Populated Printable COP

2009

Namibia

Generated 9/28/2009 12:00:16 AM

Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
NAMIBIA EXECUTIVE SUMMARY COP09 COPRS 11-14-08.doc	application/msword	11/14/2008	Executive summary	AYoung

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 [X] No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
AMB Letter.pdf	application/pdf	11/14/2008	Ambassador's Letter	AYoung

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Dennis	Weeks	PEPFAR Coordinator	dweeks@usaid.gov
DOD In-Country Contact	Aune	Naanda	DOD HIV/AIDS Program Manager	anaanda@usaid.gov
HHS/CDC In-Country Contact	Jeffrey	Hanson	Country Director	hbj6@cdc.gov
Peace Corps In-Country Contact	Hannah	Baldwin	Country Director	hbaldwin@na.peacecorps.gov
USAID In-Country Contact	Gregory	Gottlieb	Mission Director	ggottlieb@usaid.gov
U.S. Embassy In-Country Contact	Matthew	Harrington	Deputy Chief of Mission	harringtonmt@state.gov
Global Fund In-Country Representative	Pamela	Onyango	Global Fund Country Director	ponyango@globalfund.com.na

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal	71,951			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	41,422	0	41,422
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	6,583	0	6,583

Care (1)	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		181,925	50,000	231,925
End of Plan Goal	115,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	127,186	0	127,186
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	8,026	0	8,026
8.1 - Number of OVC served by OVC programs	0	54,739	50,000	104,739
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	184,489	0	184,489

Treatment	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		66,200	0	66,200
End of Plan Goal	23,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	66,200	0	66,200

Human Resources for Health	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	0	0
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	46,393	0	46,393
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,196	0	7,196

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	203,784	48,698	252,482
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	146,307	0	146,307
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	8,427	0	8,427
8.1 - Number of OVC served by OVC programs	57,477	48,698	106,175
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	193,714	0	193,714

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	76,600	0	76,600
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	76,600	0	76,600

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	223	0	223
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	223	0	223

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD/ CASU Follow on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7926.09
System ID: 11211
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD/CDC MHP Mentoring

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7733.09
System ID: 10324
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD-OVC/Prev RFA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12176.09
System ID: 12176
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	8500.26947.09	This is a continuing activity from FY08. Early funding will be critical to ensure that PEPFAR funded prevention activities in the Ministry continue without an interruption of services. With the pending rollout of the classroom component of the MOE workplace program, it is critical that AED has enough resources to respond to the needs and timeframe identified by the MOE. Early funding will also be critical to ensure that OVC succeed in receiving primary school education, without an interruption in schooling, psychosocial, or nutritional support services.	[redacted]	[redacted]
13-HKID	3781.26948.09	This is a continuing activity from FY08. Early funding will be critical to ensure that OVC succeed in receiving primary school education, without an interruption in schooling, psychosocial, or nutritional support services.	[redacted]	[redacted]

Mechanism Name: UN Small Grants Fund

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11530.09
System ID: 11530
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Systems 20/20

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8319.09
System ID: 11212
Planned Funding($): $428,675
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: FANTA Follow On TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7658.09
System ID: 11210
Planned Funding($): $305,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7651.09
System ID: 11213
Planned Funding($): $765,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Academy for Educational Development (AED) Cooperative Agreement TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7660.09
System ID: 11214
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Namibia National Teachers Union
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: Academy for Educational Development (AED) Cooperative Agreement TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11680.09
System ID: 11680
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Twinning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11181.09
System ID: 11181
Planned Funding($): $302,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1455.09
System ID: 10316
Planned Funding($): $1,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Blood Transfusion Service of Namibia
New Partner: No

Mechanism Name: PHE.Boston University

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 11917.09
System ID: 11917
Planned Funding($): $400,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Boston University, Centre for International Health and Development
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Catholic AIDS Action (CAA)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11384.09
System ID: 11384
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic AIDS Action, Namibia
New Partner: Yes

Mechanism Name: NPI/CAFO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8318.09
System ID: 11216
Planned Funding($): $400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Church Alliance for Orphans, Namibia
New Partner: No

Sub-Partner: Luderitz CAFO Committee (Karas)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: A.M.E. Church (Karas)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Okahandja CAFO Committee (Otjizondjupa)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Katatura CAFO Committee (Khomas)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Gobabis CAFO Committee (Omaheke)
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Rehoboth CAFO Committee (Hardap)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Hakahana Hope Organization (Khomas)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Joint Compassion Keepers-Rundu Urban (Kavango)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Joint Compassion Keepers-Swakopmunds (Erongo)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Mount Sinai (Khomas)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ondelekelama Support Group (Oshana)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Otavi CAFO Committee (Otjozondjupa)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Opuwo CAFO Committee (Kunene)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Tangeni Kankoshi OVC Project (Oshikoto)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: VOSINNO (Oshana)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: Cooperative Agreement U62/CCU025166

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1058.09
System ID: 10424
Planned Funding($): $1,990,191
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Development Aid People to People, Namibia
New Partner: No

Mechanism Name: TBD (EngenderHealth)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7649.09
System ID: 11217
Planned Funding($): $379,586
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Engender Health
New Partner: No

Sub-Partner: LifeLine/ChildLine
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1575.09
System ID: 11436
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Global Health Support Initiatives I (CASU Bridge)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9348.09
System ID: 11218
Planned Funding($): $58,249
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IAP Worldwide Services, Inc.
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4661.09
System ID: 10317
Planned Funding($): $450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: International Laboratory Branch Consortium Partners
New Partner: No

Mechanism Name: HCD Coalition for Southern Africa

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7833.09
System ID: 11220
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: The Capacity Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3078.09
System ID: 11219
Planned Funding($): $9,989,953
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: Catholic Health Services of Namibia
Planned Funding: $2,184,172
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, CIRC - Biomedical Prevention: Male Circ, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Lifeline/Childline Namibia
Planned Funding: $1,533,702
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, CIRC - Biomedical Prevention: Male Circ, HVCT - Prevention: Counseling and Testing

Sub-Partner: Lutheran Medical Services, Namibia
Planned Funding: $1,390,002
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, CIRC - Biomedical Prevention: Male Circ, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Anglican Medical Services
Planned Funding: $156,247
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, CIRC - Biomedical Prevention: Male Circ, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding: $204,269
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Democratic Resettlement Community Project
Planned Funding: $185,468

