpatients, it welcomed a collaboration with the Namibian Red Cross Society (NRCS) to refer for micronutrient supplementation and minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART and are referred by the Communicable Disease Clinics. The NRCS already provides USG-funded community counselors to Communicable Disease Clinics to provide counseling

and testing and they will link patients with NRCS access points in the community. Using World Food Programme and World Health Organization entry and exit criteria for food supplementation, the NRCS will provide a nutrition upplement for either severely malnourished persons living with HIV on or eligible for antiretroviral therapy (ART) or any pregnant or lactating woman on or eligible for ART. From the 2007 projections for new ART patients, an estimated 10% of non-pregnant and non-lactating PLWHA, plus all pregnant and lactating PLWHA, will be eligible for a 6-month supply of a nutrition supplement. Based on these estimates, the programme seeks to target approximately 2,500 PLWHA. The NRCS will be responsible for procurement, supply logistics, storage, monitoring, and distribution of the supplements. NRCS and MOHSS will also collaborate to link recipients of the nutrition supplement with stainable exit strategies such as gardening projects and income generating activities in their community.
4) Procurement of basic furniture and equipment to support the 13 health centers and clinics who will be new providers of ART and care as part of decentralization of services (e.g. weighing scales, desk, chair, benches). Existing CDC's will also receive lactate and hemoglobin meters, digital thermometers, ENT scopes, infant and pediatric weighing scales, measuring boards, leveraging similar support provided by Global Fund. Based on need, some CDC's will also receive support for improving care of female HIV patients, such as examination tables for gynecologic examinations, examination lamps, and specula. The cost of this activity will be split 1/3 with MOHSS Palliative Care: BHCS and 2/3 with MOHSS ARV Services.
(5) Procurement of an additional 11 vehicles to provide adequate support and supervision to facilities within the catchment area of the district hospital, trace defaulters, and strengthen existing outreach services, particularly the districts involved in the decentralization of ART services. This activity is coordinated and leveraged with the Global Fund, which is also supporting vehicle procurement, so that by 2007, all but two districts will have at least one vehicle to support HIV/AIDS care.

The plus up funds will support the purchase of medical equipment, wich will improve care provided in the clinics and decrease overall laboratory costs by avoiding the need to send out blood to the laboratory to test for hemoglobin, glucose and lactate levels of patients on antiretroviral therapy.

Continued Associated Activity Information

Activity ID:	3876
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Services, Namibia
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 3,950,056.00

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

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.	120	☐
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy	47	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	50,349	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	42,000	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	18,835	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Number of HIV viral load tests performed during reporting period: 9000

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Host country government workers
Public health care workers

Key Legislative Issues

Wrap Arounds

Other

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7339
Planned Funds:	$ 5,626,068.00

Activity Narrative: This activity is an expansion of FY06 (relates to Potentia Basic Health#7340, Potentia PMTCT#7344, MoHSS ARV Services #7330, MoHSS ARV Drugs #7335, ITECH ARV Services 7350 and Potentia SI #7338) to provide urgently needed supplemental health personnel to the Ministry of Health and Social Services (MoHSS) through Potentia.

This activity addresses the critical human resources gap at facility levels to delivery HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and at the level of quality that is required for ARV roll out and palliative care expansion. This in turn creates issues of bonding and incentives for these cadre of health care workers to return to Namibia and retention incentives for staff currently serving in the country. The vacancy rate in the Ministry is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists.

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 HIV/AIDS care and treatment services on the scale and at the level of quality that is required for ARV roll out. Since FY04, the USG has assisted the MoHSS to address this gap by providing supplemental personnel to the MoHSS through Potentia, which administers salary and benefits packages equivalent to those of the MoHSS (however the hiring process is more rapid than that of the MoHSS). Both HHS/CDC and the MoHSS participate in the selection of health personnel who are then trained (in ART, OI and Pain management, PMTCT, TB, Nutrition, and 2007, STI diagnosis and management, and Prevention with Positives) and provided with field support by ITECH, HHS/CDC, and the MoHSS with USG funding. Beginning in FY06, Potentia also began supporting technical and administrative staff that were previously funded through I-TECH – in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets.

Potentia currently contracts 33 doctors, 23 nurses, 12 pharmacists, 3 pharmacy assistants, and 15 data clerks (total of 86 staff) to 29 MoHSS Communicable Disease Clinics (CDCs) which manage approximately 80% of the approximately 22,000 patients on ART in the public sector. The Ministry has recently re-set national ART targets to have started 34,745 on ART by March 2007 and 50,349 by March 2008. To reach the 2008 target will require an estimated 79 doctors, 106 nurses, and 58 pharmacists (total of 243 staff) working full-time in Communicable Disease Clinics. The Ministry does not have this capacity and FY06 staffing levels supported by PEPFAR are only 41% of this projected need for FY07. The FY07 request is therefore to contract a total of 60 doctors, 75 registered or enrolled nurses, and 40 pharmacists or pharmacy assistants for a total of 175 professionals, or 72% of the projected need with the remainder to be made up by the Ministry itself, the Global Fund, and other partners such as DED and VSO who focus on specified regions in the north. Some of these staff may be eventually deployed to health centers and clinics as ART/care is decentralized through the IMAI approach (see Palliative Care Overview.) At least 13 nurses are destined to support the Supervisory Public Health Nurse in high-burden districts, with TB/HIV activities; this is a new support position in 2007 added in response to needs expressed during MoHSS supervisory support visits. In addition, a new position of medical technologist was added to the MoHSS Tertiary Care Services Division to assist in monitoring the appropriateness of invoices submitted by the NIP for bioclinical lab monitoring testing. The USG works closely on the management of the national ART program from within Ministry headquarters and is able to quickly leverage resources, including personnel assignments, with these other important partners. The MoHSS will begin encouraging the hospital CDC's to rotate their staff in through the CDC to expand the number of staff who are aware of basic palliative care needs of HIV+ patients.

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. This may change as those with earlier stages of HIV are identified and enrolled into comprehensive HIV/AIDS care. Therefore, in FY07 1/3 of the budget for contracted HIV/AIDS health professionals will be assigned to Palliative Care: Basic Health Care 7340

whereas 2/3 will be assigned here to Treatment: ARV Services. Quality of ARV Services (e.g. indicators based on proportion of eligible patients who are: on ARV, had a CD4 count tested within the past 6 months, on appropriate regimens, were seen by provider within the previous 3 months, etc) will be assess at 12 CDCs in 2007 through the HIVQUAL initiative (see ARV services #7450). The HIVQUAL medical officer will also assist in collecting annual evaluations from MoHSS supervisory staff to assess HIV provider performance. Underperforming staff will be offered opportunity to address deficits through additional training.

In addition to providing contracted clinical personnel to Communicable Disease Clinics, this activity will also support the provision of training personnel to ITECH and the Ministry's National Health Training Center and Regional Health Training Centers. The training centers do not have sufficient human capacity at present to provide this training due to competing priorities with CT, PMTCT, TB/HIV, STIs, and other activities. Though adaptation of the WHO IMAI curriculum is underway, this will be an ongoing activity in FY07 as the training is evaluated to ensure that it equips nurses to provide quality HIV/AIDS treatment. This activity will cover 0.5 FTE of a US-based ITECH curriculum development expert to develop the capacity of a Namibian in curriculum development, a driver to transport tutors to IMAI clinical sites for follow-up after IMAI training, an STI trainer, an additional nurse trainer, and a trainer manager to ensure that sufficient numbers of the best-suited nurses for IMAI complete quality training.

The plus up funding will support cost of living increases of 5% for all Potentia hires working in ART clinic sites - including doctors, nurses, pharmacists, pharmacist assistants and data clerks. The figure here includes current hires and projected hires for 2007, who will need to be hired at this increased rate. This was not otherwise budgeted for in COP07. The increase brings the Potentia hires in line with Ministry positions, but does not exceed those positions.

Continued Associated Activity Information

Activity ID:	3893
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Potentia Namibia Recruitment Consultancy
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,294,324.00

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

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy	42	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	40,279	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	34,200	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	15,068	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Number of health workers trained to deliver ART services, according to national and/or international standards: 435

Target Populations:

Doctors

Nurses

Pharmacists

Public health care workers

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7350
Planned Funds:	$ 1,503,562.00

Activity Narrative: The lack of comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the Directorate of Special Programs to train new and existing health care workers in HIV/AIDS, including the care and treatment of infants and young children. I-TECH provides technical advisors, training and curriculum experts, clinical mentors, educational and training materials, monitoring and evaluation systems for training, infrastructure, training logistics, and funding for training. Based on new or updated national guidelines, I-TECH has facilitated the development of the Ministry's national training curricula on PMTCT, VCT, rapid HIV testing, Couples Counseling, TB/HIV, ART, nutrition and HIV, IMAI, Dried Blood Spot Collection for HIV DNA-PCR for Infants, and pediatric care/ART. Support is also being provided to incorporate this new content into the pre-service training curricula for registered nurses at UNAM and for enrolled nurses at NHTC. I-TECH will play a critical role in the decentralization of palliative care and ART through various levels of training ranging from didactic sessions to clinical mentoring. To date, a total of more than 3800 health workers have been trained in the various HIV/AIDS topics.

I-TECH's emphasis areas in ARV services include training, local organization capacity building, and quality assurance and supportive supervision. Funding will cover:

1) Recruitment and salary support for four experienced HIV physicians-1 funded under Potential-to serve as Clinical Mentors (based at Katutura Hospital in Windhoek, Oshakati Hospital, Otjiwarango and Katima Mulilo) to provide on-site clinical supervision and mentoring to ART sites. They will work to support the IMAI roll-out and 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) One TOT in Integrated Management of Adult and Adolescent Illnesses (IMAI), which will take place following the adaptation of the World Health Organization's IMAI curriculum (scheduled for end 2006), which targets nurses. In addition, the IMAI training package includes a set of patient education materials that I-TECH will adapt for use in Namibia. Subsequently, 7 regional trainings will be conducted, targeting the IMAI roll-out sites identified by MoHSS. The IMAI training package addresses stigma and discrimination issues of health care workers through the use of Expert Patient Trainers. (These costs will be shared with ITECH_PC:Basic Health_#7349 and ITECH_PC:TB/HIV_ #7353.)

3) 4 ART in-service trainings for 150 government physicians, to be conducted by the Physician Training Manager (PTM), the Clinical Mentors (CMs), and in-country physicians selected and trained by I-TECH.

4) 2 in-service trainings in ART for 50 private physicians, to be conducted in collaboration with the Namibia HIV Clinicians Society.

5) 4 pediatric HIV trainings for 100 health care workers, to be conducted by the PTM and CMs, and in-country physicians, selected and trained by I-TECH, and clinical rotations at Katutura Hospital.

6) 1 TOT and 5 regional training session on Adherence Counseling.

7) Curriculum development support to the content expert (funded through Potentia_ARV Services_ #7339) who will integrate HIV/AIDS and ARV treatment into the UNAM 1-year advanced nursing and pharmacotherapy program.

Funding currently covers: Recruitment and salary support for four experienced HIV physicians- funded under Potentia -to serve as Clinical Mentors (based at Katutura Hospital in Windhoek, Oshakati Hospital, Otjiwarango Hospital and Katima Mulilo Hospital) to

provide on-site clinical supervision and mentoring to ART healthcare providers. Mentors will work to support the IMAI roll-out and 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. This additional funding will provide for another I-TECH Clinical Mentor to work in the northern regions. Expansion of the program has been requested by the DSP director. This mentor will serve additional sites, including both Ministry and FBO sites, providing direct mentoring exposure to additional healthcare personnel. Funding this position will also increase the number of mentors available to assist with Ministry directed trainings of all clinicians within Namibia, including those working in the MOD, who are soon to begin delivering ART services. The figure here includes salary, relocation costs and overhead.

Continued Associated Activity Information

Activity ID:	3866
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	I-TECH
Funding Source:	GHAI
Planned Funds:	$ 666,287.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services	13	☐
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	455	☐

Target Populations:

Doctors
Nurses
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7406
Planned Funds:	$ 1,751,727.00

Activity Narrative: The USG has supported 2 key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) and one FBO/NGO, Lifeline/ Childline – (LL/CL) to implement the PMTCT, AB, ART, counseling and testing, and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity). CHS manages 4 faith-based hospitals and 45 health centers and clinics in 3 different health regions. LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics. The 5 FBO hospitals are serving a population of 400,000 (20% of the total population). The Anglican Church Medical Services', Odibo Health Center (OHC), is located in the Engela District, Ohangwena Region, one of the most under-served health regions in the country. OHC serves 15,338 people. The center has 50 beds, 17 nurses, one counselor beside other non-health workers, but no doctor, pharmacist or pharmacist assistant. The center receives 200 outpatients' clients daily, and provides ANC, TB DOT, immunization, deliveries, and other services. It has outreach and home-based care teams but lacks sufficient funds. The center is proposed as an IMAI health site by the MoHSS to serve HIV/AIDS patients.

In 07, USG will support the OHC as a new partner. In addition to technical assistance and capacity building for staff, support will be used to recruit 1 pharmacist assistant, 1 ARV nurse, and 1 counselor. Other support will include assisting the center in its outreach program, purchasing a vehicle, furniture and equipment for the counseling and testing site requirements (e.g. fridge).

In 07, the MoHSS is expected to approve the decentralization of ARV services to selected health centers and clinics primarily through IMAI implementation. Thus another 2 sites (1 LMS, 1 CHS) are expected to provide ART services in addition to the 5 faith-based hospitals.

Staff will attend training courses organized by the Ministry of Health, the HIV Clinicians Society, CDC/I-Tech and MSH, including but not limited to HIV management, updated guidelines, best practices, management of complications, palliative care, PMTCT and others. In-service training will also be provided to other staff of these hospitals and health centers.

The capacity to do pharmaceutical management will be strengthened by the introduction of computerized pharmaceutical management in the five hospitals in 07 with the collaboration of MSH.

LMS and CHS will strengthen their links with ELCIN, CAA, DAPP and ELCAP to facilitate patient referral by home-based caregivers and community-based groups. The hospitals and district clinics will use these links to assist in the training of community volunteers as treatment supporters or local contact persons for tracing defaulters.

LMS and CHS will be supported in the assessment of HIV positive patients and/or their families for cotrimoxazole prophylaxis, TB screening and isoniazid prophylaxis for eligible clients, clinical nutrition counseling, micronutrients supplementation, minmal targeted nutrition supplementation for severely malnourished PLWHA who are on ART, counseling and testing, behavior changes, condoms and referral for family planning and STI clinics. Capacity will work with its sub-grantee partners and other USG partners (RPM+, I-Tech & CDC) to promote better ARV adherence for patients on HAART. This includes but is not limited to proper counseling, tools (pill boxes), reminders, calendars and self-reporting.

CHS will enroll about 1,800 new patients on ART during 07 and the cumulative number of patients receiving ARV drugs is expected to be 5,000 patients. To cope with the increased demand for ART services, CHS will further strengthen the links between the hospital, the ART clinic, and CAA and other community-based organizations. CHS will provide with the collaboration of MoHSS & I-Tech, ART training for 30 district staff members from 3 district health centers.

1,500 new patients will be enrolled for ARV per year by LMS and the cumulative number of patients receiving ARV drugs is expected to be 4,800 patients by the end of 07. In preparation for decentralization of ART services to selected district health centers, 30 nurses from health centers and clinics will be trained by LMS & I-Tech in PMTCT, rapid testing, ARV counseling, adult and pediatric ARV management, and ARV drug dispensing

and counseling. To cope with increased demand, LMS will recruit 1 pharmacy assistant, 2 registered nurses, and 2 counselors to supervise ARV distribution in peripheral health centers/clinics.

Of the 4500 patients who are on ART in the 5 hospitals, more than 1000 (22%) of them are pediatric patients. All 5 faith-based hospitals are capable of managing pediatric care and ART. Capacity is working with other USG partners (I-Tech/CDC) to update the Namibia Pediatric Guidelines. The project plans to train 40 health workers country-wide on management of pediatric ART. The implementation of PCR-DNA testing helps in early evaluation of younger babies (< 18 months) and enrolling eligible ones on ART. In LMS, where 524 (24% of all patients on ART in LMS) pediatric patients are on ART, 95 (18%) of them are less than 2 years and 201 (38%) of them are between 3 to 5 years old. In 07, training sessions for children's counseling will ensure quality counseling and will help in supporting younger patients and their caregivers clinically, psychologically and socially.

According to the MoHSS alcohol and drug use and abuse survey in 2002, 55.6% of the adult population was classified as current drinkers. Alcohol is known as a major contributing factor in the spread of HIV in sub-Saharan Africa. It also negatively impacts the eligibility of HIV+ patients to be able to start treatment, as well as contributes to non-adherence, defaulting, and increased risk of side effects in ART patients. Based on results from a study done at CHS Rehoboth Hospital and presented at the 2006-PEPFAR Conference in Durban, alcohol was identified as the main cause of defaulting in the Rehoboth ARV center, almost 46.6% of defaulting patients. In 07, Capacity through CHS will pilot an alcohol intervention program at the Rehoboth ART center. This program will be developed with technical assistance from the PEPFAR TWG Subcommittee on Substance Abuse to incorporate evidence-based interventions and will include health worker and counselor training to better understand and treat alcohol abuse and alcohol-induced problems in their patients through counseling, behavior change interventions, and rehabilitation where eligible clients will be referred to the National Rehabilitation Center (managed by MoHSS). The pilot program will include an evaluation component to assess program outcomes and lessons for potential program expansion to other CHS facilities. Baseline and monitoring data will be collected. Two social workers/nurses will be recruited to manage the program, which will be implemented with other health care workers at the ARV center.

A preliminary analysis of patient data from the LMS hospital showed a statistically relevant correlation between malnutrition and mortality of children on ART. 10 out of 11 dead children had moderate to severe protein-energy malnutrition before starting ARV therapy. Capacity will assist LMS in completion of a similar analysis to cover other factors affecting mortality of patients on ARV such as age, nutritional status, opportunistic infections, gender, immunization and others.

Capacity will monitor the quality of clinical services in the ART sites by monitoring certain quality indicators (as CD4 testing frequency, TB screening and others). As stated earlier under the care program area, the recruited health worker responsible for nutrition assessment, nutrition counseling & co-ordination with the support groups will also be responsible for this activity.

Continued Associated Activity Information

Activity ID:	4737
USG Agency:	U.S. Agency for International Development
Prime Partner:	IntraHealth International, Inc
Mechanism:	The Capacity Project
Funding Source:	GHAI
Planned Funds:	$ 1,718,268.00

Emphasis Areas	% Of Effort
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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of service outlets providing antiretroviral therapy	7	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,800	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,800	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	3,300	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	360	☐

Indirect Targets

Indirect targets includes the over 5,500 patients being treated by the private sector through the members of the Namibian HIV Clinicians Society.

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
HIV positive pregnant women
Other Health Care Worker
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Twinning

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: HIVQUAL
Prime Partner: US Health Resources and Services Administration
USG Agency:
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7450
Planned Funds: $ 150,000.00
Activity Narrative: This activity will expand upon pilot quality improvement (QI) work started in FY06 that included technical assistance from the HIVQUAL Program of the AIDS Institute, New York State Department of Health through HHS/HRSA. An initial site visit was made in July-August 2006 to present the QI program model to the MOHSS. The undersecretary of MOHSS indicated that the HIVQUAL Program was consistent with Namibia's health care quality improvement plan and encouraged the Directorate of Special Program's Case Management and M&E units to collaborate with the health services division's Quality Assurance Unit to begin implementing HIVQUAL, with technical assistance from HIVQUAL and CDC. A position description for a Quality Improvement Medical Officer was developed to recruit a project manager under Potentia . A HIVQUAL working group will be convened to develop a work plan to adapt the HIVQUAL methodology to Namibia's needs and select core quality indicators and pilot sites. A part time informatics/data clerk based in the M&E unit will be assigned to assist with HIVQUAL assessment. A second visit in late 2006 is planned to finalize indicator and site selection, provide training and capacity building and initiate a baseline assessment using the HIVQUAL method in a group of pilot sites.

In FY07, the continuation and expansion of HIVQUAL-Namibia will be executed under the leadership of the Ministry of Health and Social Services in close collaboration with CDC-Namibia for technical support. Activities will include: 1) QI training; 2) assessment of quality management programs at the participating clinics; 3) performance measurement (at six month intervals) of selected core indicators; 4) ongoing quality improvement coaching to participating sites; and 5) regular conference calls with the US-based team. Data analysis and planning for expansion based on the results of the pilot will also occur.

Activities will result in strengthening systems of care and documentation in health care facilities. The emphasis of this method is to develop skills for use of performance data by providers within their organizations and for the specific purpose of driving improvements in their systems of care. Training will also be provided to key MoHSS staff at the national, regional, and site level as indicated.

Continued Associated Activity Information

Activity ID: 3865
USG Agency: HHS/Health Resources Services Administration
Prime Partner: US Health Resources and Services Administration
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	48	☐

Indirect Targets

The total trained of health workers trained is 96. However, half are accounted for under I-TECH training.

Target Populations:

Doctors
Nurses
Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DOD/I-TECH/U. of Washington
Prime Partner: University of Washington
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7889
Planned Funds: $ 370,000.00
Activity Narrative: This program will continue to deliver a treatment program for military members supported by the Ministry of Defense's Military Action and Prevention Program (MAPP). The goal is to ensure all HIV positive military members receive the health care they need while ensuring Namibia's national security. Up to 300 patients new to ART are expected with a total of 1200 on ART managed by the military health system at the end of the year. This program will be completely cooperative with the MoHSS' national treatment program as up to 400 military personnel will be be transitioned to public hospitals services when they are medically retired from the military or transitioned to distant areas the military hospitals cannot support.

A minimum of two full time doctors will be hired to directly support this ARV treatment program. One will work at the Grootfontein Army hospital and the other will work at the Suiderhof Military hospital in Windhoek. Approximately 32 NDF medical members will be trained to manage military members who receive ARVs. 40 MOD/NDF sickbay based peer educators will be trained to provide ARV information and adherence counseling. This program will be managed by the DAO PEPFAR Program Manager through an experienced HIV/AIDS contractor that will be selected through a competitive process. At all levels attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination.