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Walvis Bay Multi Purpose Center, Namiba
Planned Funding: $213,738
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Namibia Red Cross
Planned Funding: $127,270
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Development Aid People to People, Namibia
Planned Funding: $171,874
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding: $421,080
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name: MEASURE DHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1388.09
System ID: 11221
Planned Funding($): $575,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Macro International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
17-HVSI	19404.26968.09	Due to the timeframe of the development of key strategic documents that will guide the GRN's HIV/AIDS response for the next 5 years, the work is beginning immediately with the dedicated partner and thus the partial funding the USG committed in FY08 will neither cover the entire estimated cost of the survey (USD$3 million) nor will it last until FY09 normal funding arrives to the partner. The USG has worked with the Global Fund to identify GF resources that can be leveraged in order to come up with the total necessary funding for this important national survey. In order to not delay the data collection and stay aligned with the MOHSS timeline, we are asking for $450,000 early funding that will be allocated to Macro International in order to ensure an uninterrupted progression of the activity until the Global Fund and additional USG FY09 resources are available. This funding is vital to avoid delays in the planning, logistical management, data collection processes.	$450,000	$450,000
17-HVSI	16859.26967.09	In partnership with MOHSS counterparts and close collaboration with the Response, Monitoring and Evaluation unit annual work plan, the SPA has become a MOHSS priority to gather the necessary data for the development of their new 5 year national HIV/AIDS strategic plan. Due to the timeframe of the MOHSS, the work is beginning immediately and the partial funding the USG committed in FY08 will neither cover the entire estimated cost of the survey ($1.3 million) nor will it last until FY09 funding arrives to the partner. The USG has worked with the Global Fund to identify resources that can be leveraged in order to come up with the total necessary funding for this important national survey. In order to not delay the data collection and stay aligned with the MOHSS timeline, we are asking for $125,000 early funding in order to ensure adequate funding until the Global Fund and additional USG FY09 resources are available and avoid delays in the data collection, cleaning and analysis processes.	$125,000	$125,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7650.09
System ID: 11222
Planned Funding($): $3,603,775
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11681.09
System ID: 11681
Planned Funding($): $110,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Cooperative Agreement U62/CCU024084

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1068.09
System ID: 10427
Planned Funding($): $18,361,336
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health and Social Services, Namibia
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-CIRC	24458.09	This early funding will support 50% of the costs associated with early hiring of a national male circumcision coordinator to be seconded to the Ministry of Health and Social Services, along with two health care workers to perform MC. Support for MC efforts in Namibia has been strong and the Ministry is eager for roll-out of service delivery in early 2009.	$50,000	$100,000
02-HVAB	3875.24325.09	These funds are 50% of the 2008 personnel costs for community counselors hired by the Ministry of Health and subcontracted through the Namibia Red Cross which receives no other PEPFAR support and has a small country budget. Early funding will ensure that there are no disruptions in counseling and testing services during FY09.	$1,337,356	$2,207,128
03-HVOP	3880.24326.09	These funds are 50% of the 2008 personnel costs for community counselors hired by the Ministry of Health and subcontracted through the Namibia Red Cross which receives no other PEPFAR support and has a small country budget. Early funding will ensure that there are no disruptions in counseling and testing services during FY09.	$638,876	$1,270,378
18-OHSS	3874.24335.09	It is critical that these funds be available as soon as possible as they support bursaries (scholarships) for Namibians attending medical and pharmacy schools in other countries. It is imperative that these funds be made available given African school calendars that begin in January. Early funding will ensure that these studies, especially for continuing students studying outside of Namibia, are not disrupted.	$806,857	$950,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Cooperative Agreement U62/CCU024419

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1404.09
System ID: 10325
Planned Funding($): $2,144,093
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Namibia Institute of Pathology
New Partner: No

Mechanism Name: DOD/Social Marketing Association

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6145.09
System ID: 10885
Planned Funding($): $562,150
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Namibian Social Marketing Association
New Partner: No

Mechanism Name: Nawa Life Trust Cooperative Agreement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7648.09
System ID: 11223
Planned Funding($): $3,351,460
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Nawa Life Trust
New Partner: No

Sub-Partner: Johns Hopkins University
Planned Funding: $73,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Matters and Means
Planned Funding: $93,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Research Facilitation Services
Planned Funding: $24,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1584.09
System ID: 11224
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Organization for Resources and Training
New Partner: No

Sub-Partner: Kayec Trust
Planned Funding: $354,904
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: PACT TBD Leader with Associates Cooperative Agreement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7656.09
System ID: 11226
Planned Funding($): $9,821,384
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: Apostolic Faith Mission Church
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Change of Lifestyles Homes Project
Planned Funding: $122,212
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding: $315,634
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Philippi Trust Namibia

Table 3.1: Funding Mechanisms and Source

Planned Funding: $261,157
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Namibia Chamber of Mines
Planned Funding: $65,090
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Rhennish Church, Namibia
Planned Funding: $123,380
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Sam Nujoma Multi Purpose Center, Namibia
Planned Funding: $84,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: TKMOAMS, Namibia
Planned Funding: $77,864
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Walvis Bay Multi Purpose Center, Namiba
Planned Funding: $227,064
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Legal Assistance Center, Namibia
Planned Funding: $238,966
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Namibia Nature Foundation
Planned Funding: $148,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Bicycle Empowerment Network of Namibia
Planned Funding: $20,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: LifeLine/ChildLine
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding: $3,299,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Kayec Trust
Planned Funding: $420,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ministry of Gender Equality and Child Welfare, Namibia
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Peace Center
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HKID	6471.26989.09	ORT is providing critical vocational skills training via KAYEC to OVC and caregivers. Continued support will be needed by KAYEC to ensure that there is not an interruption in vocational skills training courses planned, youth workshops, and the anticipated increase in new enrollees to the business skills training.	$175,000	$4,932,835

Mechanism Name: South Africa-Regional Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3475.09
System ID: 11225
Planned Funding($): $619,763
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4420.09
System ID: 11227
Planned Funding($): $3,222,688
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Cooperative Agreement U62/CCU025154

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1064.09
System ID: 10320
Planned Funding($): $13,667,035
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Potentia Namibia Recruitment Consultancy
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-CIRC	23958.09	This early funding will support 50% of the costs associated with early hiring of a national male circumcision coordinator to be seconded to the Ministry of Health and Social Services, along with two health care workers to perform MC. Support for MC efforts in Namibia has been strong and the Ministry is eager for roll-out of service delivery in early 2009.	$100,000	$300,000

Mechanism Name: Project HOPE

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1505.09
System ID: 11228
Planned Funding($): $935,181
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Project HOPE
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4667.09
System ID: 11229
Planned Funding($): $1,232,735
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project HOPE
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HKID	8026.27000.09	Project Hope will need to continue to provide micro credit loans to OVC caregivers. An interruption in lending services would be difficult for the more than 1,600 caregivers benefitting from the program, as well as the health educational and support services accessible to the household.	$200,000	$1,060,000

Mechanism Name: Global Health Fellows Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4665.09
System ID: 11230
Planned Funding($): $228,662
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Public Health Institute
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2321.09
System ID: 10321
Planned Funding($): $575,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Tuberculosis Control Assistance Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3073.09
System ID: 11231
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Royal Netherlands Tuberculosis Association
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3072.09
System ID: 11232
Planned Funding($): $1,199,120
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Social Marketing Association/Population Services International
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
03-HVOP	18277.27004.09	USAID/Namibia is requesting $250,000 in COP09 early funding for SMA. SMA will exhaust its COP08 funds by March 2009 since that funding was programmed for a 12 month period based on the prior PEPFAR implementation year (April - March). During COP09, SMA will provide critical AB support to reach the police and vulnerable young women, thus increasing its monthly burn rate for program implementation. SMA will also expand the geographic and target audience reach of its MARPS program, thus increasing its monthly burn rate for program implementation.	$250,000	$630,843
02-HVAB	4739.27003.09	USAID/Namibia is requesting $250,000 in COP09 early funding for SMA. SMA will exhaust its COP08 funds by March 2009 since that funding was programmed for a 12 month period based on the prior PEPFAR implementation year (April - March). During COP09, SMA will provide critical AB support to reach the police and vulnerable young women, thus increasing its monthly burn rate for program implementation. SMA will also expand the geographic and target audience reach of its MARPS program, thus increasing its monthly burn rate for program implementation.	$250,000	$522,277

Table 3.1: Funding Mechanisms and Source

Mechanism Name: United Nations High Commissioner for Refugees

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11529.09
System ID: 11529
Planned Funding($): $20,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: Yes

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1065.09
System ID: 10326
Planned Funding($): $5,952,271
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Mechanism Name: I-TECH / CDC MHP Mentoring

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12151.09
System ID: 12151
Planned Funding($): $658,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 6169.09
System ID: 10886
Planned Funding($): $1,785,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4662.09
System ID: 11234
Planned Funding($): $0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: Health Care Improvement Project, HCI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12175.09
System ID: 12175
Planned Funding($): $800,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1376.09
System ID: 11235
Planned Funding($): $5,239,014
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
19-HVMS	16236.27015.09	In order to obtain qualified and experienced individuals to fill key USAID positions, it has become clear during several rounds of recruitment that sufficient funds were not allocated for positions. Recruitment of critical positions in FY08 revelaed that there is inadequate funding for PSCs who will be envisioned to manage the program. Also, as a result of becoming a PEPFAR only Mission and the subsequent required transition of previously OE funded staff, the sharing of logistics associated with the transition is more costly than initially anticipated.	$874,271	$3,453,610

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11675.09
System ID: 11675
Planned Funding($): $190,660
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC base funding

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1484.09
System ID: 10716
Planned Funding($): $1,500,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1157.09
System ID: 10323
Planned Funding($): $5,713,567
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	8001.23966.09	These funds are 50% of the 2008 salary level for a US direct hire prevention coordinator. As 92% of funds through CDC go to partners, CDC personnel and operations budgets are fairly lean. Early funding will ensure that the CDC prevention coordinator can continue to provide support to the MoHSS and other partners without disruption.	$78,750	$226,885
03-HVOP	24341.09	In early 2008, PEPFAR supported inaugural National Male and Female HIV Leadership Conferences. At both conference, the groups identified the need for repeating these conference in one year to assess progress, as well as to take these same conferences to the regional and district level on a smaller scale. The regional and district conference would engage community and traditional leaders in taking leadership roles in HIV/AIDS prevention. These conferences were not funded in COP08. Early funding is requested so that the conferences could be replicated in early 2009, around the anniversaries of the national conferences.	$50,000	$75,000
19-HVMS	18908.23975.09	CDC/Namibia is in the process of converting six non-personal services contracts to personal services contracts for technical advisors who work closely with the Ministry of Health, the Namibia Institute of Pathology, and other key partners. This process will take many months and will result in increased costs, many of them front-end costs, related to benefits (including housing , security, education allowances, etc.) that these employees are entitled to as PSCs. As this conversion will likely happen in 1st or 2nd quarter 2009, this early funding will ensure that there is a smooth transition of these non-PSCs to PSCs.	$1,905,223	$1,932,451

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3636.09
System ID: 10887
Planned Funding($): $280,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1162.09
System ID: 10890
Planned Funding($): $978,668
Procurement/Assistance Instrument: IAA
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8340.09
System ID: 10888
Planned Funding($): $25,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8342.09
System ID: 10891
Planned Funding($): $140,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8341.09
System ID: 11236
Planned Funding($): $364,272
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIVQUAL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3132.09
System ID: 10322
Planned Funding($): $115,676
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: US Health Resources and Services Administration
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 599.09
System ID: 10907
Planned Funding($): $2,282,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
19-HVMS	4729.25937.09	This funding will cover the costs of the Language and Cross-Culture (LCC) Coordinator and the main office driver. These positions were underfunded in the FY08 COP, and funds are required to hire as soon as possible for these vacant positions.	$60,000	$653,700

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1495.09
System ID: 10315
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: World Health Organization
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7660.09	11214	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Namibia National Teachers Union	N	$50,000
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	A.M.E. Church (Karas)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Gobabis CAFO Committee (Omaheke)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Hakahana Hope Organization (Khomas)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Joint Compassion Keepers-Rundu Urban (Kavango)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Joint Compassion Keepers-Swakopmunds (Erongo)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Katatura CAFO Committee (Khomas)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Luderitz CAFO Committee (Karas)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Mount Sinai (Khomas)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Okahandja CAFO Committee (Otjizondjupa)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Ondelekelama Support Group (Oshana)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Opuwo CAFO Committee (Kunene)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Otavi CAFO Committee (Otjozondjupa)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Rehoboth CAFO Committee (Hardap)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Tangeni Kankoshi OVC Project (Oshikoto)	N	$0
8318.09	11216	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	VOSINNO (Oshana)	N	$0
7649.09	11217	Engender Health	U.S. Agency for International Development	GHCS (State)	LifeLine/ChildLine	N	$0
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Anglican Medical Services	N	$156,247
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Catholic AIDS Action, Namibia	N	$421,080
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Catholic Health Services of Namibia	N	$2,184,172
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Democratic Resettlement Community Project	N	$185,468
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Development Aid People to People, Namibia	N	$171,874
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church AIDS Program, Namibia	N	$204,269
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Lifeline/Childline Namibia	N	$1,533,702
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Lutheran Medical Services, Namibia	N	$1,390,002
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Namibia Red Cross	N	$127,270
3078.09	11219	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Walvis Bay Multi Purpose Center, Namiba	N	$213,738
7648.09	11223	Nawa Life Trust	U.S. Agency for International Development	GHCS (State)	Johns Hopkins University	N	$73,300
7648.09	11223	Nawa Life Trust	U.S. Agency for International Development	GHCS (State)	Matters and Means	N	$93,400
7648.09	11223	Nawa Life Trust	U.S. Agency for International Development	GHCS (State)	Research Facilitation Services	N	$24,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1584.09	11224	Organization for Resources and Training	U.S. Agency for International Development	GHCS (State)	Kayec Trust	N	$354,904
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Apostolic Faith Mission Church	N	$100,000
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Bicycle Empowerment Network of Namibia	N	$20,000
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Catholic AIDS Action, Namibia	N	$3,299,300
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Change of Lifestyles Homes Project	N	$122,212
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church AIDS Program, Namibia	N	$315,634
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Kayec Trust	N	$420,000
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Legal Assistance Center, Namibia	N	$238,966
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	LifeLine/ChildLine	Y	$0
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Ministry of Gender Equality and Child Welfare, Namibia	Y	$0
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Namibia Chamber of Mines	N	$65,090
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Namibia Nature Foundation	N	$148,800
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Peace Center	Y	$0
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Philippi Trust Namibia	N	$261,157
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Rhennish Church, Namibia	N	$123,380
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Sam Nujoma Multi Purpose Center, Namibia	N	$84,700
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	TKMOAMS, Namibia	N	$77,864
7656.09	11226	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Walvis Bay Multi Purpose Center, Namiba	N	$227,064

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $4,287,181

Program Area Narrative:

In Namibia, more than 90% of HIV infections in children are acquired through mother-to-child transmission (MTCT) of HIV. Advances in PMTCT have made HIV infection in children eminently preventable by employing interventions that maximize pregnancy care and outcomes for HIV-positive women, and use of ARV prophylactic regimens. Employing safe delivery practices to lessen transmission during labor and delivery (L&D) and making use of safer infant feeding practices that minimize the risk of postnatal transmission of HIV can further reduce the risk of MTCT.