Continued Associated Activity Information

Activity ID: 4489
USG Agency: Department of Defense
Prime Partner: University of Washington
Mechanism: I-Tech/MoD Treatment, Training, and Oversight
Funding Source: GHAI
Planned Funds: $ 225,000.00

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

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling	40	☐
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy	2	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,200	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,200	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	300	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	32	☐

Target Populations:

Nurses
Most at risk populations
Military personnel
Public health care workers
Other Health Care Worker
Private health care workers
Doctors

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Cooperative Agreement U62/CCU024419
Prime Partner: Namibia Institute of Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7975
Planned Funds: $ 40,000.00
Activity Narrative: This activity contains one component to provide an additional medical technologist to perform viral load testing at the main Windhoek laboratory of the Namibia Institute of Pathology (NIP). This is a new activity for FY07 in support of ARV services and relates to other NIP activities in PMTCT (7927), TB/HIV (7971), and Lab Infrastructure (7337), as well as to Basic Care, Ministry of Health and Social Services (7331), and CDC lab infrastructure (7358).

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. During February 2006, the national ART treatment guidelines were updated to include viral load testing for patients suspected as failing treatment. With the expansion of ARV treated patients in Namibia, viral load testing will become an increasingly critical part of bioclinical monitoring. Future guidelines may expand to more routine measurement of HIV-1 viral load to screen for treatment failure. With help of USG, NIP acquired a state of the art molecular biology lab with viral load testing capacity. Anticipating increasing demand for viral load testing, a dedicated lab technician will be hired and placed at NIP to perform this service. It is expected that >9,000 viral load tests will be performed in FY07 and an additional technologist is needed for the laboratory to have sufficient capacity in response to demand. This person will be supported by the CDC laboratory scientist assigned to the NIP's molecular HIV laboratory.

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

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period	9,000	☐
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8017
Planned Funds: $ 72,365.00
Activity Narrative: The Senior Advisor on Care and Treatment provides leadership for USAID programs in the areas of PMTCT, ART, Injection Safety and other areas as necessary to assist the HIV/AIDS team in planning, implementation, management, monitoring and evaluation of the care and treatment portfolio. The Advisor works in close collaboration with other USG agencies to identify crosscutting themes, liaises with development partners and stakeholders, and serves as the primary contact for these service areas with the Ministry of Health and Social Services (MoHSS). The Advisor is responsible for planning care and treatment program activities with Cooperating Agency partners and other local implementing partners and ensuring that the program remains appropriate to Namibia, reflects the needs of Namibians, and that activities encourage broad community-based participation in decision making. The Advisor ensures alignment of program activities with MoHSS and O/GAC guidance and ensures timely submission of program and financial reports from care and treatment partners.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8088
Planned Funds: $ 1,515,090.00
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. The USG requires the services of local construction contractors to effect renovations at select sites throughout Namibia in the implementation of its FY07 PEPFAR program.

Facility renovation in Namibia is crucial for both provision of ART care and training of future ART providers. Many Ministry health facilities are in need of basic space in the outpatient department to accommodate the large influx of patients seeking ART. Several MoHSS sites are providing ART in inappropriate and unsafe environments, such as unused space on TB wards and operating theatres. This assistance will not necessarily result in more patients on ART, but will result in improved quality of services. USG will support renovations to two 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.

Continued Associated Activity Information

Activity ID: 3842
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Regional Procurement Support Office/Frankfurt
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 703,435.00

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy	2	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

N/A

Coverage Areas

Erongo

Kunene

Ohangwena

Otjozondjupa

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DOD/I-TECH/U. of Washington
Prime Partner: University of Washington
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12405
Planned Funds: $ 210,000.00
Activity Narrative: This program will continue to deliver a treatment program for the military members supported by the Ministry of Defense's Military Action and Prevention Program (MAPP). The goal is to ensure all HIV positive military members receive health care they need while ensuring Namibia's national security. Up to 300 patients new to ART are expected with a total of 1200 on ART managed by the military health system at the end of the year. This program will be completely cooperative with the MoHSS's national treatment program as up to 400 military personnel will be transitioned to public hospitals services when they are medically retired from the military or transitioned to distant areas which the military hospital cannot support. A minimum of two full time doctors, pharmacist, 2 clinic nurses and 2 community counselors will be hired to directly support this ARV treatment program. One medical will work at the Grootfontein Army hospital and the other will work at the Suiderhof Military hospital in Windhoek. Approximately 32 NDF medical members will be trained to manage military members who receive ARVs. 40 MOD/NDF sickbay based peer educators will be trained to provide ARV information and adherence counseling. This program will be managed by the DAO PEPFAR Program Manager through an experienced HIV/AIDS contractor that will be selected through a competitive process. At all levels, attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination. Medical equipment will be procured to improve care provided in the clinics and decrease overall laboratory costs.

Emphasis Areas	% Of Effort
Health Care Financing	10 - 50
Human Resources	51 - 100
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of military sickbay based peer educators trained to provide ARV information and adherence counseling		☑
Total Number of community counselors and CBOs trained in treatment adherence and monitoring patients on ART.		☑
Total number of Health Centers/Clinics supported in the decentralization of ART services		☑
Number of HIV viral load tests performed during reporting period		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,400	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period	500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	78	☐

Target Populations:

Military personnel

Key Legislative Issues

Wrap Arounds

Other

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Ministry of Health and Social Services, Namibia
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12406
Planned Funds: $ 49,300.00
Activity Narrative: This is a continuation of activities from FY04, FY05, and FY06, it relates to #7322, #7359, #7332, and #7338 from the 2007 COP. Computers including monitors, printers, and uninterrupted power supplies will be procured for 26 new staff with HIS/M+E responsibilities to continue and expand the capture, processing, and dissemination of routine ART data, including that for quality assurance. Namibia has resources to support a data clerk in each MoHSS ART clinic through PEPFAR and Global Fund support. Furthermore, the country is currently re-designing their ART management information system to improve the timeliness and relevance of information on patients receiving care and treatment. Procurement of these computers wil facilitate the capture and use of ART data with the ultimate end of improving services.

Table 3.3.12: Program Planning Overview

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

Total Planned Funding for Program Area: $ 2,367,923.00

Program Area Context:

The USG laboratory support team continued its strong collaboration with the Namibia Institute of Pathology (NIP) in FY06 to provide laboratory services in support of prevention, treatment, and care. The continued roll-out of the use of HIV rapid testing in Namibia has resulted in significant progress toward meeting program goals. Namibia currently allows 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 past experience that ~50% of patients did not receive their results when EIA was the prime method for serologic testing. There are now at least 65 VCT centers, hospitals, health centers, and clinics performing rapid testing whereas there were 20 in FY05. 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 use of a standard training curriculum for testers based on the CDC/WHO HIV rapid test training package, training trainers and testers; 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 neighboring rapid test sites and testers; support and preparation visits to all new testing sites; development of certification criteria for testers and test sites; and addition of new QA medical technologists to the NIP. Lack of medical technologists and funds for quality assurance testing remain obstacles to rapid rollout. The Ministry has also adopted a cautious approach to the introduction of rapid testing and limited the number of sites, but this should accelerate significantly in FY07 with additional staff and based on positive experiences in FY05 and FY06.

The contributions of a USG-funded laboratory scientist stationed at the NIP continued to provide a major boost to molecular diagnostics particularly the introduction of diagnostic DNA PCR testing. Validation of dried blood spot samples for diagnostic DNA PCR testing at the NIP and development of a new diagnostic algorithm for early diagnosis in HIV-exposed and symptomatic infants was accomplished in FY06. Capacity for performing viral load assays has also been implemented in the central laboratory and a national policy has been adopted for use of the assay only when drug resistance is suspected. In FY07, an additional USG-funded laboratory scientist with expertise in Tuberculosis testing and Quality Assurance Systems will be hired and stationed at the NIP. Expertise in TB testing will be of critical importance due to ongoing surveillance for TB MDR. In addition, trainings will be supported for NIP technical and managerial staff from the central and peripheral laboratories based on a comprehensive assessment of training needs performed in FY06. Trainings will be focused on laboratory management including development of a strategic plan for national laboratory services, CD4 technology and instrumentation, Quality Systems and Tuberculosis and OI.

The protocol for the first threshold survey of drug-resistant HIV has been approved by the Ministry, but because the national sentinel survey will not be completed until October 2006, no testing has yet been performed on any samples. This is nonetheless a priority for FY07, though capacity limitations within NIP and the Ministry will remain challenges. The plan is to complete the threshold survey at sentinel sites, which will be expanded in FY07 once the threshold has been reached. Arrangements will be made for Namibians to complete viral RNA extraction and genetic sequencing at a laboratory outside of Namibia. The first group of six Namibians who had science degrees from the University of Namibia will complete training as medical technologists in South Africa in just two years and will return in December 2007 to take up positions in the NIP. The Ministry has only one laboratory technologist to oversee all of the needs in the Ministry's 331 health facilities and the quality of services being received through the Namibia Institute of Pathology (NIP), who performs most laboratory tests for the Ministry. The Ministry has therefore requested and additional technologist to support these functions at the national level. This will be important to support the decentralization of ART/care services to the district level and Potentia funds from 2006 will be used to expedite recruitment.

Program Area Target:

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	715,581
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	7
Number of individuals trained in the provision of laboratory-related activities	264

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7323
Planned Funds: $ 305,500.00
Activity Narrative: This activity will provide funding for one laboratory scientist and one TB /Quality Assurance specialist to be 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, to continue surveillance for HIV drug-resistance, improve TB diagnosis and strengthen Quality Assurance. It relates to the MoHSS/PMTCT Activity #7334, CDC #7357 and NIP #7927 and TBD #7358.

In FY05, CTS 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 DNA PCR, CD4, HIV incidence testing, and resistance testing. During FY05, the diagnostic algorithm for pediatric diagnosis using PCR has been developed and the use of dried blood spots (DBS) has been field-tested. During FY06 in collaboration with the Ministry of Health and Social Services (MoHSS) PMTCT program, the diagnostic DNA PCR has been introduced for symptomatic infants and HIV-exposed infants at 6 weeks of age. Staff at the lab have been newly trained in PCR, new equipment has been bought and health workers have been trained in the collection of dried blood spots. Also, following training in the BED incidence assay by CDC/HHS in October 2005, NIP plans to introduce HIV incidence testing with banked specimens of the 2006 sentinel survey once an updated assay is available. The first threshold survey of HIV drug-sensitivity is to be conducted in late 2006 on samples from the 2006 sentinel survey. During FY06 in collaboration with the Association of Public Health Laboratories, 2 laboratory management training workshops have been conducted. In FY07, there will be a follow up and evaluation of the management training with an emphasis on Strategic planning. In FY06, this scientist has also taken on an key role as laboratory liaison for USG laboratory related activities.

In FY06, a team of TB laboratory experts from CDC traveled to Namibia to assess the Lab services provided by NIP TB Labs. An action plan based on the laboratory assessment was implemented to address problems identified through targeted technical assistance, training, logistical and information technology support, and quality assurance. A team of Tb experts from the American Society of Microbiology and a Russian scientist spent 2 months to help strengthen the TB lab. One TB/QA laboratory specialist will be hired and placed at the Namibia Institute of Pathology to work with the USG supported laboratory scientist to implement the recommendations made and to support the overall NIP quality assurance system.

This activity also leverages resources with the Global Fund, the Bristol Meyers Squibb "Secure the Future" project in the Caprivi, who provide 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.

Continued Associated Activity Information

Activity ID: 3862
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Comforce
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 75,000.00

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	☐
Number of individuals trained in the provision of laboratory-related activities	54	☐

Indirect Targets

Number of tests performed at USG-supported laboratories during the reporting period: 21000

Target Populations:

Laboratory workers
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024419
Prime Partner:	Namibia Institute of Pathology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7337
Planned Funds:	$ 925,000.00

Activity Narrative: This activity, which contains 2 components, expands on activities implemented in FY06 and relates to MoHSS C&T(#7336), Potentia C&T(#7343), Potentia ART services(#7339), and TBD lab capacity building for TB, HIV, and malaria(#7358).

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 22,000 patients on ART since starting in mid 2003 and is expected to reach 50,000 patients by March 2008. This has placed enormous strain on the laboratory services for 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 complexity, it is important for Namibia to support 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. There is a severe shortage of qualified medical technologists who can perform newer test methods and ensure that best laboratory practices are followed throughout the NIP. In FY07, funds will provide salary support for 4 medical technologist positions in the central NIP laboratory for infant diagnostic PCR, viral load (used for patient evaluation upon clinical suspicion of ARV treatment failure per MoHSS guidelines), TB, and laboratory quality assurance (QA), and 2 medical technologists at peripheral laboratories in high burden regions to implement laboratory QA, as well as 5 laboratory assistants in the HIV and TB laboratories. The medical technologist positions include: one NIP medical technologist to be continued in the viral load laboratory in Windhoek; a second new technologist recruited in FY06 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; continued support for 1 technologist and addition of 3 others (2 at the central lab and 2 at peripheral labs), responsible for building capacity of NIP for laboratory QA, particularly with respect to supporting the nationwide roll-out of rapid HIV testing.

(2) The second component of this activity will go towards the QA program for HIV rapid testing that includes the provision of quality control samples, re-testing of 50 samples after start-up in order for the tester to become "certified", a 5% 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, technologists will also participate in USG-supported training for health workers, lab technicians & community counselors in rapid testing, certification, and support. In FY06, the USG supported the NIP in the provision of QA for rapid HIV testing at 65 testing sites (50 MoHSS sites and all 15 New Start Counseling and Testing centers).

(3) The third component of this activity will involve connection of an additional 10 district laboratories to the national laboratory information system, 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.
The plus up funds will support: (1) HIV Laboratory Equipment. Funds will be used to upgrade and expand HIV testing equipment at the central NIP laboratory in Windhoek. This need has come about by an increasing need to expand capacity to provide PCR testing, CD4 testing, and testing for opportunistic infections.

(2) HIV QA Medical Technologists. Two QA technologists will be recruited and hired to oversee the ongoing and expanding HIV testing activities within Namibia. These technologists will be critical in ensuring the ongoing roll-out of HIV rapid testing throughout the country, an activity slowed by the difficulties in assessing testing sites and proficiency of community counselors and health care workers to perform rapid testing. These technologists will be expected to travel throughout Namibia to monitor the quality of rapid testing and the safety and appropriateness of space being used to perform rapid testing. Additionally, these QA technologists will monitor routine HIV testing, including assessing equipment performance and proficiency of NIP medical technologists. These two QA technologists will also work in collaboration with the Ministry of Health and Social

Services, CDC, and other appropriate entities to ensure that HIV testing data, including rapid test data, is maintained and disseminated appropriately and in a timely manner.

(3) Development of Laboratory Training Unit. In 2006, NIP hired a training unit coordinator. These funds will be used to register and travel the coordinator to "train the trainer" courses as appropriate. This coursework will serve to develop the capacity of NIP to provide in-house training without having to rely on more costly "twinning" arrangements with laboratories in other countries. Initial courses that would be most appropriate include courses in infection control, quality assurance, data management, and courses specific to the latest HIV and TB testing techniques.
(4) Laboratory Training. Funding will be used to support materials, speakers, travel costs for participants, and space rental as appropriate to carry out HIV-related trainings within the NIP Laboratory Training Unit. Initial training will include courses on rapid testing, opportunistic infections, and STIs.

Continued Associated Activity Information

Activity ID: 3890
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Namibia Institute of Pathology
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 965,066.00

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

Targets

Target	Target Value	Not Applicable
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	741,805	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	☐
Number of individuals trained in the provision of laboratory-related activities	220	☐

Indirect Targets

Total number of bioclinical monitoring tests accounted for under ARV services: 553309;
CD4 machine contracts (136072 CD4 tests), Viral Load machines 9000 tests, PCR machines 8100 tests = 153172 tests
(153172+553309=706481)

Target Populations:

Adults
People living with HIV/AIDS
Pregnant women
Laboratory workers

Coverage Areas:

National

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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7358
Planned Funds: $ 0.00
Activity Narrative: This activity will cover the costs to perform genotypic HIV resistance testing 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 Ministry 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 and will do less to build local capacity within NIP, so collaboration with HHS/CDC-Atlanta 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 #7323) 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 22,000 Namibians are now on ART in the public sector and the quality of ART prescribing practices for the 5,000 patients 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. Funds for this activity will be carried over from leftover HIV resistance testing FY06 funds.

Continued Associated Activity Information

Activity ID: 3858
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 396,700.00

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 tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	5	☐
Number of individuals trained in the provision of laboratory-related activities	4	☐

Indirect Targets

N/A

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7451
Planned Funds: $ 389,404.00
Activity Narrative: The main focus of this activity is to provide support to the Namibia Institute of Pathology (NIP) to ensure that laboratory supplies are in sufficient supply and moving through a supply chain that will support the scale-up of the ART program. The NIP is a para-statal mandated to provide laboratory services in Namibia, and operates 34 laboratories across the country. In FY 2007, the SCMS project will facilitate the design of a new laboratory logistics management system for the NIP. This design will be developed in close collaboration with all key stakeholders, including USG-funded implementing organizations and other donor organizations such as the Global Fund. This activity will therefore focus on strengthening the effectiveness and efficiency of a revised laboratory supplies logistics system by ensuring that: 1) Forecasting and procurement planning capacity is developed and coordinated at the central level; 2) Required HIV/AIDS laboratory supplies are quantified and procured in a manner consistent with resources and policies for scaling up; 3) Inventory control procedures are consistently used at site and central level; 4) A logistics management information system (LMIS) is in place at all levels and the central level database provides the aggregated national data that is used for decision making; 5) Logistics policies and procedures are documented in a standardized procedures manual that is available and used at all laboratories supporting ART; 6) All key personnel in the existing laboratories are trained in these logistics policies and procedures; 7) A monitoring and evaluation plan with identified short and long term indicators and data sources is in place to monitor the supply chain and make adjustments as needed; 8) Interventions to remedy identified problems and issues in the system are being implemented.
Additionally, SCMS will provide support to a conduct multi-year forecast and quantification of laboratory supplies, which will be revised periodically. The quantification is essential for the accurate budgeting of needed funds for procurement of laboratory reagents and supplies. These activities will ensure that there is an uninterrupted supply of laboratory supplies to support the scale-up of ART services in Namibia, thus ensuring that the proper supplies, in the right condition and quantities get to the appropriate places at the correct time and at the appropriate cost.
To ensure long term sustainability of interventions, SCMS will assist in improving national capacity through training and skills transfer to NIP staff, and will ensure that the interventions are consistent with the vision and capacity of the NIP. In summary, the SCMS project will place emphasis on developing the capacity of personnel at the national and local levels to implement an efficient supply chain management system for laboratory supplies.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Namibia Institute of Pathology

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7919
Planned Funds: $ 278,019.00
Activity Narrative: The lack of comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the Directorate of Special Programs to train new and existing health care workers in HIV/AIDS. I-TECH provides technical advisors, training and curriculum experts, clinical mentors, educational and training materials, monitoring and evaluation systems for training, infrastructure, training logistics, and funding for training. Based on new or updated national guidelines, I-TECH has facilitated the development of the Ministry's national training curricula on PMTCT, VCT, rapid HIV testing, Couples Counseling, TB/HIV, ART, nutrition and HIV, IMAI, dried blood spot collection for HIV DNA-PCR for Infants, and pediatric care/ART. Support is also being provided to incorporate this new content into the pre-service training curricula for registered nurses at UNAM and for enrolled nurses at NHTC. I-TECH will play a critical role in the decentralization of palliative care and ART through various levels of training ranging from didactic sessions to clinical mentoring. To date, a total of more than 3800 health workers have been trained in the various HIV/AIDS topics. This activity relates to I-TECH 7352 for Policy Analysis and System Strengthening.

In 2006, CDC conducted an evaluation of the National Institute of Pathology (NIP) and in consultation with the NIP laboratory technical advisor, identified skills gaps among NIP staff to meet the demands of HIV & TB testing required to support the MoHSS plan for scaling up of treatment and care. In follow-up, I-TECH conducted a training needs assessment and recommended the creation of a training unit at NIP. Funding for NIP staffing and equipment for the proposed training unit is included under the NIP activity (HLAB #7337). The activities to be funded under this new I-TECH project include technical assistance and training facilitation to support the development of the training unit and the provision of in-service training for laboratory staff. Specifically, I-TECH will:

1) Develop curricula and conduct 10 in-service trainings for 200 laboratory staff on such topics as Use & Maintenance of Equipment, Standard Operating Procedures, Laboratory Safety, Site Supervision for HIV Rapid Testing, HIV/AIDS in the Workplace, and others. Training will be faciliated by the Namibia Institute of Pathology and the International Training Consortium.

2) Develop a Lab Training and Resource Centre at the national reference lab in Windhoek.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities	200	☐

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Twinning
Prime Partner: American International Health Alliance
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7999
Planned Funds: $ 100,000.00
Activity Narrative: In FY07, CDC-Namibia will initiate twinning through the AIHA Twinning Center to strengthen Namibia's national laboratory system, a new initiative for FY07. Activities are carried out to "twin" the National Institute of Pathology (NIP) with CIMAS laboratory in Zimbabwe. CIMAS is owned by the Commercial and Industrial Medical Aid Society of Zimbabwe and has acquired medical laboratories in Zimbabwe since October 1985. CIMAS processes over 60% of all pathology tests conducted in Zimbabwe. The laboratory is managed by three qualified pathologists, and its extensive network of branches and satellites are staffed with qualified medical laboratory scientists, nursing staff, and administration personnel. It is supported by computerized testing equipment and has linked databases to ensure access of information to all of its branches.