The Ministry of Health and Social Services (MOHSS) provides antenatal care (ANC) in 256 health care facilities in its network; this includes 34 hospitals, 42 health centers and 170 clinics. Currently, 104 L&D facilities offer maternity services. PMTCT is a core strategy in Namibia's prevention service package, and 238 of the 256 (93%) health facilities offering ANC services have rolled out PMTCT services.

It is projected that 61,000 women will become pregnant during the period covered by COP09. In COP08, 51,339 women presented for their first ANC visit, 48,277 of whom were pre-test counseled and 45,902 (95%) had an HIV test. Of the women who were tested 5,480 (12%) were HIV-positive, of which 5,308 (97%) received post-test counseling. Five percent of all women visiting ANC for the first time knew they were HIV-positive. Of the 5,480 women testing HIV-positive in ANC, 4,589 (84%) had a CD4 count done; 960 (21%) of these women had a CD4 count of less than 250, making them eligible for ART.

Health facilities provided deliveries to 39,911 women. Of these, 35,533 (89%) knew their HIV status, up from 79% in COP07. Furthermore, 7,149 of those who knew their status on admission were HIV positive. Of the 4,378 women of unknown HIV status on admission to maternity, 1,364 (31%) were offered and accepted testing at delivery, with 604 (44%) testing positive. This figure highlights the fact that there are still missed opportunities for testing in maternity units. Adding the women who came in to the labor ward knowing that they were HIV positive, to the number that tested positive at delivery, a total of 7,753 women were HIV-positive at labor and delivery. Of these, 84% had taken ARV prophylaxis for PMTCT, and 94% of all HIV-exposed infants received the infant portion of the PMTCT prophylaxis. In a predominantly breastfeeding population and without any PMTCT intervention, an estimated 2,326 (30%) of newborn babies would likely become HIV infected in COP08.

A more effective regimen for PMTCT was rolled out in Namibia in 2008. HIV-positive women who do not yet meet criteria for initiating highly active antiretroviral therapy (HAART) will receive AZT starting at 28 weeks gestation or any time thereafter, sdNVP and AZT/3TC at the onset of labor, followed by a 7 day 'tail' of AZT/3TC. The HIV exposed baby will receive sdNVP within 12-72 hours of delivery, followed by a 'tail' of AZT and 3TC. With this expanded regimen for PMTCT, transmission will be reduced to less than 10%, translating to 1,551 averted pediatric infections.

PMTCT continues to be a priority program area in COP09, and the USG will support national scale-up of the PMTCT program in Namibia to reach all the 256 facilities providing ANC with PMTCT services, and at least 80% of all pregnant women, regardless of HIV status. Namibia has recently released a "Road Map" for accelerating the reduction of maternal and newborn mortality. The PMTCT program will contribute to safe motherhood, ensuring all women get the basic ANC package which will include hemoglobin and syphilis testing, urine examination, and blood pressure checks. Efforts will intensify to train health workers, improve identification of HIV-positive women in ANC, and refer those who meet the criteria for initiating HAART.

PMTCT is recognized as a "gateway" to all aspects of care, treatment and other prevention services for HIV-positive women and their families. All HIV-positive, pregnant women are referred for pre-ART registration, assessment for ART eligibility and longitudinal follow-up, cotrimoxazole (CTX) prophylaxis, TB Isoniazid Preventive Therapy (IPT), malaria IPT, and impregnated bed nets for those in malaria-endemic areas. Partner testing and disclosure will be encouraged and supported, and through provider initiated testing and counseling (PITC), the HIV status of the woman's children and family members will also be determined.

The PMTCT program in Namibia has embraced the USG supported "opt-out" HIV testing strategy (group pre-test and individual post-test counseling) with same-day results. At PMTCT sites, 97% of pregnant women are now counseled and 94% get tested at their first ANC visit. Continued counseling is given in subsequent ANC visits to women who initially decline HIV testing to encourage them to know their status.

To further increase the number of women who know their HIV status, COP09 will support scaling up of rapid testing services, including testing sites in labor wards. HIV testing will be provided to women of unknown HIV status who present to the hospital in labor, or immediately after delivery, especially in the first 72 hours when there is a 'window of opportunity' to give ARV prophylaxis to babies whose mothers test HIV-positive. Women identified as HIV-negative in ANC and at/after delivery will receive intensive counseling to encourage them to remain negative, and those that are HIV-positive will get prevention with persons living with HIV/AIDS (PwP) services.

With COP08 support, 453 health care workers were trained in PMTCT. Due to nursing rotations and staff attrition (primarily due to migration to the more lucrative private sector), continued training will be needed to adequately equip nurses to provide quality PMTCT services. As Namibia's PMTCT guidelines have been revised to recommend a more effective combination ARV prophylactic regimen for PMTCT, previously trained HCWs will need refresher trainings. Staff will get updated skills training on the revised PMTCT and ART guidelines using digital video conferencing facilities and in-service and pre-service training.

Training on the revised PMTCT curriculum will be intensified in COP09. This curriculum incorporates aspects of early infant diagnosis and DBS collection technique, as well as a module on M&E related to the revised ANC, maternity, DBS registers, and summary forms.

In COP09, community counselors (CCs) will get updates to improve their skills in counseling pregnant HIV-positive women on adherence to the new regimen, as well as counseling on safe infant feeding options for babies. In addition, CCs will be trained to improve their abilities to provide preventive counseling to the approximately 80% of women who test HIV-negative in ANC. With the support of qualified nurses, CCs will assist these women in remaining negative through the pregnancy, lactation periods and beyond, and will provide them with counseling and disclosure support to partners.

The PEPFAR-supported case managers, recruited through a new activity in COP08, will continue to staff facilities to provide more in-depth support to HIV-positive clients, beyond what the health care providers have the time to address. They will also start mother-to-mother support groups to bolster psychosocial support and the follow-up of mother-baby pairs from the PMTCT program. Support for adherence and referrals management will also be provided.

Laboratory capacity will be strengthened in high volume sites to facilitate CD4 count for all HIV-positive women identified in PMTCT sites in order to identify those women who are eligible for ART. This is the sub-group of women most likely to transmit HIV to their babies. Turnaround times will be reduced by utilizing point of care CD4 testing devices, or alternatively, by improving transportation of samples to labs and providing results back to submitting sites. ART will be available to all women who are eligible (CD4 count less than 350, or WHO stage 3 or 4 disease) at all ART sites (static or outreach) and health facilities that have rolled-out the Integrated Management of Adult and Adolescent Illnesses (IMAI) strategy. Through IMAI training, and with the roll-out of IMAI, nurses will be able to administer ARVs. Women and their HIV-exposed babies who are not yet eligible will be enrolled in longitudinal care.

Safer infant feeding practices will be promoted through better infant feeding counseling. The Nutrition Department in the Primary Health Care Directorate of MOHSS will continue to update their Infant and Young Child Feeding guidelines to improve the feeding recommendations for babies of HIV-positive mothers. Currently, more than 90% of mothers indicate their intention to exclusively breastfeed at delivery, but it is not known if they will follow through with their intended method of breastfeeding after they are discharged from the health facility. The current recommendation is to exclusively breastfeed with early cessation at four months in mothers for whom replacement feeding (RF) is acceptable, feasible, affordable, sustainable and safe (AFASS). Where RF is not AFASS at four months, exclusive breastfeeding to six months with weaning at that time is recommended, followed by introduction of adequate and nutritious complementary foods.

RF for the few women who choose to do so will be made safer by reinforcing the counseling with practical demonstrations of infant feed preparations in the health facilities. Infants' health will be maximized by incorporating growth monitoring and promotion, as well as nutritional counseling and support for all HIV-exposed children 6-24 months in clinics for under five year olds and OVC programs. COP09 support will strengthen linkages to OVC support programs and provision of nutritional foods for pregnant and lactating women in the PMTCT program. In COP09, 10% of HIV-positive pregnant and lactating women will get nutritional supplementation. Staff will also be trained to perform anthropometric measurements, and the current M&E tools will be revised to adequately capture data on nutritional status of pregnant and lactating women, and of children attending for PMTCT follow-up.

Namibia's early infant diagnosis (EID) of HIV infection program continues to receive USG support, and in COP09, it is addressed in the pediatric care and support program narrative. Case managers and support groups will continue to actively follow up with all HIV-exposed infants, especially with mother-baby pairs who "fall through the cracks." EID will be decentralized by including a dried blood spot (DBS) module in the PMTCT curriculum.

The PITC approach will be rolled-out to include children, and HIV antibody testing using rapid tests will be offered to children who are first seen for HIV testing at nine months in keeping with WHO recommendations. Only children between nine and 18 months with a positive HIV antibody test will then be offered HIV DNA PCR test.

The HIVQUAL quality improvement program is now covering all 34 district hospitals in Namibia, as well as five health centers offering HIV care through the IMAI strategy. Initially developed for adult care and treatment, HIVQUAL will expand its list of indicators to include PMTCT indicators in COP09. This is in line with the MOHSS national quality of care initiative, and will assist facilities to utilize their own facility-based data to improve on the quality of their PMTCT efforts.

Gender-based violence, stigma, and discrimination remain concerns, making it difficult for some women to accept HIV testing, and for those who test positive to disclose their status to their partners and families. To address this, officials from PMTCT programs will engage communities by attending meetings facilitated by local leaders. These forums will provide opportunities for dialogue, as well as to increase demand for PMTCT services and promote voluntary HIV counseling and testing to know one's HIV status.

The first National Female Leaders Conference on HIV/AIDS was held in May 2008. The meeting was chaired by the First Lady of the Republic of Namibia, and attended by representatives from Parliament, civil society, development partners including the UN family, USG agencies, donor agencies, health workers and others. The recommendations adopted at this conference will be implemented to improve programming of HIV/AIDS services for women and girls.

In COP09, male involvement interventions will be scaled up. In February 2008, Namibia hosted the first National Male Leaders Conference on HIV/AIDS. Such conferences will be replicated at the community level to sensitize men to issues of gender-based violence, supporting women in PMTCT and HIV/AIDS care, and undoing some of the myths that perpetuate the subjugation of women by men. Male participation in PMTCT will be encouraged by providing men with invitational letters to attend ANC with their partners to facilitate testing and disclosure in a supportive environment. In addition, activities such as the Sports for Social Change Initiative will be used to promote male involvement in PMTCT.

To effectively monitor and inform the program at the national level, technical, managerial and logistical assistance will continue to strengthen the health information system. Routine data quality will be improved by ensuring facilities have data validation tools. Facilities will be supported to analyze their data and to utilize feedback from the national level. Quality of PMTCT services will be improved by enhancing supportive supervision, staff skills updates, clinical follow-up visits, and linkages of ANC and postnatal services. Referral systems will be strengthened by conducting regular meetings between the referral source and referral recipients, be it intra-facility service delivery points, or between the facility and the community. There will be an audit of referral systems and an assessment of post delivery uptake of services, including family planning services by HIV-positive women. The PMTCT sites will be improved by reviewing client flow and infection control in conjunction with the biomedical prevention team and internal and external technical advisors.

The major partner in PMTCT is the MOHSS, which provides all operational costs to state and faith-based facilities. In addition to MOHSS contribution, other contributions during COP09 will include: $1,162,325 from the Global Fund; part-time technical assistance from UNICEF; nevirapine from Boehringer-Ingelheim; and Determine rapid test kits from Abbott. The Clinton Foundation will continue to provide support for up to 20,000 HIV DNA PCR test kits and ARVs for pediatric first and second line treatment. These contributions clearly demonstrate public-private partnerships.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	1157.09	**Mechanism:**	N/A
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	3856.23965.09	**Planned Funds:**	$559,448
Activity System ID:	23965		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity has two main components: (1) support for a CDC PMTCT technical advisor (TA) placed in the Ministry of Health and Social Services (MOHSS), and (2) support for two PMTCT field support nurses who cover the northern regions of Namibia and are based at Oshakati State Hospital.

USG will to continue to work closely with 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, and to support expansion of services from 238 facilities currently providing PMTCT services to all 258 antenatal care (ANC) sites nationally.

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. The overall responsibilities for coordinating and rolling out of PMTCT services lie with the MOHSS Primary Health Care (PHC) Deputy Director in the Family Health Division. A PMTCT Coordinator employed through the Global Fund and a full-time USG-supported PMTCT TA assist the Deputy Director in carrying out these activities. The USG also supports training, information systems, logistics and technical assistance to the national PMTCT program. Specific activities include:

1. Support for a PMTCT Technical Advisor to the MOHSS. This position will support a national counterpart in the PHC Directorate with PMTCT program roll-out, and will be involved with developing and revising guidelines related to PMTCT. The training of health workers to build their competencies to be able to deliver quality PMTCT services is an important area of responsibility for the PMTCT TA. The TA will assist with curriculum development activities for PMTCT, early infant diagnosis of HIV, ART, Pediatric ART, Integrated Management of Adult Illness (IMAI), infant feeding, and other related curricula. In addition, supervisory support visits will be undertaken to provide mentoring and technical backstopping to the regions. Monitoring the effectiveness of the PMTCT program is an ongoing activity through the MOHSS Health Information System, and the TA will support the regions with utilization of information generated from the PMTCT database.