The twinning partnership will focus on building the capacity of NIP to perform the quality laboratory testing that is needed to meet the goals of the PEPFAR program. While it is important that the partners themselves determine the key objectives, it is anticipated that the partners will engage in on-going consultations, sharing of expertise, and exchange of staff for training periods.
Twinning activities will begin with a visit to Namibia by CIMAS leaders to observe the NIP's current capacity and operating procedures. This visit will be quickly followed by a visit of key NIP personnel to CIMAS to learn first-hand about the services and resources CIMAS can bring to the partnership. At this meeting, AIHA will facilitate the development of a partnership work plan, timeline, and budget that identifies specific activities the partners will undertake together. Thereafter, the twinning centre will issue a subgrant award to NIP to manage the partnership funds and each partner will select a partnership coordinator. Partnership funds will be used to support technical assistance/training visits and pay for materials and supplies for the activities the partners elect to undertake. Although the partners themselves will finalize their joint activities, it is anticipated that activities might include: strategic planning; reviewing and adaptation of organization structure, management and transport systems, and operational procedures and practices; development or adaptation of training for different cadre of laboratory staff and information systems management
The expected outputs and products from the partnership activities include:
-Partnership work plan and budget
-Technical assistance/training visits between Namibia and Zimbabwe
-Tools and materials, e.g. strategic plan; revised policies, training materials, etc.
-Mapping of laboratory services in Namibia— to determine the transport network and management systems
-Sharing of partnership results and best practices with colleagues in other African nations via articles, conference abstracts, meeting presentations.

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

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities		☑

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Laboratory Branch Consortium Partners
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8019
Planned Funds: $ 320,000.00
Activity Narrative: This is a new activity for FY07. The USG GAP International Laboratory Branch has established a CDC/GAP ILB Consortium consisting of 4 US partners with laboratory expertise. The partners include the Association of Public Health Laboratories (APHL), American Society of Clinical Pathology (ASCP), the American Society for Microbiology (ASM) and the Clinical Laboratory Standards Institute (CLSI). An NIP laboratory training needs assessment was completed in FY06, and recommended workshops and consultations will be organized in FY07. The presenting partner will be selected depending on the following priorities that were identified during the laboratory assessment. Priority areas for training and consultation are laboratory management including strategic planning for the national laboratory system (APHL); training on biomonitoring assays such as CD4 methods and instrumentation, chemistry and hematology (ASCP); OI focusing on tuberculosis smear microscopy, culture and drug susceptibility testing (ASM); and standardized laboratory methodology and quality assurance (CLSI). These activities will not support equipment or reagent procurement, items that are included within the direct-funding mechanism to the NIP through the new Cooperative Agreement with the USG. See NIP/Lab Infrastructure #7337.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	☐
Number of individuals trained in the provision of laboratory-related activities	100	☐

Target Populations:

Laboratory 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: $ 5,102,966.00

Program Area Context:

The USG supports the unified Namibian national monitoring and evaluation (M&E) plan, finalized in 06, designed to monitor and evaluate the National HIV/AIDS Strategic Plan. The plan describes the programmatic indicators to be collected at the national level as required for reporting by the MoHSS, PEPFAR, UNGASS and GFATM. However, implementation of the M&E plan is weakened by understaffing, weak capacity in staff available, lack of coordination for implementation, an information culture that limits intra-departmental sharing, lack of structures for management and approval of evaluations and research (including IRB), and an ineffective computerized information system. The USG SI team seeks to overcome these weaknesses by assisting the MoHSS and its partners in capturing and using high quality data while leveraging resources from other development partners. USG representatives sit on the national M&E Working Group to ensure coordination of USG SI support with that of other stakeholders. USG facilitates long-term sustainability through capacity building of local MoHSS counterparts and Namibian implementing partners while bridging the current MoHSS personnel shortage by contracting additional personnel until the MoHSS can assume these positions. With the wealth of HIV/AIDS data now available in country, USG will support and encourage public health evaluation initiatives in FY07 such that information use for public health is optimized. A national M&E capacity assessment using FY06 funds will result in an action plan for the improvement of M&E capacity at local, regional and natl levels. FY06 funding through MEASURE will be used to support sections of the action plan.
Members of the USG SI team includes the SI Liaison, USAID M&E Advisor, DoD attaché, and 2 CDC technical advisors who are based at the National AIDS Program- 1 health information systems (HIS) specialist and 1 M&E specialist. The SI team communicates regularly to support SI activities and the SI Liaison communicates key issues to the larger USG team during weekly meetings chaired by the Ambassador.

All USG agencies provide unduplicated data on direct/indirect targets semi-annually to the SI Liaison who then compiles program results for wider USG team review before submission. The Liaison works with individual agencies and partners to identify potential occurrences of double counting. During FY06 with OGAC support the USG began using GIS software to map program sites of individual partners to improve the ability to identify instances of double counting. Mapping is also used to assist partners to create better linkages and strengthen referral systems, identify areas for program expansion, and ensure services are rolled out appropriately given the geography and population characteristics of Namibia.

The USG SI team supports components of the national HIS, which provides HIV prevention/treatment indicators to the MoHSS, PEPFAR and other partners. Paper-based and electronic information systems developed by MoHSS with USG support have been implemented to monitor PMTCT, ART, & VCT programs. In FY06 USG continued to support these systems through software development, technical personnel, training, and technical mentoring of MoHSS counterparts and data clerks. In FY07 USG will support more data clerks whose roles will be expanded from the current focus on ART to include TB, PMTCT, and VCT; they will also be trained to improve their capacity in summarizing and reporting data. Use of HIV/AIDS data for public health evaluation is a particular emphasis area of FY07 HIS support from USG.

Another priority area is enhancing the efficiency of data collection and expanding information use to improve health services. USG will support upgrading the current MoHSS HIV/AIDS HIS to use more powerful software with a networked or web-hosted database so facilities can share data electronically, facilitating patient management and collection/reporting of HIS data for policy improvement. Sustainability is a high priority in this process. The USG will continue to support the use of locally-developed software for patient management in the 5 faith-based hospitals until these can be replaced by a national system with patient management capacity. Using the HIS ART data as a foundation, USG will continue to support the MoHSS to implement Longitudinal Surveillance of Treatment under the Emergency Plan (L-STEP) to provide valuable information for improvement of service delivery and HIVQUAL to monitor and improve the quality of ART care. In addition, USG supports implementation of nationally representative surveys, conducted

either by MoHSS personnel or locally contracted organizations.USG supported the design and implementation of a bi-annual sentinel HIV survey in 2006 and incidence testing will be completed on banked samples from that survey in FY07, providing the first-ever HIV incidence survey in Namibia. In FY07 the USG will also support analysis and dissemination from the 06 DHS (including AIDS module); yet because HIV testing is not part of the 2006 DHS, in FY07 USG will support planning of a behavioral and sero-survey (BSS+) to be completed in FY08, to ascertain the association between risk behaviors and HIV infection. A survey of TB cases to assess the extent of multi-drug resistant TB around the country will also be supported in FY07.
Since 2004, USG has provided data to identify behavioral drivers and trends through household surveys and analysis of communication networks in communities surrounding HIV treatment centers and where USG resources are concentrated. These investigations allow local tailoring of prevention and treatment programs including materials development, training curricula, and community action plans. In FY06 this effort was streamlined to adjust for changes in data needs of the larger USG program. This activity (7454) will continue in FY07 with an improved focus on data dissemination and use due to the involvement of a regionally-experienced South African research organization. Targeted M&E capacity building, training, and support will continue to be provided to local CBO, NGO and FBO partners as needed to strengthen reporting and utilization of data for decision making and budgeting.
In FY06 the USG supported a multi-sectoral training workshop on use of the Spectrum/Goals software packages to support HIV-related policy decisions. Using these and other tools, the USG assisted in building mathematical models to project the need for clinical, laboratory, and pharmaceutical services from 2006-2012. In FY07 support will continue to build capacity in the application of these tools, and help estimate continuing financial needs for the natl prevention, care and treatment programs.
In FY06 the USG team began a review of its prevention portfolio and this work will continue with support from MEASURE/Evaluation and the appropriate O/GAC TWGs during FY07. Additional funding to support evaluation of prevention programs is expected through core funds under the Gender Initiative (8030) and funding previously allocated by the Prevention TWG for evaluation of programs focusing on "B." (10101)
Since the beginning of PEPFAR there have been few program level evaluations which has diminished the ability of the USG team to make informed programming decisions. This lack of evaluation data will be addressed in FY07 through SI activities across many program areas. Evaluation activities are planned to examine pilot programs in alcohol (7406) and increasing male involvement (7403/7408), also the 1st evaluation the natl PMTCT program (7357), impact of infant feeding practices on health outcomes (7403), aspects of the palliative care program (8022), and Nawa Sport (7454). Pending MoHSS approval an assessment is planned to examine circumcision service availability and potential programs in Namibia (8007/7143). Funding has also been reserved (8018) for other PHE needs as prioritized by the USG team and partners.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	91
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	435

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7143
Planned Funds: $ 48,896.00
Activity Narrative: This first part of this collaborative study between University Research Council and the Policy, Development and Implementation Project (PDI) prime partner, The Futures Group International (8007) will look at the interest and demand for male circumcision among men, women and health workers in Namibia as a part of comprehensive HIV prevention services. The second part of the study, led by PDI, will look more closely at the costs to the Namibia health system associated with providing circumcision services, and will estimate how different levels of circumcision prevalence in Namibia could affect HIV infection. URC and PDI will work together to develop the draft protocol ensuring that data necessary for the costing aspect of the study (part 2) is collected during part one.

This activity aims at providing the MOHSS policy makers and program managers with appropriate data for decision-making regarding circumcision in Namibia. Using interviews, capacity analysis, and job analysis, a two component study will be conducted to: a) assess perception and understanding of male circumcision among both men, women and health care workers in Namibia, and its acceptability as an HIV prevention method; b) interview current and potential providers of MC to understand which protocols would likely be used if MC services were to be provided widely. The interviews will also collect information on the adequacy of existing infrastructure and local costs for salaries, facilities and supplies, and address MOHSS capabilities to respond to the level of demand that could result from inclusion of circumcision in HIV prevention package. The questionnaires will also be informed from findings of the 2006 DHS, which is planned to include several questions on circumcision.

The study will be conducted in 5 regions. Selection of regions will take into consideration population weight of different regions. MOHSS, and UNAM will be associated. The qualitative study regarding perception will be conducted by an anthropologist and 10 surveyors, and the study of capacity of MOHSS will be a prospective study conducted by an anthropologist associated with 1 person from the Primary Health Care Division of the Ministry of Health and Social Services, and one person from the Directorate of Special Programs, Ministry of Health and Social Services.

PDI and URC will collaboratively conduct presentations and discussions with USG, government and other interested parties in Namibia in order to thoroughly explain to them the study findings and explore the implications for program action.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100

Targets

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

Target Populations:

Community leaders
National AIDS control program staff
Policy makers
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Public health care 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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7322
Planned Funds:	$ 366,000.00

Activity Narrative: This activity continues USG FY04/FY05/FY06 funding to CTS Global and relates to these other SI activities: the Ministry of Health and Human Services (MOHSS) (7332), Potentia (7338), National Institute of Pathology (NIP) (7995), I-TECH (7355), and CDC (7359).

The emphasis for this activity will be to continue and expand the support from 2 technical advisors to Namibia's National AIDS Program, one to monitoring and evaluation (M+E) activities and one to the National Health Information Systems (HIS) Unit.

Monitoring and evaluation is a critical element of the National response to HIV/AIDS, the third 'one' (along with one unified strategic plan and one country coordinating body) in the UN framework. Namibia is finalizing an M+E plan to measure progress toward the goals in its national strategic plan for HIV/AIDS. This M+E plan stipulates indicators required from all government and non-government sectors; however, human capacity to finalize this plan and to obtain and process the indicators is extremely limited. To address this gap, the USG seconded technical advisors (TAs) to the National AIDS/TB Program, first a health information systems (HIS) advisor in FY05 and then an M+E specialist in FY06. To develop and sustain local capacity, these technical advisors work closely with their counterparts in the MoHSS.

Since FY05, the USG TA for HIS has supported establishment of the current national management information system (MIS) for ART and PMTCT while strengthening the MIS for VCT and TB. These systems have been providing crucial information for reports for MoHSS and partners (including PEPFAR) as well as assisting the government in projecting future program needs. However they are 'stand-alone' systems: data in a given department (clinic, laboratory, pharmacy) resides on one computer and cannot be easily accessed by the other departments; hence resulting in entry of the same information in more than one place. Moreover, facilities cannot share computerized data with each other unless cumbersome data management is performed.

In FY07 the HIS TA will focus on migrating data to a new system (web-hosted or networked) that will allow rapid exchange of information to the national level and among facilities to improve patient tracing (and hence avoid default), facilitate reporting, and promote data use for policy/program decisions. This phase will leverage information technology resources from the USA through private-public partnerships developed by OGAC and a partnership between the MoHSS and local information technology expertise (both public and private). Also in FY07, this TA will continue to: facilitate training of sub-national and national level data managers to expedite reporting and data synthesis, improve data quality, strengthen local use of information and dissemination; and continue to support the design and analysis of national surveys, including those for HIV drug resistance, HIV incidence, longitudinal surveillance of training (L-STEP), and TB drug resistance. To facilitate maximum data use, this TA will also continue to support spreadsheet modeling to inform policy makers of the current and future extent of the epidemic so that sufficient Government and partner support can be secured. Finally, this TA will continue from FY05/FY06 as instructor for the epidemiology/ biostatistics module of the University of Namibia MPH program to build local capacity in epidemiological study design and data collection/analysis.

The USG M+E TA has assisted in formulating/executing the M+E plan and designing and executing national surveys in the plan, including the HIV sentinel survey in pregnant women and the demographic and health survey (DHS). During FY07, this TA will continue support of national surveys, including analyzing 2006 sentinel survey results, coordinating the Health Facility Survey and the Demographic & Health Survey (DHS), and planning a BSS+ survey focused on HIV/AIDS to be implemented in FY2008. To promote appropriate execution and interpretation of these surveys, this TA will coordinate training workshops emphasizing surveillance concepts and general M+E concepts to all national and sub-national M+E personnel. The TA will also provide support for implementing the Ministry's computer-based management information system designed to track the indicators in the M+E plan (MTP3). This TA will also support M+E dissemination activities including quarterly reports required by MoHSS, biannual PEPFAR, Global Fund and UN reporting requirements. The M+E TA will also coordinate with the HIS TA to support the migration of HIS.

Leveraging the foundation of information systems and data capture personnel established

between FY04-FY06, SI objectives in FY07 will concentrate heavily on data quality and data use for program and policy improvement, since the lack of a fundamental M+E framework of systems that define and collect basic indicators forced FY05/FY06 activities to focus on basic building blocks of M+E. The HIS TA, while continuing support to routine data collection and indicator calculation, will focus efforts on using existing databases to report more detailed indicators (including TB/HIV and ARV drug adherence), both to support L-STEP and targeted evaluations as prioritized by the MoHSS, and to improve data quality through the HIVQUAL initiative. FY07 will, for the first time, include funding to support MoHSS personnel studying for their MPH degree at the University of Namibia to complete data analysis, interpretation, and presentation in their MoHSS program area with mentoring from the HIS technical advisor/epidemiologist. With existing data, the M+E TA will move on from coordinating the National M+E Plan and implementing surveys to create reports that synthesize information into practical recommendations for improving prevention, care, and other efforts to mitigate the epidemic.

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

Continued Associated Activity Information

Activity ID: 3844
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Comforce
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 550,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
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
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	203	☐

Indirect Targets

N/A

Target Populations:

Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7332
Planned Funds:	$ 558,520.00

Activity Narrative: This is a continuation of activities from FY04, FY05, and FY06 relating to CTS Global (7322), CDC (7359), Potentia (7338), and ITECH (7355). TEvery second year the Ministry of Health and Social Services conducts a survey at ANC clinics nation wide to determine the prevalence of HIV in pregnant women. Using methods recommended by WHO/UNAIDS, estimates from this survey is used to estimate the prevalence of HIV in the general adult population 15-49 years of age. This survey provides critical information for policy makers, implementers, and partners seeking to ameliorate the HIV/AIDS epidemic in Namibia. This activity will support planning and implementation of the national 2008 HIV Sentinel survey in pregnant women. The activity has two components: (1) providing computer equipment, ART patient record forms, and form filing systems for capturing, processing, and disseminating routine ART/PMTCT/CT/TB data; and (2) providing a team of abstractors to collect data for the Longitudinal Surveillance of Treatment under the Emergency Plan (L-STEP).

As detailed in activity #7322 and the SI area overview, timely data collection, processing and reporting are essential to measure progress in the National Strategic Plan for HIV/AIDS and improve services through program evaluation and targeted evaluation. The USG is supporting the MoHSS with personnel (activity #7338) and training (activity #7355) to facilitate these data collection, reporting, and program evaluation initiatives. This activity will provide equipment (computer and networking systems, internet communication, patient forms, and office supplies) to ensure data clerks and government HIS officers are able to collect and transmit data efficiently. It will also supply interviewers/data abstractors for L-STEP.

1. Computer equipment and patient record forms for collection and dissemination of routine ART/PMTCT/CT/TB data: This is a continuation of activities from FY04, FY05, and FY06, it relates to #7322, #7359, #7332, and #7338. The following items will be procured in order to continue and expand the capture, processing, and dissemination of routine ART/PMTCT/CT/TB data. It will ensure computer equipment and patient forms are available and in working order for both newly recruited and established data capture and processing personnel.

(a) Computers including monitors, printers, and uninterrupted power supplies will be procured for 28 new staff with HIS/M+E responsibilities (data clerks, data analysts, program administrators). In addition, 11 new computers will be procured to replace any of those now used around the country that fail (assumed to be 10% of all systems currently operating with PEPFAR support). 14 laptop computers for use in travel will be procured for M+E program administrators (3), data analysts (4), senior data clerks (3), L-STEP coordinator (1) and L-STEP data abstractors (3).
(b) Computer replacement parts and software upgrades are budgeted to maintain optimal productivity. Memory sticks for ease of transferring files will be purchased for use by all SI staff.
(c) Rapid, efficient, secure exchange of data is critical to program monitoring and improvement, but it remains a challenge in Namibia. This activity will provide secure email access (including telephone lines, Internet Service Provider subscriptions, and telephone bills) to all facility and regional data clerks.
(d) In FY06, books of patients forms were assembled, and new books are budged for FY07 for patients newly registered for ART. The forms for collecting treatment monitoring information on all patients receiving care at public facilities were approved by the MoHSS technical advisory committee on ART. Approximately 12,000 patient books will be required during FY07.
(e) This is a new sub-activity in FY07. Funds will be used to purchase a national-level license for new software for collecting and reporting ART, PMTCT, CT, TB data. The current software system is due to be phased out in FY07. The actual software product is being decided by technical experts and finalized with a consensus-building process.
(f) This is a new sub-activity in FY07 which will establish a wireless network within the country's largest hospital (Katutura) to facilitate clinical patient management via rapid communication between the clinics, laboratory, and pharmacy; and another wireless network to faciliate communication between two MOHSS facilities, one housing the antional level HIS and the other the national level M&E system. The use of these relatively inexpensive technologies (compared with hardwiring) will facilitate exchange of ART, PMTCT, CT, TB information among clinics, laboratories, pharmcies, and the national level. Softward and operating systems for these networks will be selected through the consensus

development process outline in #7359 and the overal MIS migration described in #7322. Support from high levels of the MoHSS (under Secretary), in additon to the obvious benefits of a unified system, will help overcome the logistical challenges and promote sustainablity of this effort.

The second wireless network will allow information exchange among M+E and HIS personnel at the national level. Currently data necessary for HIV program evaluation is often not available to the M+E personnel and program managers who need to use it as data is collected by a different department with no shared network between them. The proposed network will allow secure sharing of information between these departments.Design of both these networks will receive support from a CDC network specialist based in South Africa who will consider the longer term needs of the Ministry.

(2) Surveyors and data abstractors for L-STEP: This is a continuation of FY06 and relates to #7338 in which Potentia will hire a coordinator for the project Longitudinal Surveillance for Treatment under the Emergency Plan (L-STEP) and to #7322 in which CTS Global will support an HIS technical advisor. Collecting and analyzing information on the same individuals over time is essential. Basic clinical data is routinely collected in Ministry-approved patient records and electronically entered by CDC-supported data clerks at the ART sites, but additional data will be required for L-STEP. L-STEP was established in FY06 as a system of longitudinal surveillance of a sample of adults and children on ARV therapy at treatment sites receiving Emergency Plan support, to provide standardized cohort information on treatment retention, drop-out, and death, regimen adherence and change, change in health status indicators (weight, function), co-infection with active TB, receipt of a basic package of HIV care services, and development of HIV drug resistance.

This activity will also support a team of 3-4 data abstractors (students from the national university on summer holidays) and interviewers who will visit a sample of USG-funded treatment facilities throughout the country to obtain information necessary for L-STEP. The Potentia-hired coordinator will complement the CDC-supported HIS advisor and M+E advisor currently in the field.

Continued Associated Activity Information

Activity ID:	3879
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Services, Namibia
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 266,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	14	☐

Target Populations:

National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7338
Planned Funds:	$ 1,177,833.00

Activity Narrative: This activity is a continuation and expansion of FY04/FY05/FY06 and also relates to CTS Global (7322), CDC Base (7359), MoHSS (7332), Namibia Institute of Pathology (NIP) (7995), and ITECH (7355).

Potentia, a sub-partner in FY04 and a direct partner starting in FY05, is a private-sector Namibian personnel agency.

Yearly Namibian public health services provide PMTCT to more than 40,000 women, VCT to >50,000 additional people, ARV treatment to >20,000, and TB treatment to approximately 17,000 (many of whom have HIV co-infection). Monitoring and evaluation (M+E) of these programs is critical to optimize their delivery and secure their continued support. Personnel with data collection, analysis, and dissemination skills are thus essential to these services.

For this activity, Potentia will administer an expanded cadre of SI personnel. Since FY04, data clerks and analysts have successfully analyzed and summarized ART and care data to service providers and policy makers at the local level to help track and improve services, and to the National level which reports to the Namibian Government and partners including PEPFAR, the UN, WHO, and the Global Fund. In FY06/FY07 responsibilities of this cadre are being expanded beyond routine data collection and reporting to assist with national survey and to enable, with analytic guidance from USG technical advisors, in-depth program evaluation including L-STEP and HIVQUAL.