2. Funding for two HHS/CDC PMTCT field support nurses who cover the northern regions and are based at Oshakati State Hospital. Working with Ministry staff at the national, regional, and district level, these nurses conduct crucial supervisory support visits to current and newly-operational PMTCT sites to provide on-site monitoring, training, and assessment of the quality of services, patient flow, and record keeping as well as to identify challenges and needs.

The roll-out of rapid testing in PMTCT also requires hands-on support to health facilities. The CDC/Oshakati 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 health facilities and these nurse supervisors assist with the identification and training of traditional birth attendants in PMTCT. They are stationed in Oshakati State Hospital, the largest hospital in the north, where the MOHSS has allocated office space to HHS/CDC in order to facilitate logistical, material, and technical support to the area.

The field nurses have been assisting health facilities in four regions (Oshana, Oshikoto, Ohangwena and Omusati). In FY2009 COP they will expand their support to Kunene and Kavango regions. CDC/Oshakati field nurses partner with other programs to identify needs, facilitate and implement supportive programs. 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.

Pending clarification/approval from the OGAC PHE working group, CDC will continue to support a Public Health Evaluation of infant feeding practices in the context of HIV. This activity will roll into 2009, but will be supported by FY2007 COP funds, as well as Global Fund resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16238

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16238	3856.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7390	1157.08		$416,648
7357	3856.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$360,120
3856	3856.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3128	1157.06		$108,986

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$559,448
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	1068.09	**Mechanism:**	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	3882.24324.09	**Planned Funds:**	$1,181,167
Activity System ID:	24324		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity supports six main components: (1) partial funding for community counselors (CCs); (2) procurement of routine clinic supplies and equipment; (3) PMTCT training for traditional birth attendants (TBAs); (4) support for an information, education, and communication (IEC) campaign promoting PMTCT; (5) support for improved follow-up of mother-infant pairs; (6) provision of nutritional supplementation for persons living with HIV/AIDS (PLWHA).

In supporting PMTCT services, the Ministry of Health and Social Services (MOHSS) is responsible for national coordination, resource mobilization, monitoring and evaluation, training, and policy development.

1. Partial funding for Community Counselors. In FY 2009 COP, funding for CCs, who dedicate part of their time to this activity, is distributed among six program areas in which the Ministry of Health and Social Services (MOHSS) has activities: PMTCT (9%), Abstinence and Be Faithful (49%), Other Prevention (13%), HIV/TB (8%), Counseling and Testing (12%), and HIV Treatment Services (9%).

The introduction of rapid testing performed by nurses and community counselors in FY 2006 COP, along with an opt-out HIV testing strategy and linkages to ART has contributed to a large proportion of pregnant women who now know their HIV status in antenatal care (ANC) and labor and delivery. 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 (CT) services, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. CCs, who perform rapid HIV testing, play a major role in PMTCT as the primary providers of CT services in ANC in support of the nursing staff.

The national Technical Advisory Committee (TAC) has revised PMTCT guidelines to reflect the 2006 WHO recommendations to use combination ARV prophylaxis regimens for PMTCT that are more efficacious and can potentially reduce the development of resistance to Nevirapine (NVP). The revised 2008 PMTCT guidelines recommend use of AZT beginning at 28 weeks gestation or any time thereafter, single-dose NVP and AZT/3TC given to the mother at the onset of labor, followed by a 7-day 'tail' of AZT/3TC to the mother. Infants receive SD NVP at 12-72 hours postpartum, followed by a seven-day 'tail' of AZT/3TC. The regimen for the infant differs from the WHO recommended AZT for four weeks. This was a deliberate decision taken by the MOHSS TAC in recognition that in the few babies where PMTCT efforts are unsuccessful, the risk of developing NVP resistance remains an important consideration, just as it is in the mother. Hence, the recommendation is to administer AZT+3TC 'tails' to babies as well.

Use of the new PMTCT regimen has already begun in some sites, especially in those sites that have ART clinics staffed by experienced doctors and nurses who have already received training in the new PMTCT regimen. Scale-up of the new regimen is expected in more than 50% of sites in 2009. Some health centers and clinics may need additional training before they become confident in using the new regimen.

2. Procurement of supplies and equipment. Support to print ANC and maternity registers, and procure clinic furniture and equipment for new PMTCT sites (scales, hemoglobinometers, lockable cabinets for ARV drugs). Support will also assist in printing and dissemination of the new national PMTCT guidelines that reflect the new WHO 2006 guidelines.

3. Training for TBAs. Training for an additional 80 TBAs on their role in PMTCT services, including promotion of HIV prevention, reproductive health services for HIV-positive women, and referral of pregnant HIV-positive women in the northern regions will be continued. Approximately 25% of deliveries in Namibia occur outside of a health facility.

4. Support for an IEC campaign promoting PMTCT. A national educational campaign by the Directorate of Primary Health Care to promote PMTCT services in collaboration with the Ministry of Information, Communication and Technology (MICT) will continue in FY2009 COP. Funding will be provided to develop, produce, and disseminate PMTCT educational materials for strategic communications in the clinical setting, including the promotion of male involvement. Materials will be produced in local languages as appropriate.

5. Follow-up of mother-infant pairs. Linkages to care, treatment and support for the HIV-exposed baby, mother and partner will become routine in PMTCT. This will be done through follow-up of the mother-infant pair using the case managers recruited through Potentia, and through formalizing linkages with established community structures to trace mother-infant pairs who fail to come back for scheduled PMTCT follow-up. This activity will facilitate early care and initiation of cotrimoxazole (CTX) prophylaxis from as early as six weeks of age for all HIV-exposed infants, and will facilitate early diagnosis of infection through DNA PCR. These funds will support field supervision and monitoring of mother-infant follow-up efforts.

6. Provision of nutritional supplementation for PLWHA. Nutritional support for pregnant and lactating women will be provided to meet the needs of a minimum of 10% of all HIV-positive pregnant women. This activity will leverage new USG centrally funded food supplementation activities to be undertaken in public health facilities. The activity will also leverage support from UNICEF and the Clinton Foundation which provide commodity donations and TA for nutrition.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16149

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16149	3882.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$2,204,240
7334	3882.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$1,433,108
3882	3882.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$793,550

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $100,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3898.23947.09

Planned Funds: $323,337

Activity System ID: 23947

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This area includes only one activity: the provision of salary and other benefits for PMTCT in-service tutors and support staff that are seconded to the National Health Training Center by I-TECH.

The lack of training institutions and the lure of the more lucrative private sector, combined with the growing population of Namibians needing to access public HIV/AIDS services contribute to a chronic shortage of qualified health professionals. Without outsourcing of health professionals and in-service trainers, the MOHSS simply would not be able to provide comprehensive services on the scale and at the level of quality that is required.

In 2007, the most recent year for which data were available, the vacancy rate in the Ministry of Health and Social Services (MOHSS) was 35% for doctors, 22% for registered nurses, 26% for enrolled nurses, and 41% for pharmacists. Since FY04, the USG has assisted the MOHSS to address this human capacity gap by providing supplemental personnel to the MOHSS through Potentia, which administers salary and benefits equivalent to those of the MOHSS.

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.

For trainers outsourced through Potentia, I-TECH, the MOHSS, and CDC agree on scopes of work and participate in the selection of trainers. USG support for PMTCT training is leveraged and harmonized with similar support being provided through the Global Fund.

FY 2009 COP funding for PMTCT will cover salaries and support for the following positions:

(1) Five in-service tutors placed throughout the National Health Training Center (NHTC) network. These tutors will provide 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.

(2) One driver to continue to transport the tutors to training and clinical sites. Supplemental support for the work carried out by these staff is funded through I-TECH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16190

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16190	3898.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$428,337
7344	3898.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$312,303
3898	3898.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$137,517

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $323,337

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	1065.09	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	3871.23983.09	**Planned Funds:**	$459,240
Activity System ID:	23983		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

I-TECH/University of Washington's PMTCT Activities will include: (1) sponsoring joint Ministry of Health and Social Services (MOHSS), Global Fund (GF), and PEPFAR support visits to at least 50 PMTCT sites; (2) continuing to roll out digital video conference (DVC) training on the new PMTCT guidelines to reach all appropriate health care workers; (3) providing refresher training on PMTCT to health care workers; and (4) adapting and integrating infant feeding counseling tools into existing training curricula.

PMTCT is a national and USG priority. In FY08 187 health facilities in Namibia provided PMTCT services. The program focuses on primary prevention of STI's including HIV in women of reproductive age; prevention of unintended pregnancy in HIV-infected women; prevention of mother-to-child transmission through the use of antiretroviral (ARV) medicines and other practices such as exclusive breastfeeding or exclusive replacement feeding; provision of comprehensive care to HIV infected women and their partners; and early diagnosis for infants. A national opt out testing strategy was adopted and integrated within the national PMTCT guidelines and training curriculum in 2004.

1. The PMTCT program receives funds through different partners including the Global Fund (GF) and the USG. In COP08 I-TECH provided technical support to the National Health Training Center (NHTC) to train 453 nurses on the provision of PMTCT services. To strengthen the quality of service provision at facility level, I-TECH has conducted 25 support visits thus far and will conduct another 25 by the end of funding year. With COP09 funds, I TECH will continue to support a minimum of 50 joint PMTCT site visits by the MOHSS and the GF. The purpose of these joint visits is to provide on-site supportive supervision and to identify challenges and gaps that the healthcare workers may have encountered with program implementation.

2. In COP08 the MOHSS updated its PMTCT guidelines and has introduced a more effective regimen in line with the World Health Organization (WHO) recommendations. The recommended ARV regimen for PMTCT prophylaxis is AZT from 28 weeks or as soon as possible thereafter; single dose of nevirapine (SD-NVP) and AZT/3TC at the onset of labor and single dose NVP to the baby after delivery; and further AZT and 3TC for seven days postpartum to both mother and baby. To ensure consistency and quality of service provision, I TECH has updated the training materials accordingly and will continue to conduct a series of DVC sessions to orient health care workers on the new guidelines in FY 09.

3. Basic PMTCT training will continue to be supported by GF. I-TECH, in collaboration with MOHSS and the GF, will develop a three-day refresher curriculum to update PMTCT service providers who were trained in the original curriculum and will train at least 100 HCW through FY08. Due to the complex nature of the new ARV prophylaxis regimen, it is anticipated that a large number of PMTCT service providers will require updating. To complement the basic PMTCT training conducted by the GF, I-TECH will continue to provide refresher training to at least 100 health care workers in COP09.

4. The national recommendation for HIV-positive women is to encourage exclusive breastfeeding for the first four months for mothers who may not meet the AFASS criteria. It is therefore essential that healthcare workers are equipped to support mothers to make informed decisions and to provide appropriate information about breastfeeding techniques, the management of breastfeeding problems and safer sex practices. I-TECH will strengthen this by providing support in revising the adapted infant feeding counseling tools and integrating them into the training curricula for health workers use during infant feeding counseling sessions in COP09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16217

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16217	3871.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$459,240
7354	3871.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$390,831
3871	3871.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$204,487

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $459,240

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3078.09	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	4734.26954.09	**Planned Funds:**	$1,763,989
Activity System ID:	26954		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The IntraHealth PMTCT activity aims to reach 80% of pregnant women with prophylaxis and reduce new infant infections by at least 50%. IH currently supports 5 faith-based hospitals (FBH) and 46 health centers and clinics with a catchment of around 390,000 people in rural and semi-urban settings. The FBH plus 46 associated health centers and clinics have provided PMTCT services for the past 4 years, gradually scaling up. By end FY09, IH will have supported Catholic Health Services (CHS), Lutheran Medical Services (LMS), and Anglican Medical Service (AMS) to roll out PMTCT services in a total of 51 service outlets (5 hospitals & 46 HC and Clinics). IH supports PMTCT programming providing pregnant women with a minimum PMTCT package integrated into traditional ANC services (syphilis serology, hemoglobin, blood group and urine test). This package includes for first visit ANC, opt-out CT, rapid testing (RT) with same-day results. It is estimated that in FY09, 6,450 women will be offered the minimum PMTCT package as first antenatal clinic (ANC) attendees, and 1,290 will receive ARV prophylaxis at the maternity ward. A minimum of 90% uptake is expected for both post-test counseling among women attending ANC and for ARVs at delivery for mother infant pair. Using dual therapy ARV prophylaxis to be introduced gradually in COP08 in replacement of single dose nevirapine (NVP) as per the updated PMTCT guideline, an estimated 420 new infant infections will be averted. HIV-positive women identified at first ANC visit are referred to the ART clinic for initial clinical evaluation, CD4 testing and eligibility assessment for HAART, IPT, or CTX prophylaxis. This number is currently estimated at around 1,290 women for COP FY 2009. HAART will be offered to those eligible as per the national guidelines (an estimated 130 women). Those who need it will be enrolled in the care program that includes regular follow-up counseling, opportunistic infections prophylaxis, STI screening, TB screening, prophylaxis, and/or referral. PMTCT and ART services are integrated under the same roof in LMS and 3 of the CHS Hospitals and Odibo HC. In Rehoboth Hospital, referred women go to ART sites located outside the PMTCT settings that are strongly linked through a referral mechanism involving the PMTCT district coordinator and the nurse in charge along with the use of the electronic patient management now in use in the all the ART sites.