SI personnel included here are those to support collection, analysis, and reporting of ART, PMTCT, VCT, and TB activities: data clerks, data analysts, graduate student analysts, M+E program administrators, and a project coordinator for longitudinal surveillance of ART patients (L-STEP). Both USG and the Ministry participate in the selection of personnel who are then trained and advised in the field by the MoHSS and the USG.

Training for SI personnel will also be expanded in FY07 (see #7355, #7322). This, combined with a more efficient computer-based management information system (see #7322, #7332, #7355), will permit more and higher quality evaluation of program design (including targeted evaluation) to occur so that successful intervention strategies can by identified and disseminated.

1. Facility-based Data Clerks: FY07 will expand the number of data clerks from the 30 in FY06 to 40 in FY07. In FY07 the data clerk role will also be expanded from a focus on to include facilitating data collection, entry and report dissemination for PMTCT, VCT, and TB programs. Some clerks have been employed since June of 2004; others are still being hired. Thus in FY07, clerks will be classified as normal-level data clerk, tenured data clerk, and senior data clerks with the following numbers: 32 facility-base, 3 tenure, and 5 senior. Senior and tenured data clerks will supervise and mentor the others.
2. Regional Data Clerks: These are new positions for FY07. One data clerk will be appointed for each of the 13 regions. Activities of the regional data clerks will be similar to the facility-based clerks with an emphasis on data summarization for the region. These individuals will partner with the regional HIV/TB program administrators to ensure coordinated collation and dissemination of ART/PMTCT/VCT/TB data at the regional level.
3. CT/PCR Data Clerk: This one new position for FY07 will be recruited and placed at the national level to coordinate data collection for the growing volume of PCR testing of HIV-exposed infants and voluntary counseling and testing services. This clerk will receive PCR testing results linked to post-natal PMTCT information. In addition, the clerk will receive VCT results collated by regionally-based Red Cross supervisors of facility based community counselors who complete the VCT process including provision of rapid test results.
4. Data Analysts: Since FY05, data analysts have been funded through this mechanism to provide training and technical support to the data clerks and to coordinate national-level data processing and dissemination. This activity began with 1 senior and 1 junior data analyst. Due to rapidly expanding needs, 1 more senior and 1 more data analyst will be added in FY07. One senior data analyst will focus on administration and training of clerks leveraging the computer training laboratory resource supported by the FY06 COP as well as on data collation and reporting at the national level. The second will oversee design and migration of the current ART/PMTCT/VCT/TB MIS to a more capable system. One junior data analyst will assist the first senior data analyst with administration, training and data

processing; the second on MIS. The data analysts are assigned to the head office of the MoHSS National Health Information System in Windhoek.
5. L-STEP Project Coordinator: Continued from FY06 and related to Longitudinal Surveillance for Treatment under the Emergency Plan (L-STEP), this activity provides a project coordinator for L-STEP in Namibia. Collecting and analyzing information on the same individuals over time is essential. L-STEP is designed to establish a system of longitudinal surveillance of a sample of adults and children on ARV therapy at treatment sites receiving Emergency Plan support to provide the country with standardized cohort information on treatment retention, drop-out, and death, regimen adherence and change, change in health status, co-infection with active TB, receipt of a basic package of HIV care services, and development of HIV drug resistance. The project coordinator oversees the program's goals and objectives, and direct project activities with data management and analytic support from data analysts. This will supplement CDC's ongoing work through an HIS advisor, M&E advisor and facility-based clerks and will leverage the ARV database and training efforts currently ongoing.
6. Program Administrators for M+E Unit: These 3 new positions relate to the M+E Technical Advisor (Activity #7322). They will be recruited to assist with surveillance, research, and compiling/disseminating M+E data from around the country. One will coordinate surveillance efforts called for by the National M+E Plan; another will coordinate program evaluation related to ART, TB, PMTCT, CT; another will assist with collecting and disseminating HIV-related M+E data from government sectors outside of health and from non-government partners.
7. UNAM Information for Action Fellowship Programme: To support the National AIDS Program with analysis and dissemination of routine ART, PMTCT, TB, and VCT data collected in facilities so that it can be used to improve care and prevention services, the USG will leverage resources with the University of Namibia to provide 2, 1-year MPH scholarships. Students should complete mentored analysis of routine data and write a thesis and present findings to an appropriate audience. Students will be mentored by MoHSS and USG personnel including the USG HIS Technical Advisor.
8. Systems development interns: New for FY07, 2 stipends for computer science graduate students from the Namibian National Polytechnic Institute (masters level in information technology- M-TECH) to support the development of the MIS for HIV, PMTCT, VCT, and TB activities while completing their masters thesis. Namibian M-TECH students selected for this role will receive oversight from the USG HIS technical advisor and an experienced systems developer from the US private sector as well as their thesis professor.

Continued Associated Activity Information

Activity ID:	3892
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Potentia Namibia Recruitment Consultancy
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 531,229.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	2	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	203	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care 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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7355
Planned Funds:	$ 313,807.00

Activity Narrative: This activity is a continuation and expansion of FY04/FY05/FY06 and also relates to Comforce (7322), Ministry of Health and Social Services (MoHSS) (7332), Potentia (7338), and ITECH Policy/Systems (7352).

The emphasis for this activity will be to conduct training to support the National Health Information System (HIS) Unit and the Monitoring and Evaluation (M+E) Unit of the National AIDS Programme in building capacity for the collection, analysis, and reporting of surveillance and routine health information related to HIV/AIDS. Training workshops will build capacity in personnel working directly or indirectly for the MoHSS to collect, summarize, analyze, and disseminate HIV/AIDS strategic information and thus advance the USG priority to use SI for program and policy improvement. This activity will also support a planning process for the FY08 behavioral and sero-survey for HIV (BSS+). It will leverage USG-supported technical advisors (#7322), equipment provided by USG (#7332), and personnel provided to the MoHSS with CDC support (#7338).

To support these efforts, the USG will use the expertise of I-TECH, an international NGO that has supported the MoHSS by training health care workers in skills and theory related to HIV/AIDS since 2003. I-TECH will coordinate training workshops on data collection and processing for those responsible for HIS/M+E around the country as well as the planning process for the BSS+. I-TECH will coordinate travel, venue, accommodations, meals, material production and other logistics for the workshops while technical instruction and facilitation will be the responsibility of topic-area specialists.

1) Training workshops in data entry/management/reporting: This is a continuation activity from FY04-FY06 that is being expanded in FY07. USG will support 6 central training workshops for data clerks and HIS officers to build their data entry, management, and reporting capacity so that they will be proficient in using the Ministry's management information systems for ART/PMTCT/VCT/TB. Selected participants of these workshops will also receive Training of Trainers (TOT) so they can give workshops in the regions where they work. This activity will leverage the presence of a computer laboratory housed at the MoHSS National Headquarters to train 20 individuals during each workshop.

An additional 6 regional-level capacity development workshops will be conducted by a national-level specialist in computer systems to build capacity in collection and reporting of ART/PMTCT/VCT/TB data. These workshops will target regions where data quality is questionable and will offer focused training for regional and district HIS officers using their own computers and data.

2) Training workshops in Monitoring and Evaluation (M+E): This sub-activity is new in FY07. USG will support 2 training workshops for MoHSS personnel and selected partners to build their capacity in the theory and practice of monitoring and evaluation of HIV/AIDS programs. Through this activity, 60 persons will be trained: 1 from each of 34 health districts, 1 from each of 13 health regions, 5 from the national level M+E and 8 from key partner organizations. This activity will provide travel, accommodations, and meals for participants as well as the meeting facilities.

3) Training workshops in Surveillance: This sub-activity is new in FY07. USG will support a training workshop for MoHSS personnel (HIV/AIDS health program administrators from the national and sub-national levels) to build capacity in the theory and practice of HIV surveillance. 20 individuals will be trained: 1 from each of 13 health regions and 7 from the national level. This activity will provide travel, accommodations, and meals for participants as well as the meeting facilities. International topic area specialists will be contracted to teach these workshops through the CDC mechanism.

4) Consensus building workshop for MoHSS HIS: This sub-activity is new in FY07 and will be supported by the USG M+E and HIS technical advisors. The MoHSS is in the process of selecting a new architecture for their routine health information system that will include the HIV/AIDS sub-systems as a component. This will replace the current system that has been in the field since 2000. Selection criteria may include (a) user friendliness, (b) networking capacity, (c) availability of local (in Namibia) support expertise, (d) cost. Candidate data structures may include proprietary and open-source solutions including Visual FoxPro, MySQL, SQL, and candidate front-end software may include JAVA and PHP. A 1-day retreat will be held at which candidate solutions from local and international

vendors will be showcased to upper MoHSS management and HIS/M+E program and technical personnel so they can select the best candidates and then assign criteria for the final selection of software and vendor. Technical personnel in the MoHSS will then take these decisions forward to select software and a vendor for the updated system for final approval by upper management. After software is developed according to decisions of upper management, a meeting will be held with HIS personnel from around the country to orient them on the architecture and functionality of the revised national health information system. This activity will provide travel, accommodations, meals, and facilities for the software selection and orientation process.

5) Planning for the FY08 Behavioral- and Sero-Survey for HIV (BSS+): Gaps in information needs to inform the National HIV and AIDS response continue to pose a challenge. Specifically, population-based HIV prevalence estimates have only been available from pregnant women leaving unknown their relationship to men and anyone outside age groups in which pregnancy is common. In addition, population-based estimates of high HIV risk behaviors (MSM, IDU, CSW) are unavailable as are estimates of HIV prevalence in these groups. Prevention strategies will benefit immensely from population-based estimates of these parameters. Findings from such a survey will improve impact through age-group, gender and behavioral segmentation strategies in national prevention strategies. This activity will plan a behavioral surveillance survey during COP07 for implementation in FY08. Planning will include three stakeholder meetings (1 national and 2 regional) to discuss the concepts, coordination structures, indicators, and measurement tools, laboratory testing methods and sample collection/processing logistics.

Continued Associated Activity Information

Activity ID:	3872
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	I-TECH
Funding Source:	GHAI
Planned Funds:	$ 13,728.00

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	51 - 100
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	203	☐

Indirect Targets

N/A

Target Populations:

National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7359
Planned Funds:	$ 210,000.00

Activity Narrative: This activity is a continuation and expansion of FY04/FY05/FY06 and also relates to CTS Global (7322), Ministry of Health and Social Services (MoHSS) (7332), Potentia (7338), and ITECH (7355).

The emphasis of this activity is to support the MoHSS National Health Information System (HIS) and the Monitoring and Evaluation Units of the National AIDS Programme in collection and use of HIV surveillance data as well as routine data from HIV/AIDS-related programs. This activity will continue to provide expert consultants to advise the MoHSS on HIV/AIDS database development, training on general concepts and practices of M+E, training in surveillance as a specific component of M+E, and laboratory analysis support for ARV drug sensitivity testing.

1) Database Maintenance and Development: Development and maintenance of efficient databases to capture indicator information is critical to monitoring and evaluation of HIV/AIDS programs. Since 2003 the USG has provided short and long-term technical assistance to the Ministry for ART, PMTCT, TB, and VCT database development and maintenance. This activity will continue systems development support to the MoHSS in FY07 to advise the Ministry as it upgrades and improves these systems to facilitate better patient management and program reporting. This support will draw on PEPFAR experience in other countries to identify pre-developed software tools that may be appropriate for implementation in Namibia.

2) Trainers for surveillance and M+E training workshops: Capacity in collection and use of indicator information, essential to effective program M+E, is severely lacking in the MoHSS. In addition, though routine ANC surveillance has been carried out regularly since 1992, understanding of methods for collection and interpretation of this information is weak. Experts identified through CDC/HQ will conduct training workshops in M+E and surveillance to build capacity in these areas. These trainers will conduct 4 M+E training workshops each including 30 trainees and 1 surveillance training workshop with 20 trainees. ITECH (7355) describes the personnel targeted for these workshops and coordination mechanisms through which they will occur.

3) Short-term training seminars for MoHSS M+E/HIS personnel: Lack of formal training and experience in MoHSS M+E and HIS personnel impairs their ability to capture, process, and use data. Building capacity in these personnel is one of the most effective means to increase efficiency in collecting, processing and using SI. Through this activity, higher level M+E and HIS personnel working for the MoHSS (program administrator level or above) will attend national and international workshops to prepare them better for technical and managerial responsibilities as well as to enable them to be effective "trainers of trainers" so the knowledge and spread and thus build SI capabilities at all levels. Capacity development will emphasize evaluation techniques to promote meaningful use and presentation of the data available to impact program delivery and policy decisions.

4) Drug Sensitivity Testing: Samples will be collected from routine HIV care and treatment services, and these will be sent to Atlanta where ARV drug sensitivity testing will take place. These activities will follow a standard international protocol that will be modified to suit the Namibian context and approved by a Namibian ethical committee (IRB).

Each sub-activity described above is designed to promote public health evaluation for program and policy improvement. TA for database development will facilitate more efficient collection and processing of HIV/AIDS data so it is available for public health program evaluation and improvement; Training workshops and seminars will highlight program evaluation methods to help improve service at both the local and national levels. ARV drug sensitivity testing will support public health evaluation by identify if there are any areas in the country where first-line ARV drugs may be losing their effectiveness and where adherence programs should be strengthened.

The CDC Systems Administration department runs a mail server and network used by the whole of the Namibian National AIDS Coordination Programme (Ministry of Health and Social Services). This require a dependable power supply. This activity will procure an uninterruptable power supply unit that will support the CDC server equipment to protect that equipment in the event of a power outage.

Continued Associated Activity Information

Activity ID: 3859
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 90,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	205	☐

Indirect Targets

N/A

Target Populations:

National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7427
Planned Funds: $ 264,036.00
Activity Narrative: In FY06 RPM Plus provided support and training to the ART Logistics Pharmacist of MoHSS. This ART Logistics Pharmacist position was created at the initiative of RPM+ in 2005 to serve as the lead person for the ART Commodity Tracking System (ACTS). The ACTS collects ART medicines consumption data from treatment facility and therefore provides national information on consumption of these medicines. The consumption information is also utilized for the projection of national ARV medicines needs using the RPM Plus quantification tool called Quantimed. Skill transfer for the use of Quantimed was successfully completed in 2006 with minimal technical assistance provided to the ART logistics Pharmacist.

The MOHSS Pharmacy Management Information System (PMIS) Task force activities were supported by RPM Plus in FY06. Those activities included the field testing of the PMIS indicators and the incorporation of comments for the final adoption. This is in preparation for training and implementation of the indicators. RPM Plus also provided needed hardware to assist with data collection in relation to the activities of PMIS.

Consumption data for the ARV, opportunistic infection (OI) and palliative care medicines are required to inform policy makers and the ART program on the reach of the ART services. Funding is requested in COP07 to continue support for the routine and seamless transmission of ART consumption data from the treatment facilities to the national level. High volume facilities will use the ARV Dispensing tools for the tracking of these data and the smaller facilities will be supported to use the monthly consumption reporting forms in the SOPs for the reporting of their ART medicines consumption.

Support the roll out of the ART Commodities Tracking System (ACTS)-
The ACTS includes the ARV Dispensing Tool and the National Database for the collation of national ARV consumption data. Currently the ARV dispensing tool is being used in 4 treatment facilities. RPM+ plans to increase the use of the ARV dispensing tool to another 6 higher volume facilities. These facilities will be using the ARV Dispensing tool to track consumption of ARVs and OI medicines in their facilities, complete the MoHSS ART monthly report and generate daily refill list to trigger defaulter tracing. The ARV Dispensing Tool will collate data that will feed into the national database that will be managed by the Supply Chain Management System (SCMS).

Support for the data collection activities of the PMIS task force-
Additional requirement for the efficiency of the data collection processes will be provided and may include computer hardware, data processing software and a database for the storing of aggregate information. The PMIS taskforce is currently being supported by RPM+ to develop MoHSS PMIS tools and system. In COP07 RPM+ will also support the PMIS task force to develop indicators for monitoring the implementation of the National Medicines Policy Implementation Master plan. Supplementary hard wares and soft wares to the ones procured in COP06 are therefore required. The additional procurement of these hard wares and soft wares is estimated to cost about USD $60,000. COP07 funding will also be used to provide TA to the PMIS taskforce for the development of the indicators.

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 local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7452
Planned Funds: $ 319,483.00
Activity Narrative: The main focus of this activity is develop and implement a Logistics Management Information System (LMIS) capable of monitoring national pipelines of ARVs, Test Kits, Laboratory Supplies and other HIV/AIDS related commodities. The system will provide relevant data to support forecasting, quantification and procurement and supply planning. One of the most significant challenges of rapid scale-up is capturing and analyzing critical logistics data. Well-developed information systems are required to track orders, ensure the visibility of inventory, monitor product shortages or losses, report defects, and manage donations. While data capture is critical and time consuming, even more important is the use of these data to create meaningful information that supports decision making. MSH/RPM Plus has developed an Antiretroviral Therapy Commodities Tracking System (ACTS), for the accurate collection and collating of data on patients on various ART regimens, to monitor the availability of HIV/AIDS related commodities and supplies and to obtain data for the quantification of needs.
In FY 2007, USG will support the systems analysis and design of a system to collect, transmit, collate and present the information in real time, building on existing tools and systems in country. Specifically funding will be provided to conduct a systems and options analysis of available tools, and following acceptance of the concept, the design of a system in collaboration with the MoHSS and relevant partners. By the end of FY 2007, USG will have facilitated, through a collaborative process, the design, costing and the development of an implementation plan for a comprehensive LMIS which will be capable of linking with the national HMIS to provide timely data and information on the HIV/AIDS supply chain in Namibia to all stakeholders. Consensus would have been obtained and funding sources secured for implementation.
To ensure sustainability, SCMS will build the capacity of staff of MoHSS through technical assistance, training, and skills transfer to effectively forecast, procure, and deliver rapid test kits and other health commodities, and to collect, use, and share supply chain information.

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 local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	6	☐

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7454
Planned Funds:	$ 465,692.00

Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning to direct funding as a local NGO under Namibian law, known as Nawa Life Trust (NLT). Pending results of the required pre-award survey, including financial/organizational capacity evaluation and recent information regarding timing for availability of FY07 funding, it will initially enter into a 'Leader with Associates Award' under JHU/HCP as NLT/JHU and move to direct funding when it meets all eligibility requirements under USAID's Acquisition and Assistance regulations. This process will ensure the continuity of program activities. The direct funding mechanism will replace the Associates Award and be implemented as soon as Nawa Life Trust is deemed eligible and is approved through the Botswana USAID Regional Contracting office.

In FY07, NLT/JHU's SI activities will continue with quantitative information gathered through the two year mid-term household surveys and qualitative data from community participatory assessments in selected treatment sites throughout the country. Based on guidance from the USG, network surveys will be discontinued in FY07. There will also be significant changes in the management of the SI activities which were previously managed by technical staff in Baltimore. These duties will now be coordinated by the new NLT Monitoring and Reporting (M&R) Officer with technical assistance from the South African based Center for AIDS Development Research and Evaluation (CADRE) (7456). This year, NLT will also focus on improving its system M&E process and will evaluate its Nawa Sport program (7455, 7457, 7456).

In FY07, the two-year mid-term household surveys will be conducted in Grootfontein, Omaruru and Gobabis, while four-year final surveys will be conducted in Oshikuku, Oniipa and Rehoboth, a total of 6 surveys. The local research firm, Research Facilitation Services, will continue to perform data capturing (24 field workers are trained to capture the data) and data cleaning. One national and four regional research dissemination workshops (reaching 81 organizations) and three data utilization workshops will be held to ensure that USG partners have information to guide their planning and evaluation efforts. Responding to partner requests and lessons learned: NLT will place a stronger focus on interpreting its findings for stakeholders to use in program planning and the dissemination workshops will be improved by positioning the results in light of local and regional trends, providing a venue to other implementing partners to share their data, conducting a deeper analysis of the community participatory assessments and linking qualitative information to the household survey data.

In FY07, NLT will perform two more community participatory assessments in Khorixas and Opuwo. The participatory assessment is an operational research tool that engages entire communities to identify and take ownership of identified HIV/AIDS problems. These assessments result in the formation of Community Action Forums (CAF) (7455, 7457, 7456). As with the household surveys, assessments are conducted in targeted areas where ART, PMTCT and VCT services are offered. The assessments begin with consultations with regional and local leaders to receive guidance and approval on the roll-out date and area for community assessment/mobilization program. The intent is to intervene in areas where the assessment will be most beneficial in terms of gathering information for program planning and implementation as well as for the community to develop an understanding of what is fueling the HIV/AIDS epidemic in their area. Data on what makes people vulnerable to HIV/AIDS is collected through focus groups, men and women in separate age groups of 15-25, 26-45 and 46+, as this has been found to be more effective in eliciting sensitive information on sexual practices and preferences and is facilitated by trained trainers from the community (7456). In total, 36 community members will be trained in the participatory learning assessment tool. The findings from these community assessments are reported to and first shared with the community through a community feedback meeting. Attendance at each meeting averages over 100 community members. This process helps community members identify issues and openly discuss how to address negative social norms that may fuel the spread of the HIV/AIDS epidemic. The findings are then further shared with regional stakeholders and at a national level during the annual dissemination workshop.

In FY06 NLT hired a Monitoring and Report writing person to coordinate monitoring, reporting and research activities. It is anticipated that, with technical assistance from CADRE, this will assist in improving the use of data by decision makers and ensure that data collected by partners is disseminated, in particular SMA's New Start statistics and

TRaC results and visa versa. CADRE will also assist the M&R Officer in reviewing monitoring tools, ensuring that data collection and reporting techniques are accurate, valid and reliable. The M&R person will represent NLT on the MoHSS's Social Science Research Committee, ensuring cross-pollination of activities and results. To measure success and impact of NLT programs, an external research firm (TBD) will be contracted to do a targeted evaluation of one of NLT's interventions, most likely Nawa Sport since this is a new and large program, in which various PEPFAR partners involved.

Continued Associated Activity Information

Activity ID:	3768
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 975,515.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	81	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Program managers
Volunteers
Implementing organizations (not listed above)

Coverage Areas

Erongo

Hardap

Karas

Khomas

Kunene

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.13: Activities by Funding Mechanism

Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7458
Planned Funds: $ 143,287.00
Activity Narrative: The USG has supported 2 key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) and one FBO/NGO, Lifeline/ Childline (LL/CL) to implement PMTCT, AB, ART, counseling and testing, and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity). CHS manages four faith-based hospitals and 45 health centers and clinics in 3 different health regions. LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics. The 5 FBO hospitals are serving a population of 400,000 (20% of the total population). LMS and CHS provide PMTCT, ART, CT, palliative care, prevention and training to their staff and communities they serve. LL/CL is a NGO with a faith focus. It operates 2 programs, counseling training and school-based and community prevention programs aimed at youth. LL/CL trains an array of counselors, including community counselors, and nurses in PMTCT counseling, CT, ARV counseling and provides supervision and psychological support. It also provides refresher training to counselors and nurses in the field. The community counselors are deployed in the MoHSS health system which includes FBO health facilities. The school-based and community programs of LL/CL provide AB prevention activities and messages to students and teachers as well as the general public through its radio services and face to face counseling sessions.

In 07 Capacity will develop improved tools and models for the collection, analysis and dissemination of HIV/AIDS information for the purposes of behavioral and biological surveillance and also for monitoring purposes.

Capacity will support LL/CL with the development of a data collection system to analyze the trends in uptake of counseling sessions regarding age groups, gender, primary counseling issues, geographic areas and other factors, by supporting a database for LL/CL to register the counseling sessions including crisis hot-line or face to face counseling. The analysis will assist LL/CL to identify the areas of counseling needed most by different age groups, gender and communities and hence training of the counselors will be better focused.

In 07 Capacity will continue supporting CHS and LMS with a user-friendly electronic patient management system at the five mission hospitals. The system will assist CHS and LMS in collecting, analyzing and storing patient information in a database which is also to be used for quality control. The patient information will be readily available for analysis for the timely provision of data such as medication administered to a particular patient, vital statistics, a patient's progress and response to treatment. This system currently works in 3 of the faith-based hospitals in parallel to Epi info system that is used by the MoHSS for collection of epidemiological data and PEPFAR reporting. The system is meant for interim use until a national system is finalized and approved by the GRN. At that time these facilities will migrate to the new system.

Capacity Project will support a database for the alcohol program in Rehoboth hospital. This database will be used for data collection to assist in the analysis of the different program activities and to monitor and to evaluate the program impacts on the intended community including: age, gender, educational level, employment status and social status among others.

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	6	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Hardap

Khomas

Ohangwena

Kavango

Omusati

Oshana

Oshikoto

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7500
Planned Funds: $ 171,134.00
Activity Narrative: During FY06 the USG program provided 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 (DHS). The USG is providing 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. Data collection has been delayed several times, and is currently expected to begin in November 2006 with preliminary results available in approximately June/July 2007.

An initial amount of $1,000,000 was obligated in the FY05 COP for funding for both a DHS and health facility survey, and an additional $450,000 was allocated in FY06. It now appears unlikely that the MoHSS will administer a health facility survey in the next year utilizing a methodology which allows for the calculation of PEPFAR required outcome indicators. Therefore funding initially allocated for the health facility survey will be used instead to provide additional support for the implementation of the DHS. Plans for extensive national, regional and local dissemination and data users' workshops are in process.

Following up on the survey results from the 2006 DHS, 2 qualitative studies are proposed that would address issues arising from the quantitative analysis, to further understand relevant HIV/AIDS behaviors in Namibia. Expected topics to be explored in depth are: (1) the barriers and facilitators to abstinence, being faithful, consistent condom use, & both cross-generational & transactional sex; (2) the relationship of alcohol to risky sexual behaviors, along with the barriers and facilitators to safer alcohol use; (3) the extent to which Namibians are seeking treatment for STIs; and (4) the acceptability of male circumcision. These topics and/or others emerging from the analysis of the DHS data would be divided into the two qualitative studies, which would utilize a mix of methods (largely in-depth & focus groups). The results of these qualitative studies will help in the design of prevention interventions and will take advantage of the results of the proposed national prevention assessment in June 2007. It is hoped that they will also help build momentum toward pursuing male circumcision as a national prevention strategy.

Continued Associated Activity Information

Activity ID: 3778
USG Agency: U.S. Agency for International Development
Prime Partner: Macro International
Mechanism: MEASURE DHS
Funding Source: GHAI
Planned Funds: $ 450,000.00

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

Targets

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

Target Populations:

Adults
Family planning clients
Infants
Pregnant women
Children and youth (non-OVC)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: DOD/I-TECH/U. of Washington
Prime Partner: University of Washington
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7891
Planned Funds: $ 90,000.00
Activity Narrative: Five more Namibian Defense Force (NDF) individuals will be trained on how to capture Military Action Prevention Program (MAPP) prevention and counseling and testing (CT)statistics and how to monitor military members enrolled in the ARV program. In this way, defaulting in cases of both ARV and TB will decline and the capacity of the NDF to manage the epidemic will increase. Additional computer systems will be procured to interface with the Health Management Information System delivered to the NDF by the German Advisory Group. These computer systems will ensure important strategic HIV/AIDS health data is collected and archived. A seroprevalence testing program will be initiated for the first time, assuming Ministry of Defense (MoD) concurrence. The DAO PEPFAR program manager will manage this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process.

Continued Associated Activity Information

Activity ID: 4493
USG Agency: Department of Defense
Prime Partner: University of Washington
Mechanism: I-Tech/MoD Treatment, Training, and Oversight
Funding Source: GHAI
Planned Funds: $ 60,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	☐

Target Populations:

Most at risk populations
Military personnel
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Cooperative Agreement U62/CCU024419
Prime Partner: Namibia Institute of Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7995
Planned Funds: $ 60,000.00
Activity Narrative: This is a new activity in FY07 and will provide laboratory support for an incidence survey using banked samples from the 2006 national sentinel survey for HIV in pregnant women and is linked to CTS Global (7322), Namibia Institute of Pathology (7323), CDC Central (7359), and Potentia (7338). Funds for this activity will be carried over from leftover lab infrastructure funds from FY06 HIV resistance testing.

Determination of incidence is a critical component of HIV surveillance. Prevalence estimates derived from routine HIV surveillance completed on ante-natal clinic attendees does not discriminate between old and new infections, but incidence testing will inform the government of the regional and demographic groups where new infections are currently the highest or where incidence is increasing. This is critical for making policy decisions including targeting prevention messages and PMTCT.

This activity will support laboratory analysis of HIV+ samples identified and banked in the 2006 HIV sentinel survey to determine which are newly infected (infected within the last 153 days). It will apply an international protocol developed by the CDC which applies a laboratory analysis tool known as the BED assay to identify the samples representing recent infection. It will leverage the presence of a CDC-supported laboratory scientist in place at the Namibia Institute of Pathology (#7323) and a CDC-supported epidemiologist in place at the National AIDS Program (#7322) to complete the laboratory analysis and statistical analysis for the survey.

The laboratory scientist will train local laboratory technicians in completion of the BED assay; the laboratory scientist will then supervise the evaluation of HIV+ samples from the 2006 sentinel survey to identify those that are new (incident). The epidemiologist will train local data analysts in methods used to estimate incidence rates (national and sub-population) from the laboratory data produced. Methods and estimated incidence rates will then be summarized in a report format by the M+E Unit, leveraging USG-supported evaluation personnel.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	2	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	6	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Teachers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Policy, Development and Implementation IQC
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8007
Planned Funds: $ 73,343.00
Activity Narrative: This collaborative study between University Research Council (7143) and the Policy, Development and Implementation Project (PDI) prime partner, and The Futures Group International looks at the interest and demand for male circumcision among men, women and health workers in Namibia as a part of comprehensive HIV prevention services. The second part of the study, to be lead by PDI, will look more closely at the costs to the Namibia health system associated with providing circumcision services, and will estimate how different levels of circumcision prevalence in Namibia could affect HIV infection. URC and PDI will work together to develop the draft protocol ensuring that data necessary for the costing aspect of the study (step 2) is collected during Step One (see activity 7143).

In cooperation with URC and using the data collected regarding MoHSS capability to respond to the level of demand of inclusion of circumcision in an HIV prevention package. PDI will determine: 1) Cost per person circumcised by scenario; 2) Total costs of providing MC services; 3) Infections averted by MC; 4) Cost per infection averted.

The protocol for this part of the study will be based on a targeted evaluation protocol being conducted with FY06 funds by the South Africa Regional HIV/AIDS Office in Lesotho, Swaziland and Zambia. USG/Namibia will therefore benefit from the protocol development and implementation experiences of the region.

PDI and URC will collaboratively conduct presentations and discussions with USG, government and other interested parties in Namibia in order to thoroughly explain to them the study findings and explore the implications for program action.

Funding is also requested for PDI to continue providing technical assistance and support to the MoHSS, National Planning Commission and other related ministries in conducting estimates and projections of the HIV/AIDS epidemic in Namibia. Work in this area began in FY05 with core funding for the POLICY Project (prime partner The Futures Group International) to work with the MoHSS in using the SPECTRUM and GOALS models, and continued in FY06 with support to institutionalize capacity for epidemiological modeling in Namibia through additional analysis of the estimates produced in FY05. Work in FY07 will focus on assisting the USG, MoHSS and other GRN ministries to use the estimates and projections in promoting the sustainability of programs and to conduct advanced planning and budgeting in light of changes in the epidemic in Namibia. More specifically, estimates will be used to assist with determining future needs for ARV drugs, health personnel to support the national treatment program, and support needs for the growing number of orphans and vulnerable children.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	5	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Teachers
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Global Health Fellows Program
Prime Partner: Public Health Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8012
Planned Funds: $ 255,603.00
Activity Narrative: Until FY07 the USAID M&E Advisor also served as Namibia's Strategic Information Liaison. With the hiring of an SI Liaison/Deputy Emergency Plan Coordinator in FY06 the M&E Advisor will turn over most SI Liaison responsibilities to the new SI Liaison/Deputy EP Coordinator and focus largely on monitoring and evaluation of USAID programs. During FY07 the M&E Advisor will support and mentor the SI Liaison/Deputy EP Coordinator as she takes on the responsibilities for the position.

The M&E Advisor is responsible for developing and sustaining an effective and efficient planning, monitoring, and evaluation system for the USAID HIV/AIDS team. The Advisor provides technical input on all project reviews and activities and builds capacity for monitoring and evaluation in Namibia with implementing organizations, providing the necessary support and supervision. She is a member of the Namibia Strategic Information Technical Working Group and in that role provides program planning and activity development recommendations to the greater USG Emergency Plan Team in Namibia. The Advisor is responsible for coordinating preparation of all reporting documents for the Office of the Global AIDS Coordinator and as required by USAID Washington, and plays a large role in the development and preparation of annual Country Operational Plans. The Advisor coordinates research activities among various governmental, nongovernmental and USG Team partners, contractors and grantee groups and liaises with the GRN and development partners in order to provide guidance on program development, evaluation and coordination.

Emphasis Areas	% Of Effort
Proposed staff for SI	51 - 100

Targets

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

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: South Africa-Regional Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8022
Planned Funds: $ 171,134.00
Activity Narrative: The USG supports a tremendous range of palliative care activities in Namibia. Some palliative care is provided by partners and subpartners under the "palliative care" program areas; other palliative care is provided by partners in other program areas, such as prevention, counseling and testing, and HIV treatment. Care-related activities extend from clinical interventions focused on the patient (e.g. infection prophylaxis and pain management) to psychological, spiritual and social care interventions for the patient and the patient's family. Because the PEPFAR definition of palliative care is broad and many partners working in other program areas are also providing palliative care, more information is needed on the range, levels and quality of activities being supported. In FY 07, APCA will conduct an initial assessment of these activities and develop tools that can be used for ongoing monitoring and evaluation of palliative care in Namibia. This activity will be undertaken in consultation with USG-supported palliative care partners, including the Ministry of Health and Social Services (MoHSS), which has also expressed the need for better information about all forms of palliative care provision.

USG/Namibia will use PEPFAR funds to develop: 1) an inventory of PEPFAR-supported palliative care activities in Namibia; 2) a practical framework for categorizing these activities including the levels of palliative care provided; 3) a set of process indicators that can be used to evaluate the quantity, quality and levels of palliative care provided; 4) a model that estimates the demand for and supply of palliative care by select PEPFAR-supported palliative care partners in a specified geographic area including an appraisal on implementation of elements of the preventive care package, and strategies that support treatment adherence and management of symptoms and pain; and 5) application of "lessons learned" from the centrally-funded PEPFAR targeted evaluation which is implemented by MEASURE Evaluation, King's College London, the African Palliative Care Association (APCA) and the USG Palliative Care Technical Workgroup. Results will be used to inform program planning by the USG/NAMIBIA team and Namibian Government, expand palliative care service delivery in under-served areas, and identify priorities for monitoring and evaluation.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
USG in-country staff
Caregivers (of OVC and PLWHAs)
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Community REACH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8038
Planned Funds: $ 167,198.00
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. Pact's comprehensive capacity building package of support for the year will place a premium on interventions that improve upon organizational and institutional sustainability, and can use programmatic data for effective decision making. In FY07, Pact will work with 15 local non-governmental, faith-based, and community based partners (as well as the key government Ministry of Gender Equity and Child Welfare) on two important levels: improving organizational effectiveness and strengthening technical capacity for monitoring and evaluation of prevention, care and support activities. Pact will conduct initial organizational assessments by analyzing key areas of risk in organizational management including finance and strategic planning. Pact 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. Pact 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. This 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 technical areas. Pact will strengthen many of the foundational areas of organizational effectiveness including basic USG EP Guidance and Reporting, M&E, Financial Accountability, Program Management and Planning, and Quality Assurance. As appropriate, Pact 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.

Pact will employ a full-time M&E specialist to ensure improved data management and subsequent measurement of program progress, with particular focus on establishing clear data protocols (and related implementation plans) that address improved quality in service provision. Pact also will access training on use of software for data management and procure relevant software.

Evaluation outcomes from the USG COP06 prevention assessments -- in particular the efficacy of peer education programs and AB and other prevention curricula -- will be used to inform implementing agency programming for COP07.

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10042
Planned Funds: $ 0.00
Activity Narrative: No new funds will be allocated to this activity in FY07. $150,000 was allocated in FY05 for general M&E support as needed for the USG/Namibia SI team, and in FY06, $300,000 was allocated for an assessment of the USG prevention portfolio. In FY05/FY06 MEASURE also assisted the USG/Namibia team to develop a 5 Year SI Plan (addendum to the USG/Namibia FiveYear Strategy written in FY05) using core funds. The following activities will continue using this previously allocated funding:

1.Preliminary work has been undertaken to date using FY06 funds to conduct an assessment and evaluation of the effectiveness of USG prevention programs in order to inform the USG's FY07 COP. A three-day long workshop was held in June 2006 bringing together all USG, ministry and local partners working under PEPFAR in Namibia, as well as members of the O/GAC Prevention TWG and Namibia's Core Team. The purpose of the workshop was to review the epidemiology of HIV/AIDS in Namibia, existing data related to prevention and behavior change, learn about successful, evaluated prevention activities from the region, and improve planning and coordination across prevention partners in preparation for development of the FY07 COP. The workshop also helped to identify specific data gaps and evaluation needs for the USG prevention program.

Work will continue during FY06 to develop an appropriate approach and methodology for the evaluation in consultation with ministry and local partners, O/GAC TWGs, and the O/GAC SI Advisor. Core funding is also anticipated during FY07 for evaluation of prevention programs through the Gender TWG (8030) and funding previously allocated to MEASURE/Evaluation through the Prevention TWG to focus on evaluation of programs focused on being faithful and partner reduction (10101). The Namibia SI Liaison and USAID M&E Advisor will coordinate the allocation and use of resources from these three funding streams to maximize the evaluation protocol design and implementation.

2.MEASURE/Evaluation is using core resources to pilot a National M&E Capacity Assessment tool in Namibia in late 2006. The result of this assessment will be a M&E capacity building plan for Namibia at the local, regional and national levels. USG through MEASURE will support aspects of the capacity building plan when finalized.

3. Continued technical assistance from MEASURE/Evaluation to the USG/Namibia team will be continued in the development and implementation of public health evaluations, secondary data analysis and evaluation planning.

Continued Associated Activity Information

Activity ID: 6469
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: TBD
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Other SI Activities	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	3	☐

Target Populations:

USG in-country staff

USG headquarters staff

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: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10101
Planned Funds: $ 0.00
Activity Narrative: In FY06, core funding was allocated through the Prevention TWG for evaluation in several focus countries of programs focused on Being Faithful and Partner Reduction. USG/Namibia will be starting new and scaling up existing programs focusing on "B" in FY06 and FY07, with a particular emphasis on finding new ways of reaching and involving men in prevention, making the timing of this funding particularly appropriate. Funding will be used in synergy with funding already allocated to MEASURE/Evaluation in the FY06 Namibia COP for evaluation of prevention programs (10042) as well as funding anticipated for evaluation under the Gender Initiative (8030).

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

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	☐

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Ministry of Health and Social Services, Namibia
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 12412
Planned Funds: $ 148,000.00
Activity Narrative: This is a new activity for FY2007 as other training activities included in the approved FY2007 COP are administed through the ITECH mechanism. The Namibian Ministry of Health and Social Services, Directorate of Special Programmes Response Monitoring and Evaluation Unit rolled out their revised indicator list in 2006. Through 2007, the Unit has been focused on implementation of that plan, including systems development and training. This activity will support nation-wide training on use of an information system for HIV-related response monitoring in the non-health sector. These funds will support all costs (travel, accommodations, meals, per-diem) related to training of approximately 100 data clerks and programme managers in use of this information system. Training workshops will occur regionally and will be facilitated by M&E specialists from the National level.

A strong foundation in monitoring and evaluation is essential for effective program monitoring. This activity will building monitoring and evaluation capacity in CDC paratners. Twelve monitoring and evaluation personnell will attend a 1 week workshop on the principles of monitoring and evaluation. This activity ($9000) will support travel, accommodations, meals, and per-diem for this training.

In order to effectively analyze both facility and non-facility-based data, the USG PEPFAR needs software licenses for new and existing SI staff as well as local counterparts with whom we work to build capacity. The funding ($79,000) will also be used to purchase software licenses for the entire SI team across agencies which includes CDC, USAID, and DoD. These licenses will be procuree din bulk through CDC and will include 4 SPSS licenses, 2 GIS licenses, 6 SAS licenses, 6 STATA licenses. These will help the SI team effectively analyze routinely collected facility-based data as well as programmatic evaluation data and is essential in ensuring prevention, care and treatment programs are making a positive impact in Namibia.

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	2	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	117	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism: DOD/I-TECH/U. of Washington
Prime Partner: University of Washington
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 12418
Planned Funds: $ 38,000.00
Activity Narrative: Five more Namibian Defence Force (NDF) individuals will be trained on how to capture Military Action and Prevention Program (MAPP) prevention and counseling and testing (CT) statistics and how to monitor military members enrolled in the ARV program. In this way, defaulting in cases of both ARV and TB will decline and the capacity of the NDF to manage the epidemic will increase. Additional computer systems will be procured to interface with the Health Management Information System delivered to the NDF by the German Advisory Group. These computer systems will ensure important strategic HIV/AIDS health data is collected and archived. A sero-prevalence testing program will be initiated for the first time, assuming Ministry of Defense (MoD) concurrence. The DAO PEPFAR Program Manager will manage this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process. Relevant software licenses and equipment for the ARV clinic data system will be procured. An additional 5 MoD personnel will be trained on managing data and ifnormation and M&E.

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Target Populations:

Military personnel

Key Legislative Issues

Wrap Arounds

Other

Coverage Areas

Khomas

Otjozondjupa

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Organization for Resources and Training
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 12419
Planned Funds: $ 11,000.00
Activity Narrative: ORT will work closely with COSDEC, RAA, and KAYEC to ensure appropriate quality of services rendered to OVC and caregivers. The additional funds will allow ORT to train individuals in monitoring and evaluation, particularly looking into double counting and support to more effectively understand and use tools to measure programmatic improvements in quality, and adhering to minimum standards of care.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 12428
Planned Funds: $ 50,000.00
Activity Narrative: In order to undertake a true strategic planning exercise, engaging all USG agency staff as well as government counterparts and key implementing partners, this funding will support the USG to host a COP 2008 Strategic Planning Retreat. It will be held for 5 days; the first two days will consist of USG Inter-agency technical Teams (ITTs) identifying gaps and reviewing partner portfolios by technical areas. The remaining 3 days will be held with key government ministries, counterparts and partners working in our established larger TWGs. This retreat will provide the necessary time for policy and program planners to look at progress against targets, partner performance and gaps to facilitate the development of FY 2008 objectives and priorities in true partnership.

Targets

Target	Target Value	Not Applicable
People reached through dissemination workshops		☑
Number of local organizations provided with technical assistance for strategic information activities	8	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

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: $ 6,969,462.00

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 supports the MTPIII, including the following subcomponents: Policy and Law Reform; Access to Treatment, Care and Support, to support expanded treatment, care and support programs; and Developing HIV/AIDS Management Capacity including Institutional Capacity.

Since 2005, the USG has provided support for strengthening the pharmaceutical policy environment to support the scale up and decentralization of palliative care and ART services. In 07, support will be provided for policy development for the selection of medicines for the palliative care essential medicines list, HBC kits and increasing the prescribing rights of nurses to include all medicines in the World Health Organization (WHO) recommended palliative care essential medicines list. Currently some medicines including pain management Opiates like Codeine and Morphine, antidepressants like Amitriptyline and anti-diarrheals like Loperamide are not within the prescription rights of nurses. In 07, support will be provided to bring MoHSS policy makers and stakeholders together to review issues and to advocate for policy change to improve access to these medicines in line with the MoHSS decentralization objective and the strengthening of the continuum of care. This activity will result in greater access to medicines and improvement in care provided by all partners working in the areas of HBC and Palliative care. Continuing efforts will also support the implementation of the Medicines Information, Pharmacovigilance and ADR systems and continue support to the Therapeutics Information and Pharmacovigilance Center.

The MoHSS's Directorate of Special Programs, which oversees HIV/AIDS activities, is just now building its human and financial capacity, which has hampered its ability to coordinate and provide oversight to national programs and development partners. The USG has supported 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 PCR testing. During FY06, it provided technical advisors for strategic information, STI/HIV, and quality assurance and modest renovations completed to accommodate additional staff in the Directorate. The government notes that sustainability in terms of human resource capacity and some program costs will require more than five years to achieve. The government, 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 provide technical assistance and support to the private sector.

The government took HIV/AIDS into account in planning staffing in the health sector 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 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 cannot be trained in-country. Only a small pool of trained Namibian technical and managerial staff exists. Most doctors, pharmacists, and laboratory technologists are third country nationals temporarily working in Namibia. Support will be continued in FY07 for scholarships to Namibian students to train as doctors, nurses, pharmacists, and medical technologists. 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 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 six years, especially around issues of organizational and financial management, program design and implementation, monitoring and evaluation.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	52
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	88
Number of individuals trained in HIV-related policy development	96
Number of individuals trained in HIV-related institutional capacity building	165
Number of individuals trained in HIV-related stigma and discrimination reduction	2,507
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2,380

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7135
Planned Funds: $ 743,212.00
Activity Narrative: In FY06 RPM Plus continued to provide TA and support for the strengthening of the pharmaceutical policy environment through the design, development and advocacy for the implementation plan for the Therapeutics Information and Pharmacovigilance Center (TIPC). The TIPC implementation workgroup was set up by MoHSS. RPM Plus collaborated with the Spanish Cooperation, Medicos Del Mundo, in this activity. Discussions for the merging of the ITECH HIV call center initiative into the TIPC was held with ITECH and was well received.
RPM Plus in FY05 and FY06 provided TA and support for the development of a registration database for the registration unit of the Pharmaceutical Control and Inspection (PC&I)
SubActivity Narrative
In 07 activities will be for strengthening of the pharmaceutical policy environment to support the scale up and decentralization of ART services with the following activities:
1. Support to committees charged with guidelines development for HIV/AIDS and other medicines. The selection of medicines for inclusion or deletion from national essential medicines lists are usually conducted by special groups with technical knowledge in the disease areas concerned. For the HIV/AIDS area, selection of ARV medicines is carried out by the Technical Advisory Committee (TAC), such committee and others require knowledge on critical appraisal skills and pharmacoeconomics in order to understand the comparative advantages of the choice they will be making. RPM Plus will support TAC and other essential medicines list HIV/AIDS related committees with knowledge in critical appraisal skills and pharmacoeconomics;
2. Provide TA for Policy on selection of medicines for inclusion into the Palliative care medicines list and the Home based care (HBC) kits. Currently some medicines including pain management Opiates like Codeine and Morphine, antidepressants like Amitriptyline and anti-diarrhea like Loperamide are not within the prescription rights of Nurses. Policy is needed for the selection of medicines for the Palliative care essential medicines list, HBC kits and increasing the prescriptions rights of Nurses to include all medicines in the World Health Organization (WHO) recommended palliative care essential medicines list. RPM Plus bring MoHSS policy makers, opinion leaders and stakeholders together and advocate for policy change to improve access to these medicines in line with the MoHSS decentralization objective and the strengthening of the continuum of care. This activity will result in greater access to medicines and improvement in care provided by all partners working in the areas of HBC and Palliative care;
3. Provide TA and support for the update, printing and distribution of the Essential Medicines List. The Namibia Essential Medicines List (EML) is currently not updated and does not contain such medicines like ARVs and the new TB and Malaria medicines;
4. Provide TA for the implementation of the Medicines Information, Pharmacovigilance and ADR systems and for the continued support to the Therapeutics Information and Pharmacovigilance Center (TIPC). RPM Plus will support the TIPC with the recruitment of a Drug Information Pharmacist, the development of the ADR forms and local training in pharmacovigilance and adverse drug reaction reporting
5. Provide TA and support for the Development and printing of a National Formulary;
6. Strengthen Medicines Control Council (MCC) secretariat. The MCC currently requires further strengthening and support with exposure in critical areas of medicines control. There is also lack of knowledge of the use of pharmacovigilance and post-marketing information for regulatory purposes. RPM Plus will provide TA and support for the training of MCC members in pharmacovigilance and use of post-marketing information for regulatory purposes;
7. Provide TA for the development of an updated National Medicines Policy implementation Master-plan. Support will be provided to ensure that an implementation master-plan is developed from the revised NMP division.

Continued Associated Activity Information

Activity ID:	3770
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	Rational Pharmaceutical Management, Plus
Funding Source:	GHAI
Planned Funds:	$ 158,800.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development	5	☐
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	20	☐
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
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7328
Planned Funds:	$ 909,308.00

Activity Narrative: This activity is a continuation of FY06 for limited scholarships to train Namibian students to become health professionals. It relates to other activities in this Program Area: I-TECH (7352), Potentia (7341), and American International Health Alliance (8000).

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 2006, the vacancy rate in government positions in the Ministry of Health and Social Services (MoHSS) was 40% for doctors, 60% for pharmacists, 48% for social workers, 25% for registered nurses, and 30% for enrolled 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 and pharmacy positions, this activity will support MoHSS plans to increase the output of enrolled nurses and pharmacy assistants from the National Health Training Center, who can be trained in two years instead of four years, and for registered nurses at the University of Namibia. A total of 277 doctors, pharmacists, pharmacy assistants, nurses, enrolled nurses,laboratory technologists, and social workers will be trained in Namibia, South Africa, Zimbabwe, and Kenya. Students are bonded to serve the MoHSS upon completion of studies and will work in an area related to HIV/AIDS.

The funding of $25,000 will go towards expanding upon a new activity funded by the Plus-up; a men's conference lead by the Ministry of Health and Social Services to be held in August/September of 2007. After conversations with key individuals and policy makers in the MoHSS, it was decided the way forward to both intimately involve as well as strategically address men's roles in stopping the spread of HIV/AIDS was to solicit their feedback on a variety of topic. in order to adequately develop strategies to address male norms and behaviors. This conference is being planned in conjunction with the work Namibia is undertaking as part of the OGAC Gender/Male Norms initiative. During this conference, identified religious, cultural and targeted most at-risk men will come together to discuss their perception of their role in HIV prevention, care and treatment. The additional male circumcision funding is being added on to this activity in order to leverage the inertia from such a novel event and expand the conference by two to specifically address male circumcision. This will give time for the evidence base to be adequately presented, the recently released normative guidance discussed and then time to learn about the issues emerging around acceptability of male circumcision as a prevention intervention as well as address any identified barriers to rolling out MC services. The value of this conference will be the mix of policy makers with religious and cultural leaders in order to get a comprehensive view of the complexity of this issue specific to Namibia. Such a platform is unique to Namibia and we will leverage it by programming the remainder of the MC allocated funds (25,000) to bring in experts and regional teams from other SADC countries with more experience in dealing with rolling out MC services in order to share lessons learned and increase the local knowledge base.

With the initial funding ($80,000) from OGAC's South-to-South Initiative, the PEPFAR teams in Angola and Namibia propose the following activities:

Angola implementing partners and the Ministry of Health and Social Services (MOHSS) Namibia will enhance an already established relationship to form a mentoring program to strengthen PMTCT service access and coverage, improved quality of care and better outreach and follow-up for ART service delivery in the border regions. This mentoring program will involve exchanging experience, technical skill transfer, and health work protocol training achieved through cross-border visits by regional and provincial Ministry of Health delegations.

It will build on initial staff visits and exchanges carried out with support from WHO in 2006, as well as a new PMTCT initiative initiated in 2007 by USAID with the Cunene Provincial Health Department, CUAMM, Chemonics and other partners, which will expand PMTCT, safe birthing and reproductive health care services to expectant mothers in pre-birth waiting stations at one or more Angolan MOH health centers/maternity hospitals. MOHSS Namibia personnel will be supported in association with the Centers for Disease Control (CDC) Namibia. Angolan MOH and NGO staff will visit selected facilities in Ohangwena, Oshakati and other Namibian locations, and will participate in training organized with the support of the MoHSS, USAID and CDC. MOHSS Namibia personnel will conduct organized site visits at facilities in Ondjiva, Cahama, Santa Clara and other

municipal locations, and share recommendations on better application of best practices and international protocols, including their success at capturing mothers for institutional births. Training activities for MOH and NGO staff in both countries will be coordinated with and seek to leverage resources available under the current bilateral Global Fund programs in Angola and Namibia.

Ensuring the participation of individuals fundamentally responsible for the start-up and roll-out of PMTCT services in Namibia will be a key strategy employed to ensure lessons learned from Namibia are transferred to Angola. Other areas of importance in to which we envisage this expanding include, but are not limited to, VCT and TB (particularly in light of the worrisome anecdotal evidence of both XDR and MDR TB in Namibia), which may be incorporated subsequently in the FY08 COP planning processes.

Continued Associated Activity Information

Activity ID:	3874
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Services, Namibia
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 212,500.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)	287	☐
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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		☑

Indirect Targets

Nursing students trained in HIV related nursing: 1,150

Target Populations:

University students
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7341
Planned Funds:	$ 1,435,545.00

Activity Narrative: This activity addresses the critical human resources gap at facility levels to delivery HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and at the level of quality that is required for ARV roll out and palliative care expansion. This in turn creates issues of bonding and incentives for these cadre of health care workers to return to Namibia and retention incentives for staff currently serving in the country. The vacancy rate in the Ministry is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists.

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. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia, which administers salary and benefits packages equivalent to those of the MoHSS. Both HHS/CDC and the MOHSS participate in the selection of health personnel who are then trained and provided with field support by I-TECH, HHS/CDC, and the MoHSS with USG funding. Beginning in FY06, Potentia also began supporting technical and administrative staff that were previously funded through I-TECH – in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets. As of August, 2006, Potentia supported a total of 117 staff and this number is projected to increase to 363 in FY07.

Potentia funding within OHPS covers support for a total of 48 personnel that either focus on pre-service rather than in-service training, or that cuts across all of the other program areas that Potentia supports. These personnel are:

1) One Technical Advisor at the University of Namibia (UNAM) during April-September 2007, to assist the nursing program to implement the completed HIV-integrated curriculum for the 4-year nursing diploma program.

2) 3 Nursing Lecturers and 4 part-time Clinical Instructors at UNAM campuses in Windhoek and Oshakati to follow up students at their clinical sites to continue to strengthen HIV/AIDS integration into pre-service training at UNAM. UNAM has increased its intake of nursing students in response to the severe shortage and needs continued support in the classroom and clinical training setting.

3) 3 pre-service tutors stationed at the MoHSS National Health Training Center (NHTC) and 10 at the five Regional Health Training Centers (RHTCs). These tutors follow up the nursing students in their clinical sites where they learn about how to take care of PLWHA. I-TECH staff train them on HIV/AIDS and provide ongoing professional development (see I-TECH_Other/PA/SS_7352).

4) Two pre-service pharmacy tutors at the RHTCs to supervise pharmacy assistants in their clinical works.

5) One Human Resources Development Advisor and one Data Clerk assigned to the MoHSS Directorate of Policy, Planning & Human Resources Development to assist with policy development, human resource forecasting, management of the staffing database, training strategies and strategic planning, including defining of the expanded roles of nurses and community counselors in HIV/AIDS care. This is critical for sustainability.

6) One Digital Video Conferencing (DVC) Program Coordinator, 1 DVC Technologist / IT Advisor, and 5 DVC Assistants (one for each RHTC) to ensure that the DVC program is coordinated and operational throughout the country. The DVC program provides training opportunities such as HIV case conferences, lectures on OIs and HIV co-morbidities, and video demonstrations of HIV counseling sessions. The DVC program also provides an efficient means of communicating programmatic HIV/AIDS-related information from the national to the local level, such as technical updates, and to provide technical and managerial support to the sites as they expand.

7) One Training Coordinator and one Clerk assigned to the NTHC to coordinate training activities in PMTCT, VCT, and Couples Counseling.

8) I-TECH field office staff: 1 I-TECH Deputy Director, 1 Office Manager, 1 Financial Officer, 1 Receptionist, 1 Driver, 1 Administrative Assistant for the Oshakati RHTC office, 1 Curriculum Development Manager who will coordinate the revision and/or completion and approval of all 14+ major curricula and media products; 2 Training Assistants and one Materials Production Clerk to support training coordination; 1 Facilities Manager, 1 Housemother, 2 Cleaners to support the operation of a Training Center in Windhoek.

9) NHTC facilities staff at Keetmanshoop RHTC to maintain the operation of this pre-existing but underutilized training center.

This activity will allow for the recruiting and hiring of short-term consultants to assist the Ministry of Health and Social Services with the mid-term review of HIV/AIDS prevention and care efforts outlined in Namibia's Medium Term Plan-III. MoHSS has requested the USG's assistance with identifying objective experts to serve as part of a multi-national delegation that will thoroughly assess and report on Namibia's progress toward the HIV-related objectives identified in the MTP-III. This review will carried out in collaboration with the MoHSS and a variety of donor agencies, including the Global Fund and the European Union. Specifically, the USG will support consultants to assist with evaluation of human resource development, health systems, and treatement with a focus on PMTCT services. Every effort will be made to identify African experts for these consultancies. In addition to recruitment and consultant fees, these funds will further support costs related to housing and traveling the consultants to the various site visits that will occur during the review process. Deliverables will include written reports of findings, identified successes and constraints, and recommendations for improvement.

Continued Associated Activity Information

Activity ID:	3895
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Potentia Namibia Recruitment Consultancy
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,361,988.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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	7	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	7	☐
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

Nursing students trained in HIV related nursing: 1155

Target Populations:

National AIDS control program staff

USG in-country staff

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas

Caprivi

Erongo

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Hardap

Kunene

Otjozondjupa

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7352
Planned Funds:	$ 373,257.00

Activity Narrative: The lack of comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the Directorate of Special Programs to train new and existing health care workers in HIV/AIDS, including pediatric care and treatment. I-TECH provides technical advisors, training and curriculum experts, clinical mentors, educational and training materials, monitoring and evaluation systems for training, infrastructure, training logistics, and funding for training. Based on new or updated national guidelines, I-TECH has facilitated the development of the Ministry's national training curricula on PMTCT, VCT, rapid HIV testing, Couples Counseling, TB/HIV, ART, nutrition and HIV, IMAI, dried blood spot collection for HIV DNA-PCR for infants, and pediatric care/ART. Support is also being provided to incorporate this new content into the pre-service training curricula for registered nurses at UNAM and for enrolled nurses at NHTC. I-TECH will play a critical role in the decentralization of palliative care and ART through various levels of training ranging from didactic sessions to clinical mentoring. To date, a total of more than 3,800 health workers have been trained in the various HIV/AIDS topics.

I-TECH supports the PEPFAR program in Namibia through human resources and local organization capacity building in 7 programmatic areas. I-TECH funding within OHPS covers support activities that cut-across all of these program areas and are linked with personnel support provided by Potentia_Other/PA/SS_#7341). Activities include:

1) In-service training and professional development of 85 staff hired via Potentia for I-TECH.
2) Support and consultation to the Human Resource Development (HRD) Technical Advisor assigned to the MOHSS Division of Planning, Policy, and Human Resource Development to assist with policy development, human resource forecasting, training strategies, and strategic planning.
3) Development costs for a database for the skills audit, staffing norms and other studies conducted by the HRD Advisor.
4) Technical assistance to the Digital Video Conferencing (DVC) program and associated program costs including salary support for a DVC Advisor, costs associated with event coordination, and costs of materials for DVC events.
5) The purchase of a additional vehicles and a photocopier to support the delivery of training and site visit activities.

Digital video conferencing (DVC) has proven to be a very successful tool in getting much needed HIV-related training to persons providing health and social services to patients with HIV/AIDS. Namibia has one of the highest rates of HIV in the world. It is also the 2nd least populated country in the world. In Namibia, many clinicians and other caregivers provide services in rural areas. Currently, DVC training is provided in six sites throughout the country. Despite this coverage, these sites are not easily accessible to HIV caregivers, requiring extensive travel times and significant expense as traveling to some sites require an overnight stay. The assistant DVC coordinator recruited and hired through this activity will be responsible for establishing and monitoring the four new DVC training sites. This individual will ensure that these sites are consistent with the six existing sites, specifically with regard to the quality of space and the two-way video feed. He or she will also ensure consistency of record-keeping, including evaluations and other information such as number of attendees and their duty stations.

Continued Associated Activity Information

Activity ID:	3869
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	I-TECH
Funding Source:	GHAI
Planned Funds:	$ 242,487.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing	1,155	☐
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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	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

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

Target Populations:

National AIDS control program staff

USG in-country staff

Other MOH staff (excluding NACP staff and health care workers described below)

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7360
Planned Funds: $ 246,000.00
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. The Deputy Director, Programs will continue to spend most of her/his time working in the Directorate to establish and roll out guidelines and policies and provide field support.

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.

Digital video conferencing (DVC) has proven to be a very successful tool in getting much needed HIV-related training to persons providing health and social services to patients with HIV/AIDS. Namibia has one of the highest rates of HIV in the world. It is also the 2nd least populated country in the world. In Namibia, many clinicians and other caregivers provide services in rural areas. Currently, DVC training is provided in six sites throughout the country. Despite this coverage, these sites are not easily accessible to HIV caregivers, requiring extensive travel times and significant expense as traveling to some sites require an overnight stay. This activity will fully equip four new sites for DVC training, including: (1) Grootfontein/Tsumeb, (2) Swakopmund/Walvis Bay, (3) Gobabis, and (4) Luderitz. Equipment to be procured includes DVC camera, television, stand, video machine, ISDN points and installation, curtains, PRI line upgrade and installation, and security. By establishing these new sites, providers in the northeast, west, southeast, and southwest will have greater access to HIV-related training by the end of 2007.

Continued Associated Activity Information

Activity ID: 3860
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 296,882.00

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

National AIDS control program staff
USG in-country staff

Coverage Areas:

National

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7407
Planned Funds:	$ 282,151.00

Activity Narrative: The USG has supported 2 key faith-based partners Catholic Health Services (CHS), Lutheran Medical Services (LMS) and one FBO/NGO, Lifeline/ Childline – (LL/CL) to implement the PMTCT, AB, ART, counseling and testing, and palliative care activities under the Emergency Plan. In 2006, implementation was assumed from FHI by IntraHealth/The Capacity Project (Capacity).
CHS manages four faith-based hospitals and 45 health centers and clinics in 3 different health regions.
LMS manages one of the highest volume hospitals in the country and 15 health centers and clinics. The 5 FBO hospitals are serving a population of 400,000 (20% of the total population). LMS and CHS provide PMTCT, ART, C&T, palliative care, prevention and training to their staff and communities they serve.
LL/CL is a NGO with a faith focus. LL/CL trains an array of counselors, including community counselors, and nurses in PMTCT counseling, C&T, ARV counseling and provides supervision and psychological support.

Capacity supports the USG's philosophy of working within the context of the Namibian Government's National Strategic Plan on HIV/AIDS, (MTPIII 2004-2009), Vision 2030, and other GRN policy documents. This contextual linkage is strengthened by ensuring that all local implementing partners are aware of the policies and strategic documents that exist, and that support is available to further incorporate/adapt these requirements to their organizational settings. Technical assistance, legal consultation, capacity building, and organizational development are among the methodologies used to support these processes within partner-organizations. Capacity also believes that institutional and human capacity development requires a critical, multifaceted and comprehensive 'systems level' analysis and strategy with which to address staffing, planning, M&E, and organizational growth and sustainability. This would include providing support for skills-training for local implementing partners to manage, implement and monitor programs, including financial systems that adhere to USG and audit requirements. The goal will be to maximize organizational efficiency and effectiveness, and promote autonomy in order to graduate as many local partners as possible to direct funding by the USG.

The Namibian HIV Clinicians Society has been a key partner in training private and public health care providers and has became one of the main actors in promoting quality HIV care in Namibia. The ability of the Society will be further strengthened to respond to the need for continuous professional development through regional branches. The HIV Clinicians' Society will organize professional development seminars, meetings and case discussions for at least 300 participants throughout the country including private and public practitioners and pharmacists. The Society will facilitate the dissemination of scientific information and lessons learned to its members' The Society will conduct organize training sessions and seminars, and facilitate networking among clinicians. Capacity will support the Society by supporting the recruiting and the training of financial and administrative staff in addition to recruiting a part-time health worker that will be responsible for the clinical supervision of the counselors serving in the private facilities beside other clinical activities in the national office.

The Pharmaceutical Society of Namibia (PSN) is a new partner for USG. Capacity, in collaboration with other USG partners (MSH and I-Tech), will work with PSN to train and update private pharmacists and pharmacist assistants on MoHSS PMTCT/ART guidelines and dispensing generic drug names as done in MoHSS facilities. It is intended that through this partnership, mutual agreements will be reached to lower the cost of dispensing ARV drugs and in doing so, will help to assure the sustainability of the HIV/AIDS program, and to involve new local partners.

A complete and mature Human Resource Information System (HRIS) is a critical component of any meaningful and sustainable Human Resources for Health intervention. In addition to capturing, managing and reporting on basic workforce data in a single location, a complete HRIS solution; tracks health care work training data, captures licensure and certification information, manages workforce deployment as well as enables long term workforce planning and modeling.

At the request of the MoHSS, Capacity will develop and deploy an integrated HRIS. This development and deployment task contains the following activities.

Identify all stakeholders and organize them into a Stakeholder Leadership Group, which will then initiate, lead and monitor all subsequent activities in HRIS strengthening. Two representatives--one an expert in workforce planning, the other an information systems specialist--will identify and interview stakeholders and organize and facilitate the initial Stakeholder Leadership Group meetings. The result of these early meetings would be a set of HR policy questions to be addressed by the HRIS.
The next step involves a technical assessment of the existing information technology infrastructure to determine the specifications and costs of improving the HRIS. Based on the analysis of available hardware, software, databases, network and Internet connectivity, the Project will develop a plan for infrastructure strengthening to support the HRIS.
The third major activity area involves developing and implementing the HRIS software. Once the infrastructure plan is in place, Capacity will write use cases and system specifications as a guide for a comprehensive HRIS to meet identified needs and work with existing Ministry systems.
The final aspect of this activity area focuses on training. Recognizing that a HRIS is useless without knowledgeable users, Capacity will create a training plan to address key topic areas as identified by stakeholders, such as data collection, data operations, data security, ensuring data quality, reporting, and using data for decision making.

Continued Associated Activity Information

Activity ID: 4738
USG Agency: U.S. Agency for International Development
Prime Partner: IntraHealth International, Inc
Mechanism: The Capacity Project
Funding Source: GHAI
Planned Funds: $ 35,244.00

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
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.	20	☐
Number of local organizations provided with technical assistance for HIV-related policy development	5	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	☐
Number of individuals trained in HIV-related policy development	20	☐
Number of individuals trained in HIV-related institutional capacity building	5	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	300	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	250	☐

Indirect Targets

Indirect targets include 100,000 – 120,000 people reached through awareness seminars on stigma and discrimination through radio broadcasting.

Target Populations:

Adults
Community leaders
Community-based organizations
Factory workers
Faith-based organizations
HIV/AIDS-affected families
Mobile populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Seafarers/port and dock workers
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Religious leaders

Key Legislative Issues

Twinning

Coverage Areas

Hardap

Khomas

Ohangwena

Kavango

Omusati

Oshana

Oshikoto

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:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7456
Planned Funds:	$ 783,383.00

Activity Narrative: Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office is transitioning to direct funding as a local NGO under Namibian law, known as Nawa Life Trust (NLT). Pending results of the required pre-award survey, including financial/organizational capacity evaluation and recent information regarding timing for availability of FY 07 funding, it will initially enter into a 'Leader with Associates Award' under JHU/HCP as NLT/JHU and move to direct funding when it meets all eligibility requirements under USAID's Acquisition and Assistance regulations. This process will ensure the continuity of program activities. The direct funding mechanism will replace the Associates Award and be implemented as soon as Nawa Life Trust is deemed eligible and is approved through the Botswana USAID Regional Contracting office.

Organizational development
During 06, the NLT staff doubled from 9 to 18 members. The organization is in the process of transitioning from a JHU/HCP-managed field office into an independently operated and Namibian staffed NGO, Nawa Life Trust. Therefore, 07 will be a year of adjustment and organizational development while ensuring the same high quality interventions and programs. NLT plans to make capacity building a priority both within the organization as well as with its sub-partners at community and national levels. NLT programmatic staff will receive training or refresher training in strategic planning, management, M&E, report writing and behavior change communication. Where feasible, NLT will participate in capacity building trainings of the international capacity building NGO, PACT, a PEPFAR partner. NLT plans to ensure that program managers receive updated HIV/AIDS training and skills building, especially with regard to stigma, alcohol abuse and gender issues.

Significant capacity building with regard to NLT's strategic information activities will also take place this year. Whereas in FY06, the strategic vision, analyses and write-up of household survey data were performed by the JHU SI team in Baltimore, these tasks will now be coordinated by the NLT Monitoring and Reporting (M&R)Coordinator with technical assistance from a South African-based research company, the Centre for AIDS Development Research and Evaluation (CADRE) (see Strategic Information).

Community level capacity building
During the assessment phase of the community mobilization activities, NLT builds local capacity in each CAF site by training six nominated facilitators in the participatory assessment research tool; these facilitators then train 12 additional trainers. The facilitators and trainers are responsible for conducting with focus group discussions with men and women in separate age groups of 15-25, 26-45 and 46+ years to gather information on what they believe makes them and their community members vulnerable to HIV/AIDS. Following the focus group discussions, NLT facilitates a two-day community feedback meeting in which leaders, community members and peer groups share the information revealed during focus group sessions (see Strategic Information). This process helps community members identify issues and openly addressing negative social norms. At the feedback meetings, participants choose whether to establish a locally-elected Community Action Forum (CAF) to address the identified problems (see A/B, Condoms and Other Prevention Other). This community level process also supports and/or helps develop the linkages between communities and HIV/AIDS service delivery organizations. In 07 NLT will perform two more community participatory assessments (see Strategic Information) during which 36 community members will be trained as trainers and facilitators and an additional 2 CAFs will be formed bringing the total number of CAFs in 07 to 16.

After three years of helping to establish and develop Community Action Forums (CAFs), NLT has found that CAFs require ongoing and innovative approaches to capacity building to plan and implement their HIV/AIDS activities more effectively. This includes training in planning, organizing, monitoring, basic accounting, and facilitation skills. Although NLT has worked to develop the capacity of 16 CAFs in these performance areas, it will improve on these efforts by consolidating training materials into a Capacity Building Training Package. This package will compliment the existing CAF HIV/AIDS Action Pack, by mapping out a schedule that will ensure orientation and refresher trainings on leadership, planning, monitoring, accounting and facilitation skills for the 240 CAF members (see Other Prevention).

In 07, NLT will hire a fifth Regional Coordinator to support the 2 new CAFs that will be

formed as a result of the community participatory assessments in the central/west region. Regional Coordinators sited in the regions have significantly improved the quality of CAF activities, providing ground-level supervision and training on a more regular basis than Program Officers can offer from Windhoek. They also represent NLT and the CAFs at the Regional AIDS Coordinating Committee meetings (RACOC) and other regional events. Regional Coordinators, along with Nawa Life program staff, are also trained as trainers for all of prevention interventions (see AB and Other Prevention). In 07, NLT also plans to send its Regional Coordinators and selected CAF members to the SMA (a Prevention and VCT implementing partner) training on conducting Health Awareness Days so that the successes of SMA's outreach program can be built on and adapted to NLT's community mobilization activities. The CAFs and SMA will also collaborate with each other to develop synergies and avoid duplication in their respective community outreach activities.

In 06, NLT acknowledged an important lesson, that CAF members require incentives to sustain and successfully implement activities. NLT has now established a monthly activity planning and budgeting system for CAFs to provide program support in implementing scheduled activities. This support includes discrete funding for each activity, transportation, communication costs to organize activities and the provision of IEC materials for distribution. In 07, these incentives will continue but NLT will also introduce the concept of a 'champion' CAF. This will be a system designed to objectively rate each CAF on its leadership, organizational abilities, program quality and number of HIV/AIDS prevention activities and initiatives conducted. Not only will this assist NLT in monitoring the progress of each CAF, but it will also encourage healthy competition between CAFs to improve their performance standards. Regular feedback and recognition will be provided in addition to a rewards ceremony during the annual CAF conference and published in Nawa Info (the CAF newsletter) to keep CAFs informed of innovative activities and success stories from other regions.

National level capacity building
NLT will continue providing technical assistance to the Ministry of Information Broadcasting (MIB) for its Take Control media campaign and Ministry of Health and Social Services, development of IEC materials at the national level. NLT staff will assist the MIB, MoHSS and other collaborating partners in developing the 07 strategic communication plan for the national campaign. It will also provide technical assistance in message development, pre-testing and production of TV and radio spots and print materials (see AB section).

Continued Associated Activity Information

Activity ID:	4338
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	$ 1,070,538.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	18	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	36	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	240	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	240	☐

Target Populations:

Adults
Community-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers

Coverage Areas

Erongo

Hardap

Karas

Khomas

Kunene

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.14: Activities by Funding Mechanism

Mechanism: DOD/I-TECH/U. of Washington
Prime Partner: University of Washington
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7892
Planned Funds: $ 65,000.00
Activity Narrative: The DoD will provide technical assistance to the Ministry of Defense to revise 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. Up to 20 key NDF commanders and staff members will be trained on HIV stigma reduction and two commanders conferences will be held to explain the latest MoD HIV/AIDS policy and stigma reduction program. The DAO PEPFAR program manager will manage this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process.

Continued Associated Activity Information

Activity ID: 4495
USG Agency: Department of Defense
Prime Partner: University of Washington
Mechanism: I-Tech/MoD Treatment, Training, and Oversight
Funding Source: GHAI
Planned Funds: $ 46,000.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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	20	☐
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction	20	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Most at risk populations

Military personnel

Policy makers

Host country government workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Twinning
Prime Partner:	American International Health Alliance
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8000
Planned Funds:	$ 315,000.00

Activity Narrative: This activity relates to ITECH system strengthening (7352), Comforce palliative care (8024). In FY07, CDC-Namibia will initiate twinning and volunteer activities through the AIHA Twinning Center, a new partner for Namibia. PEPFAR funds will be used to develop a twinning partnership between external partner(s) skilled in HIV/AIDS nursing care with the University of Namibia (UNAM) and the Namibia Nurses Association. This activity will focus on developing a twinning partnership to strengthen activities in the policies/other service delivery systems category by working with the University of Namibia (UNAM) School of Nursing and the Namibia Nurses Association to expand the role of nurses in ARV care, with particular emphasis on the post-basic nursing training program. This will be in support of the roll-out of the WHO integrated management of adult illnesses (IMAI) program.

Human capacity development remains a major challenge in the fight against HIV/AIDS in Namibia. With a limited number of physicians available for HIV/AIDS service delivery, there is a critical need to more effectively utilize the Namibian health workforce for quality HIV/AIDS service delivery. Currently there are 1,541 (75%) out of 2,070 registered nurse posts filled and 1,688 (69%) out of 2,432 enrolled nurse posts filled for a total of 3,229 nurses employed in the public sector (71 PLWHA per nurse). Note that with 205 (62%) out of 333 medical officer and specialists posts filled, there are an estimated 1,122 PLWHA per doctor in the public sector. In spite of an aggressive and new training program in the first 2 ½ years of PEPFAR, the vast majority of nurses have not received sufficient training to play a significant role in the direct provision of HIV clinical care and treatment. Models of advanced nursing practice for nurses to play a larger role in management of ART care have been discussed; however, program development is required at policy, education and service delivery levels.

The Faculty of Medical and Health Sciences of the University of Namibia (UNAM) is charged with training registered and advanced nurses and the Namibia Nurses Association represents Namibia's nurse population. The UNAM School of Nursing and Namibia Nurses Association will be integrated into a multinational partnership that will focus on increasing the stature, skills, and role of nurses in ARV treatment sites in Africa. This will be accomplished through a multinational partnership between nurses, nursing faculty, and nursing leaders in Namibia, the US and an African partner with exceptional leadership and expertise in models of nurse-managed comprehensive HIV/AIDS care, including ART. The Namibia partners will be the UNAM School of Nursing and the Namibia Nurses Association; the US and African nursing partner will be identified in partnership with AIHA and the Namibia nursing partners. Opportunities for potential twinning partnerships are being explored with nurse-managed ART programs in other African countries and with the Association of Nurses in AIDS Care (ANAC), a US nursing organization and leader in response to HIV/AIDS who seeks to meet the global needs of nurses in HIV/AIDS care, research, prevention, and policy.

The main partnership activities will be to support the UNAM post-basic nursing program to integrate HIV/AIDS into its curriculum, and to develop clinical practicals to give nursing students first hand AIDS care practice. Partners will apply lessons learned from the US and Africa to review and advise on the Namibian legal and prescribing framework for nurses in HIV/AIDS care and treatment, advanced practice training and skill development and realistic models of supportive supervision by ART physicians which are critical to nurse-managed ART care. This would include bringing nurses and key stakeholders from the three countries together for information exchange, strategic planning and training in models of nurse-managed ART care. As much as possible, this twinning relationship will interface with I-TECH nurse education initiatives involving UNAM and IMAI. Lastly inclusion of Namibian nurses in HIV/AIDS nursing leadership forums in the US. Beyond training, results would include skill development and a detailed action plan that would mobilize policy, education and service delivery recommendations that strengthen the overall development of nurse-managed ART care in Namibia. The expected outcome of these activities is increased synergies and support between nursing schools and leaders in Namibia, an African twin, and the US to strengthen the role of nurses generally and in ART specifically.

In FY07, CDC-Namibia will expand twinning and volunteer activities through the AIHA Twinning Center, a new partner for Namibia. PEPFAR funds will be used to develop a twinning partnership between the Polytechnic of Namibia (PoN) and a university skilled in

training medical technologists. Human capacity development remains a major challenge in the fight against HIV/AIDS in Namibia. With a limited number of Namibian medical technologists available to carry out HIV- and HIV-related laboratory testing, there is a critical need to more effectively and expeditiously train students with interest and aptitude for this field. This partnership will pair an African university with PoN to provide experts to assist PoN with curriculum development and classroom instruction. This effort will further allow for capacity building, as the guidance shared through this twinning effort will further benefit PoN as they continue to expand their allied health programming. This activity will also lessen the "brain drain" of medical technologists from neighboring countries.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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:

Nurses
University students
Laboratory workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Global Health Fellows Program
Prime Partner: Public Health Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8013
Planned Funds: $ 319,401.00
Activity Narrative: Funding is requested for two Global Health Fellow Positions:

The first is a new GHFP fellow to be located at USAID/Namibia. The fellow will support coordination, planning and implementation of USAID Emergency Plan programs in collaboration with the other members of the USAID HIV/AIDS team. S/he will work primarily with the M&E Advisor to support partner planning and reporting in accordance with USAID and O/GAC reporting requirements. The fellow will liaise with the USAID Program Office in tracking the progress of financial obligations and preparing HIV/AIDS team responses to program office and USAID/W requests. S/he will assist with logistics and coordination of USAID programs and activities, and liaise with other USG agencies on such activities as needed.

The second position is funding for 20% of the time of the Regional HIV/AIDS Office's Global Health Fellow specializing in the technical areas of health systems strengthening, health information systems and survey systems; community and facility referrals/linkages, monitoring and evaluation, and targeted evaluation design and analysis. The Advisor will assist the USG/Namibia team both virtually and on-site in the development and implementation of Emergency Plan programs in Namibia as per the guidance issued in July 2006.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8020
Planned Funds: $ 593,433.00
Activity Narrative: Project HOPE Namibia (HOPE) has been working in Omusati and Oshana Regions for the past year with the Village Health Fund (VHF) methodology working with caregivers of orphans and vulnerable children. It has established a track record and the capacity to expand its activities. It proposes to replicate these micro credit activities with young women at risk for cross-generational sex while integrating activities to address the societal issues driving this problem. This initiative arose from the expressed needs of young women in the Caprivi, Ohangwena and Kavango regions and discussions with SMA, Nawa Life Trust/JHU, the DAPP and Acquire (Engender Health) which have been tasked with implementing a cross-gen intervention addressing societal norms with girls and young women, their families, the communities in which they live and the men with whom they are having cross-gen sex.
This project proposes leveraging other partners' activities addressing these issues (see AB and Other Prevention), integrating a micro-credit program and developing referral links with other implementing partners' services at community level, including how and where to access counseling, support and gender violence services, etc..

Project HOPE plans to establish 60 VHFs in one year, whereby 780 young women will be able to access loan capital in sufficient quantities to start small scale income generating activities. The mutual guarantee mechanisms will require that these groups meet regularly to review and manage loan repayments and self-govern themselves within a capacity building environment. Project HOPE's VHF program represents a successful model for economic strengthening whereby interested women in target communities select each other to form an organized group of between 12-20 members who elect a management committee to govern themselves. Project HOPE staff trains the management committee and the members to operate as a community institution following democratic principles and established rules and procedures and serve the economic and health needs of its members.

Each VHF receives seed capital from Project HOPE, and in turn invests in the income generation activity of each member. The group collectively and each individual woman are both accountable for repaying the seed capital using principles of group solidarity. The group meets every two weeks to discuss proper business management and to make payments as well as to receive the targeted education and training. The focus is upon strengthening the capacity of the participants to manage the group themselves, and overcome whatever problems they face, by developing skills in leadership and collective action in an empowering environment.

As the women repay their loans they benefit from the increased income, new confidence from successfully managing money, and gain the capacity to influence control over their lives. The educational approach emphasizes being informed about and promoting responsibility about health matters. It uses highly participatory activities, builds upon peer-experience, and uses key behavior change messages. Participants learn how to use their increased income to reduce risks, and to live more healthy lives. Just as important for long-term well-being, the successful handling and repayment of the loans by participating women contributes to improved self- confidence and self-esteem that strengthens the women's bargaining power and participation in decision-making.

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established	60	☐
Number of small scale income generating activities started through VHFs	780	☐
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 stigma and discrimination reduction	587	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	587	☐

Indirect Targets

There are multiple indirect targets as a result of the planned activities. Firstly, the larger extended family will benefit from any increased income or diversification of income sources. Secondly, the women who gain the capacity to demonstrate reduced risky behaviors and less frequent cross generational sex will serve as models to others. Thirdly, the community at large in the targeted areas will benefit. These are rural environments with low levels of economic development, poor knowledge or awareness about health risks, and increasing vulnerability to HIV/AIDS.

Target Populations:

Commercial sex workers
Most at risk populations
Street youth
Women (including women of reproductive age)
Out-of-school youth

Key Legislative Issues

Gender

Reducing violence and coercion

Increasing women's access to income and productive resources

Wrap Arounds

Microfinance/Microcredit

Coverage Areas

Caprivi

Kavango

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8027
Planned Funds: $ 260,000.00

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 activity will fund the production of art murals about HIV/AIDS issues, both in Windhoek and around the nation. The activity will provide HIV/AIDS awareness training to young artists. The murals will be produced at 5 schools and a local art center.
The third activity will fund a professional science journalist from the U.S. to lead workshops for local journalists on how to responsibly cover HIV/AIDS issues.
The primary emphasis of the fourth 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. The legislative issues addressed during the exchanges encompass a wide range of gender, wrap around, stigma and discrimination issues. 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. 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.
The fifth activity provides Youth for Hope clubs with speakers raising awareness of HIV/AIDS and promoting health behaviors and lifestyles. The Youth for Hope clubs were formed to promote: gender equity; improved male norms and behaviors; education through a wide array of educational opportunities including reading, science, health, information technology, and other activities; stigma and discrimination reduction through HIV/AIDS educational counseling and written materials that will complement club activities; and volunteerism with the approximately 70 Namibian volunteer club leaders/counselors to be recruited for this project. Youth for Hope groups work with a variety of U.S. and Namibian organizations, including Peace Corps, the youth and sports ministry, Namibian Basketball Federation, Johns 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.
Funds will also be used to produce a PEPFAR Namibia press packet and other press materials.

The plus up funding ($25,000) will go towards expanding upon a new activity funded by the Plus-up; a men's conference lead by the Ministry of Health and Social Services to be held in August/September of 2007. After conversations with key individuals and policy makers in the MoHSS, it was decided the way forward to both intimately involve as well as strategically address men's roles in stopping the spread of HIV/AIDS was to solicit their feedback on a variety of topic. in order to adequately develop strategies to address male norms and behaviors. This conference is being planned in conjunction with the work Namibia is undertaking as part of the OGAC Gender/Male Norms initiative. During this conference, identified religious, cultural and targeted most at-risk men will come together to discuss their perception of their role in HIV prevention, care and treatment. The additional male circumcision funding is being added ($25K) to this activity in order to leverage the the event to bring in a global expert as well as a regional teams from another SADC country with more experience in dealing with rolling out MC services in order to share lessons learned and facilitate an action plan to address MC within Namibia. We see the facilitation of such an experiential learning partnership essential in helping Namibia understand the various issues involved and learn from how other similar countries have planned and dealt with the increased demand for MC both within and outside of the formal health sector.

Continued Associated Activity Information

Activity ID: 4744
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 120,000.00

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

Target Populations:

Adults
Community-based organizations
HIV/AIDS-affected families
Volunteers
General population
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)

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: ACQUIRE
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8031
Planned Funds: $ 146,687.00

Activity Narrative: This activity is a supplement to the proposed PEPFAR centrally-funded gender initiative, titled National Dialogue and Program Network to Achieve Large-Scale, Positive Change in Male Norms, Roles, and Behaviors in Namibia, which PEPFAR Namibia submitted to OGAC in September 2006.

COP FY07 Supplemental Funding to the Initiative:
ACQUIRE/Men as Partners will expand and accelerate priority male norms/behavior programs by providing additional support at the national level to achieve large-scale, positive changes in male norms, roles, and behaviors. Support will be provided to the Ministries of Health, and Gender Equality and Child Welfare to roll-out activities in support of the national male norms/behavior strategy (which will be developed through the Initiative with expected completion by June 2007). Illustrative programs for this support include national workshops with key Ministry and parliamentary leaders to address gender issues in prevention, care, and treatment programs; human capacity strengthening plans to address gender inequities; programs to strengthen donor coordination to address gender based violence, male norms/behaviors, and nationwide media campaigns on topics such as responsible fatherhood, intimate partner violence, alcohol abuse, and men's health; and strengthening national steering committee to promote dialogue around and challenge existing gender norms.

This activity is linked to ACQUIRE HVOP #8030 (which allocates funding to support HIV prevention through targeted technical assistance, training, and implementation support to USG implementing partners).

An overview of the larger, proposed Initiative is given below.

Initiative Background-
Harmful male norms and behaviors and the lack of positive, societal and family roles for boys and men were identified by PEPFAR implementing partners during development of the FY2007 COP as some of the leading challenges in the fight against HIV/AIDS in Namibia. Specific issues include:
- Widespread prevalence of intimate partner violence, sexual assault, and child abuse throughout the country and especially in the North,
- Widespread abuse of alcohol, which fuels violence and sexual coercion,
- Norms of masculinity that support and perpetuate male infidelity,
- Cross-generational and transactional sex between older men and younger girls including male teachers and school girls, and
- Lower rates of male participation in HIV/AIDS care and services, especially in PLWA support activities, and in men's support of their partners through PMTCT programs and couples counseling.

The Namibia National Medium Term Plan, 2004-2009, acknowledges these challenges and includes interventions to address vulnerability based on gender inequality, violence and alcohol abuse (component 2.5.1). Likewise, PEPFAR Namibia identified these challenges in its Five-Year Strategy and has included an array of activities in FY2004-FY2006, implemented by various partners. There is consensus among a broad range of implementing partners, however, that current efforts are insufficient and must be accelerated if program goals are to be met. The MOHSS Directorate of Special Services has requested PEPFAR support to launch a national dialogue on Men and HIV/AIDS that will spawn a network of complementary and coordinated programs, built upon unifying messages and evidence-based approaches. Other government institutions (including the Ministry of Education (HAMU), and the Ministry of Gender Equality and Child Welfare (MGECW), other development partners such as UNICEF, and USG implementing partners have all expressed interest in actively participating in and supporting this effort.

Initiative Objectives-
The primary objectives of this Namibian national effort are to:
1. Establish a national program campaign and network to change male norms and behaviors in support of HIV/AIDS prevention, care, and treatment goals—led by a national Steering Committee and spearheaded by the MOHSS;
2. Develop a national strategy for the campaign and network that outlines measurable program objectives and priorities, and defines roles and activities of a broad array of implementing partners including government institutions, NGOs, faith-based organizations,

community groups, and the private sector;
3. Promote innovation and the application of evidence-based practices by providing technical assistance, training, and tools to implementing partners;
4. Document and evaluate the program scale-up in conjunction with other country programs that are part of the PEPFAR Gender Initiative.

Initiative Partners and Activities.
Primary partners include: (1) IntraHealth's Men As Partners program ($300,000 to the ACQUIRE Project through USAID OGHA); (2) Directorate of Special Services, Namibia MOHSS ($65,000 through the CDC Namibia cooperative agreement); (3) Gender Mainstreaming Unit, Ministry of Gender Equality and Child Welfare ($65,000 through the USAID Namibia cooperative agreement); (4) To-Be-Awarded cooperative agreement ($50,000 through DOD Namibia); and (5) To-Be-Named partner ($500,000 through USAID OGHA for the 3-country evaluation).

The Directorate of Special Services, MoHSS (in consultation with the ACQUIRE Project) will take the lead in developing a framework for the national Steering Committee, its membership, and terms of reference. The Steering Committee in collaboration with ACQUIRE will develop a proposal for the establishment and functioning of the program network, including implementing partner membership and how it will operate; and convene a meeting of proposed members to vet and finalize the proposal. The Steering Committee will then design and facilitate a participatory process with Program Network partners to develop a strategic plan for the national campaign for achieving large-scale, positive change in male norms, roles, and behaviors. This plan will include strengths and weaknesses of current activities; threats and opportunities in the current and future program environment; time-delimited objectives and targets; strategic approaches; mapping of Network partners to objectives and strategies; and a monitoring plan.

The Gender Mainstreaming Unit, MGECW, on behalf of the Steering Committee and Program Network partners, will conduct necessary formative research to document specific gender norms, practices, and roles to inform a national communications campaign and other programming. Such research is necessary to develop specific and targeted messages and programs as norms vary greatly in Namibia across tribes and communities. DOD's implementing partner will conduct similar formative research on norms and practices within the military.

In consultation with the Steering Committee and Program Network partners, ACQUIRE will prepare a technical assistance plan for strengthening the capacity of the Program Network to implement and scale up evidence-based approaches and develop innovations for the national campaign. As part of this TA plan development, ACQUIRE will conduct an inventory and rapid assessment of current male norms/behaviors activities in Namibia. Upon approval of the plan, ACQUIRE will begin delivery of technical assistance (including training workshops, transfer of tools and other resource materials, and technical consultations).

The Evaluation Partner for the Gender Initiative (in consultation with the Steering Committee, ACQUIRE, and participating teams from other countries in the Gender Initiative) will develop an evaluation plan. The plan will specify evaluation questions, evaluation stakeholders, data collection and analysis methods, evaluation study activities, staffing (and partner roles), timeline, and budget.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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	150	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150	☐

Target Populations:

Adults

Children and youth (non-OVC)

Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Community REACH
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8037
Planned Funds:	$ 234,585.00

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 FY07, Pact will work with 15 local non-governmental, faith-based, and community based partners (as well as the key government Ministry of Gender Equity and Child Welfare) on two important levels: improving organizational effectiveness and strengthening technical capacity for implementation of prevention, care and support activities. Pact will conduct initial organizational capacity assessments by analyzing key areas of risk in organizational management including financial and strategic planning. Pact 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. Pact 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. Pact 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, Pact will access and support the provision of technical assistance from selected regional and international partners to 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.

The Namibia Institute for Democracy will be engaged as a key technical assistance partner to further assess and strengthen the cohort as advocates with improved skills to lobby, inform and monitor government for improved policies and services and concurrently hold government accountable to their constituents. For example, government policy, in particular for the Ministry of Education regarding teacher conduct, will be discussed at constituency level with local leaders and relevant NGOs/CBOs with the aim of protecting vulnerable adolescent girls and holding elected leaders accountable for reported cases of abuse. This intervention will be closely coordinated with the UNICEF supported Women and Child Protection Units throughout the country.

Pact's comprehensive capacity building package of support for the year will place a premium on interventions that improve upon organizational and institutional sustainability. In addition to these interventions, individual partner activities under this program area are as follows:

The AIDS Law Unit (ALU) is a project of the Legal Assistance Centre (LAC), a not-for-profit public interest law centre. The ALU addresses issues of discrimination on the basis of HIV status and provides an avenue for remedies for people with HIV and AIDS who have been discriminated against on the basis of their HIV status. The ALU focuses on the program areas of Community Mobilization, Information, Education and Communication, development of Policies and Guidelines, Training and Workplace Programs, as well as other areas described below. The chief activities of the ALU under COP07 will be:

Policy formulation and law reform: The ALU will review legislative and policy instruments to make recommendations that enhance the protection of PLWHA, as well as enhancing access to legal and health services for PLWHA, including access to social grants. Where necessary this may include drafting law reform proposals to support adequate and appropriate provision of HIV/AIDS in laws that affect access to treatment for HIV, including laws concerning intellectual property rights, and trade.

Litigation and legal advice: The ALU, through its coordinator and project lawyer, renders legal advice to persons with or affected by HIV/AIDS and conducts public interest impact legislation on behalf of persons with HIV/AIDS with a view to establishing human rights principles as a public health response to the AIDS epidemic in Namibia.

Advocacy: This will take the form of initiating discussions with decision makers in government and the private sector to ensure the adoption of appropriate policies and legal mechanisms to address HIV/AIDS and discrimination. ALU will work with senior management, employer's associations, and trade unions in the private sector to prevent

and mitigate the impact of HIV/AIDS on the workplace in Namibia and reduce the vulnerability of children due to the epidemic.

Education, training and awareness raising: The ALU will have 13 Regional workshops focusing on thematic areas related to HIV and the law, as well as 4 workshops on the OVC Policy and related matters. These will be targeted primarily at decision makers, service providers, employer and employee organizations, health care and social workers, educators, churches and community-based organizations to raise awareness about HIV/AIDS as a rights issue and to educate people about the importance of a rights based approach to HIV in mitigating the impact of HIV/AIDS on the workplace and in reducing the vulnerability of children due to HIV/AIDS.

Emphasis Areas	**% Of Effort**
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
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in HIV-related institutional capacity building.	45	☐
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
Number of local organizations provided with technical assistance for HIV-related policy development	15	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	☐
Number of individuals trained in HIV-related policy development	40	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	160	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10330
Planned Funds: $ 212,500.00
Activity Narrative: 1. Training/Technical Assistance. Our aim is to involve all Peace Corps Volunteers in Namibia in one way or another in the fight against HIV/AIDS. In order to improve the delivery of technical and program information on HIV/AIDS prevention to Volunteers, the Peace Corps will once again organize an annual "All Volunteer HIV/AIDS Conference" to bring 90 Peace Corps Volunteers from all parts of Namibia together for three days of seminars, workshops and groups discussions on HIV/AIDS. The Peace Crops will organize specific "In Service Training" (IST) aimed specifically at 40 Health Volunteers and counterparts working full-time on HIV/AIDS 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 and the Ministry of Health, 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&R.

Approximately 64 incoming education and health Volunteers and counterparts in FY07 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 Reporting skills will be provided.

Finally, a Peace Corps staff HIV/AIDS workshop will serve to strengthen the training and Volunteer support strategies at Post. This initiative is aimed to enhance the integration of HIV/AIDS into Volunteer activity through the various technical and cultural components of pre-service and pre-service training. The agenda would also include technical training on HIV/AIDS to enhance the knowledge of PC staff to better support the Trainees and Volunteers in the field.

2. VAST Grant Funds. PCVs will be able to apply, with their communities and counterparts, for small grants to support community-based initiatives on HIV/AIDS prevention, care, and capacity building. Consonant with VAST guidelines, planning, implementation, and counterpart funding will be required of the community for eligibility.

3. 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 organizational 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.

Continued Associated Activity Information

Activity ID: 4728
USG Agency: Peace Corps
Prime Partner: US Peace Corps

Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 79,500.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.	40	☐
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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	30	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	100	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	1,000	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,000	☐

Target Populations:

Adults
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
Program managers
Teachers
Volunteers
Peace Corps volunteers
Children and youth (non-OVC)
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Host country government workers
Public health care workers
Other Health Care Worker

Key Legislative Issues

Gender

Volunteers

Stigma and discrimination

Coverage Areas:

National

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10355
Planned Funds: $ 50,000.00
Activity Narrative: A significant number of those in the public sector workforce are exposed to risky situations leading to HIV transmission due to their work situation as they are separated from their communities and families through posting requirements of their employment (e.g., health, education, police and military) resulting in the disruption of primary family relationships and the need to establish secondary relationships where they work.

The public sector is the largest employer in Namibia with 80,000 members employed through 20 line ministries and 13 Regional Councils. In accordance with the National Strategic Plan on HIV/AIDS (MTP III 2004-09) and to address reduction of partners, cross-gen sex and changing male norms, in FY07 the USG will support the Office of the Prime Minister (OPM) in its role as facilitator and capacity builder for the development of HIV/AIDS policies and workplace programs by all line ministries and regional councils. The USG has partnered since 2002 with the Ministry of Defense (Activity # 7894) and its Namibia Defense Force on its prevention program, and since 2005 with the Ministry of Safety and Security (Activity # 7420). In 07, the USG will add the Ministry of Education (Activity # 7460) with its 30,000 employees as a workplace partner in addition to ongoing support to the MOD and MoSS.

Recently, in partnership with GTZ, the EU and UNDP and using reallocated FY 06 funding, the USG participated in the development of a mission statement and strategic plan for the nascent OPM program. In FY 06, support was provided for an OPM requested assessment of the impact on the public sector of HIV/AIDS which was primarily funded by UNDP. In FY 07 the USG in partnership with the above referenced development partners will provide support to build the capacity of the OPM's HIV/AIDS management unit through technical assistance and training. In addition, using the data from the assessment, OPM will be supported in identifying key line ministries for technical assistance in the development of HIV/AIDS policies and capacity building for planning and implementation of work place programs.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in HIV-related institutional capacity building.		☑
Nursing students trained in HIV related nursing		☑
Scholarships for Namibian student doctors, nurses, pharmacists, and social workers (number of)		☑
Number of VHFs established		☑
Number of small scale income generating activities started through VHFs		☑
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		☑

Indirect Targets

8

Target Populations:

Adults
Policy makers
Partner organization
Men (including men of reproductive age)
Women (including women of reproductive age)
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: $ 5,123,291.00

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.

As U.S. support for Namibia's fight against HIV/AIDS has increased, staffing for the Emergency Plan in Namibia has increased as well. As of September 2006, the USG Team has 20 staff members, 18 of whom work full-time on PEPFAR activities and programs. The number of employees working on the Emergency Plan will increase to 25 in 2007. In staffing the USG team in Namibia, limits on local trained staff and a desire not to encourage a drain of trained staff from the public sector have led to a large percentage of expatriate staff, both from the U.S. and surrounding African countries. The USG strategy is to support sustainability by assisting the Namibian government in filling existing positions which are vacant and by partnering PEPFAR supported staff with local staff when possible.

Through the USG team, agencies have worked to remain complementary in their technical oversight functions and take care not to be duplicative in their hiring of technical specialists. In some important areas, such as Prevention and Strategic Information, both agencies have staff but their responsibilities are appropriately divided to ensure that they work with the entire PEPFAR program. For example, the CDC technical advisors for Strategic Information supports health information systems for all partners.

The Introduction of a PEPFAR Coordinator and SI Liaison, established in the 2006 COP, will centralize the coordination of all PEPFAR agencies. The positions will also allow increased interaction with the Ministry of Health and the Global Fund, as well as other development partners. The coordinator will also support the activities of the technical working groups, introduced in 2006, which provide a mechanism for coordinating with the government of Namibia, local partners, and the Office of the Global AIDS Coordinator at a technical level.

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. 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).

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. In 2007, USAID plans to add one driver.

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. DoD is staffed by a local program coordinator and a project manager, and no new staff will be added in 2007.

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. The Peace Corps HIV/AIDS office is staffed by a program coordinator, and no new staff will be added in 2007.

Department of State activities focus on the Ambassador's Self Help program and Public Diplomacy programming for PEPFAR. PEPFAR funding supports the Embassy Self-Help coordinator, and in 2007 will support a public diplomacy assistant who will help manage the public diplomacy aspects of the PEPFAR program.

Total planned spending on management and staffing for FY07 is less than 7% of the total planned budget for the year.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC base funding
Prime Partner: US Centers for Disease Control and Prevention
USG Agency:
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7356
Planned Funds: $ 1,500,000.00
Activity Narrative: This activity relates to ITECH/PMTCT (#7354), Comforce/Strategic Information (#7322), Comforce/Lab Infrastructure (#7323).

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 dircetor of programs (US direct-hire), and 2 new (U.S. direct-hire) positions are proposed for strategic information and prevention A.B. Contracted personnel include, an 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), technical advisor for HIV-related laboratory services (Comforce), 2 nurse HIV field coordinators (Locally Employed Staff), 2 Association of Schools of Public Health (ASPH) fellows providing management and administrative support and strategic information support and, an office manager, a financial analyst, 2 LAN managers, an administrative assistant, 3 drivers, 2 driver/administrators, 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 and support costs are included under this activity. The Country Director is 40% assigned to other policy/capacity building, and 60% management and staffing. The Deputy Director of Operations and the ASPH fellows are 100% assigned to management and staffing. Of the $1,500,000 Management and Staffing budget, $287,896.00 will go to ICASS and $47,001.00 to Security Cost Sharing.

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; utilities; office maintenance and equipment; security; staff training; field, conference, and meeting travel; and other daily operations costs.

As of FY07, a major accomplishment has been to have programmed more than 85% of HHS/CDC-managed funds to go directly to a Namibian organization. From this office, the deputy director of operations, office manager/financial analyst, and ASPH fellows liaise with the Program and Grants Office at CDC-Atlanta and provide direct financial management support to counterparts in these Namibian 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.

Continued Associated Activity Information

Activity ID: 3861
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC
Funding Source: GAP
Planned Funds: $ 1,500,000.00

Table 3.3.15: 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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7361
Planned Funds: $ 577,614.00
Activity Narrative: These activities encompass efforts to maintain or enhance programming as well as to provide staff with ongoing opportunities to expand their knowledge, skills and abilities.

These efforts include support to HHS/CDC staff through the provision of housing costs for direct hires and general office administration. Included in general office administration are telephone services, computer consumables, and office supplies. The activities will support the costs of in-country travel for staff to attend meetings, to facilitate communication with regional and district officials, and to monitor CDC-supported efforts in the field.

In FY07, 2 new ASPH fellows will embark on 2-year assignments within the HHS/CDC office. One fellow will assist with management and administration of the cooperative agreements; the other will provide strategic information support to the new Emergency Plan Coordinator. The HHS/CDC office has identified these positions as essential to enhancing efficiency and communication within the PEPFAR team and with cooperative agreement partners.

Staff development efforts will include support for HHS/CDC team members to attend training, in-services and conferences either in person or by videoconferencing to learn about the latest developments in their respective fields.

Continued Associated Activity Information

Activity ID: 6668
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 215,000.00

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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7399
Planned Funds: $ 2,244,777.00
Activity Narrative: This activity relates to GHFP/AB/Condoms and Other Prevention (#8041 and #8011), GHFP/Strategic Information (#8012), GHFP/Systems Strengthening (#8013)

Funding is being provided under this activity for the salary, benefits and some support costs of the Emergency Plan Coordinator through IAPWS, a new position for the USG which is expected to be filled in November 2006. In addition, some logistical and local office support is being provided under this activity to the ASPH Fellow designated as the new Emergency Plan Deputy Coordinator and SI Liaison.

The USAID staff in Namibia manages a comprehensive program in all 13 regions of Namibia, including support to the Namibia TB prevention program through Child Survival and Health funding from USAID/W, the program is being implemented by 17 international partners and 31 local partners; staffing includes: an HIV/AIDS Officer/Director (US direct-hire), Deputy director of management and programs (US direct-hire), and 1 new (U.S. direct-hire) position is proposed for program management, contracting and reporting. Contracted personnel include: an USPSC for operations, a technical advisor for monitoring and evaluation (GHFP), a technical advisor for prevention (GHFP), a technical advisor for capacity building and systems strengthening (GHFP), and Locally Employed Staff consisting of: 1 nurse HIV program coordinator/program manager, 1 technical advisor for OVC, 1 new proposed position for a program specialist providing management, administrative support and strategic information support, a financial analyst, a procurement specialist, a GSO specialist, an administrative assistant, 2 new proposed driver positions,and a driver/administrator. The salaries and benefits of technical and programmatic staff are assigned to the appropriate program area within the Emergency Plan categories, but for the most part their local support costs are included under this activity. The HIV/AIDS Officer is 40% assigned to other policy/capacity building, and 60% to management and staffing. The Deputy Director is 50% assigned to management and staffing and 50% assigned to palliative care (25% to TB/HIV and 25% to basic health care). Approximately $75,000 of USAID FY07 will go to the IRM tax and $120,000 to ICASS (6 x 20,000).

Operations costs outside of human resources include information technology; telecommunications; photocopying and materials production; printing of reports and other documents; office consumables; utilities; office rent and maintenance and equipment; security; staff training; field, conference and meeting travel; and other daily operations costs.

A major accomplishment to date is to have identified and funded 31 local Namibian organizations including 15 FBO organizations. The USPSC for operations, financial analyst, and procurement specialist liaise with the Acquisition and Assistance regional office in Gabarone/Botswana and with USAID-Washington and provide financial and/or management assistance to counterparts in these Namibian organizations receiving either direct USG funding under Cooperative Agreements or through sub-grants.

This activity leverages resources with the European Commission and GTZ which provide technical assistance to increase the capacity of the Office of the Prime Minister; with UNICEF which provides technical assistance to the Ministry of Gender Equality and Child Welfare; and with the Global Fund which provides co-funding to 10 of USAID's local partners and provides technical officers in counseling and testing, PMTCT, and ART/care in the MoHSS Directorate.

Continued Associated Activity Information

Activity ID: 3776
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,753,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7897
Planned Funds: $ 275,000.00
Activity Narrative: Per 07/07 reprogramming; Additional $105k is necessary to facilitate the smooth running of the DAO PEPFAR Program in Namibia, including the participation in critical national and international HIV/AIDS meetings and conferences and enhancing south-south collaboration in terms of sharing best practices in HIV/AIDS prevention, care and treatment.

This activity will pay the salaries, benefits, office operating costs, and transportation/travel costs for the DAO PEPFAR program manager and project coordinator who perform the daily oversight and management of the DoD's HIV/AIDS program in Namibia. This DAO PEPFAR staff will oversee the activities of the partners selected to support the MoD/NDF's MAPP prevention, care, and treatment programs. The DAO PEPFAR staff will coordinate as necessary with the MoD, NDF, USAID, CDC, and the MoHSS. The DAO PEPFAR program manager, under the supervision of the Defense Attache, will be the USG's primary interface for all DoD-related MAPP activities. The DAO PEPFAR office will be responsible for all strategic planning and coordination with the Namibian military and will perform all PEPFAR budgetary and performance reporting for the DoD. An estimated $19K of the $275K requested is needed for ICASS.

Continued Associated Activity Information

Activity ID: 4701
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 223,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	8028
Planned Funds:	$ 320,000.00
Activity Narrative:	This activity will fund support for the PEPFAR Coordinator's office, including ICASS support, travel support, an administrative assistant and a driver. This activity will aslo fund a PEPFAR public diplomacy position. This position will assist in the management of PEPFAR public diplomacy activities, including U.S. speakers and visitors, the production of press releases and press materials, liaison with all USG agencies, and other activities as necessary. An estimated $90K of the $250K requested is needed for ICASS. The pluup funding of $120,000 will fund an SI position, a part of the EP Coordinator's office. The SI advisor will work directly with the Coordinator and all USG agencies (CDC, USAID, MoD, PC, State) on OGAC reporting and taskers as well as monitoring and evaluation across agencies. Responsibilities will include the managing the processes of the COP, Annual Report, Semi-annual report, all reprogramming, plus ups, and additional OGAC requests.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8035
Planned Funds: $ 205,900.00
Activity Narrative: Peace Corps Namibia will maintain 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 Section is essential to meeting the operational requirements generated by the increasing number of Health Volunteers committed full-time to HIV/AIDS, the projected assignment of six (6) Crisis Corps Volunteers in FY07, and increasing involvement of all Peace Corps Volunteers in HIV/AIDS-related projects. To improve the functioning of the HIV/AIDS Section, the Peace Corps is in the process of renovating unused PC office space to provide a more conducive environment for both Volunteers and staff. The HIV/AIDS Section is directed by the Associate Peace Corps Director for Health and is currently staffed with the following PEPFAR-funded personnel:

1. 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.

2. Program Assistant/M&R Coordinator to assist in establishing an effective Monitoring and Reporting 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 HIV/AIDS Crisis Corps Volunteers.

3. Budget Analyst/Voucher Examiner (unfilled) 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.

4. 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.

5. Material/Equipment/Supplies. Funds will be used to provide a work station for the PEPFAR-funded Program Analyst/Voucher Examiner. Additional funds will be needed to purchase materials and supplies to maintain the PEPFAR funded vehicle. Equipment is also needed to produce information, training materials, and teaching tools for dissemination to the Volunteers in the field. Lastly, to enhance our HIV/AIDS related training, capacity building and site development efforts, a projector and camera equipment is needed which would be utilized in the Peace Corps office, at the training site, as well as at Volunteer sites in the field.

Continued Associated Activity Information

Activity ID: 4729
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 226,200.00

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☐ 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 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☑ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2007?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2007?	☐ Yes	☑ No
if yes, approximately how many service delivery sites will it cover?		
When will preliminary data be available?		
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 2007?	☑ Yes	☐ No