Critically, attention will also be directed to strengthening links between PMTCT and standalone VCT sites for those women who find these sites most convenient. Three of 6 maternity wards have CT services for women delivering with unknown HIV status. In Odibo, Andara, and Nyangana hospitals, the CT sites are few meters away from the maternity ward. In collaboration with the MoHSS and the NIP, IH will work with these facilities to get maternity wards certified as RT sites. Provision of CT services inside the maternity wards during, and after hours has resulted in tremendous reduction in the number of women delivering with unknown HIV status (from 25% in 2005 to 13% in 2006). In the future, more women will receive postpartum CT, closing the gap on missed opportunities. HIV-positive mothers also receive infant feeding and FP counseling and referral. Currently most sites are counseling and referring HIV positive women fairly well from ANC through pregnancy and after delivery. However, linkages with commodities supply and follow up are very weak. IH will work with the MoHSS (PHC) on strengthening this area and improving the recording system. Additionally for HIV+ mother, support groups will be offered wherever feasible based on the community dynamics. Mothers-to-Mothers is an example to be explored though use of other less expensive approaches. In FY09, about 10% of HIV+ women will get nutritional supplementation through leveraging with other partners such as NRCS. In response to a demonstrated need and as a new part of our PMTCT program, eligible pregnant and lactating women will be provided with this supplementation in the form of EPAP. HIV-negative mothers will be offered preventive counseling to maintain their negative status. All women will be offered couples counseling. The male involvement initiative started in COP FY 2007 will scale up in COP FY 2009. Currently PMTCT women are counseled and tested with their partners either as couples or their partner receives CT through referral by PMTCT staff. Within CHS facilities the partner testing rate has varied between 2 and 2.9% whereas LMS has seen a dramatic improvement to 20% up from 6.4% of women testing with partners or referring them between COP FY 2007 and COP FY 2008. Bringing this activity to scale should yield at least 20% testing as couple or referred partners in all sites while improving also the reporting system. Some men are being tested elsewhere as partners, but their testing is not linked to their PMTCT referral. Increased number of males will be invited and expected to take part in the full range of PMTCT activities. Messages will also address gender-based violence, stigma, and discrimination especially related to disclosure and partner testing. To enhance a family-focused care approach, the partner and other family members such as children from previous pregnancies will be invited to access HIV testing and care and treatment services. Through couples counseling, discordant couples will be closely followed-up with condom promotion, and offered prevention with positives as per the current initiative. For HIV - women at first ANC, a retest will be offered to those tested 3 months earlier alternatively at/or after delivery. This new approach in the revised guideline will be reinforced through training and ongoing clinical mentoring. Current guidelines recommend exclusive breast feeding for all infants for the first 6 months of life. For HIV-exposed infants replacement feeding is recommended under AFASS conditions. At 6 months, abrupt cessation of breast feeding, and introduction of unmodified animals milk and complementary foods are recommended. Most mothers in FBH (>90%) opt for exclusive breast feeding as AFASS criteria are not met. To enhance feeding counseling program and nutritional assessment, IH will continue staff training and support to the kitchen corners initiatives started in COP FY 2007. Accordingly, postnatal services for HIV-exposed children will continuously be strengthened through direct referral to child health services (infant immunization, growth monitoring, and nutritional assessment) which are part of the district primary health care activities. All HIV-exposed infants are enrolled for follow up, and at 6 weeks, they are offered CTX prophylaxis and diagnostic PCR testing. PCR is available in all IH supported faith based facilities and in an increasing number of satellite health centers and clinics and it is performed in accordance with the national algorithm. During this follow up, micronutrient supplementation and TB screening for all infants as well as Isoniazid prophylaxis for eligible babies and CTX will be provided. Early infant diagnosis allows timely clinical evaluation, entry to care, and initiation of HAART for young infants. With the new WHO recommendation adopted nationally, every HIV positive infant less than 12 month of age will start HAART regardless of his/her immunological status. This recommendation is likely to improve entry to care and treatment of many infants who would otherwise have progressed to disease and death rapidly. Implementation of early infant testing, diagnosis, and follow up is critical to provide early initiation of life-saving antiretroviral therapy for all HIV-infected infants in the first year of life. As well, urgent provider-initiated testing and counseling is strengthened as a routine part of care for any infant or child presenting to health facilities with signs, symptoms or medical conditions that could indicate HIV infection. More PMTCT

Activity Narrative: staff will be trained on the dried blood spot technique (DBS) in collaboration with NIP, and also on post-DBS counseling. Because a significant number of children are lost to follow up, more efforts in tracing for defaulters with help of support groups, community volunteers and other mechanisms will be enhanced. During COP FY 2009, 965 infants born in the 5 FBH are expected to be tested for DNA-PCR (~75% of infants born to HIV-positive mothers). Documented HIV+ as well as HIV- infants who are still breast-fed (until 2-3 months after complete cessation of breast feeding) will be followed up using HIV exposed infants registers. Orphan infants and children registered in care will be referred to the available OVC care in the area.

M&E: IH will ensure quality of all components of the program through supportive supervision, clinical mentoring, familiarization of staff on the data collection tools, scrutiny of reports generated and feedback to centers. These reports provide data elements, and indicators to track the program performance. The support supervision visits will include facility check list, data quality assessment, analysis of exit interviews and quality assessment of counseling (infant feeding & family planning), and success of referrals. As part of the technical assistance services to the MoHSS, the IH team will continue to be involved in the regular update of the PMTCT guidelines with the aim to use more effective ARV prophylactic interventions as per WHO recommendations for maximum reduction of MTCT. Results of an evaluation of PMTCT effectiveness conducted during COP FY 2008 will be used for program improvement. IH in collaboration with MoHSS, HIVCS & I-TECH, will support training/retraining of 60 HCW (public & private sector) in the updated guidelines. In order to engage the community, increase participation and improve services utilization, all IH partners will continue community awareness, mobilization, and education with regard to creating demand for the available PMTCT services in different facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16129

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16129	4734.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$1,719,138
7403	4734.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$1,379,656
4734	4734.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$963,970

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $141,115

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $40,000

Economic Strengthening

Education

Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $9,275,576

Program Area Narrative:

PEPFAR/Namibia's prevention portfolio supports the Government of the Republic of Namibia's (GRN) Medium Term Plan (MTPIII) and National Strategic Plan on HIV/AIDS (2004-2009). All prevention initiatives are integrated within PEPFAR-supported services to orphans and vulnerable children (OVC), systems strengthening, care, and treatment initiatives, and are coordinated with the GRN and other donors including the Global Fund and the UN Team. Building and strengthening these linkages will help ensure a national response that is sustainable by increasing capacity among Namibian institutions.

There are many gaps in understanding Namibia's HIV epidemic, including epidemic drivers at regional and lower levels. During the COP08 national planning retreat, US Government (USG) officials presented a preliminary analysis of national epidemic drivers based on existing data sets, which include ANC surveillance, 2006 Demographic and Health Survey (DHS), and voluntary counseling and testing (VCT) client intake data. National ANC prevalence is 19.9%, with wide variation from 7.9% in the east and northwest desert areas, to 39.4% in Katima Mulilo, an area that intersects with a major transportation corridor between Namibia, Botswana, Zambia, and Zimbabwe. Over time, the average ANC rate has stabilized, suggesting minimal declines in incidence, despite data that suggest increasing adoption of abstinence and condom use by youth. Men are more likely to have two or more partners, with the number of partners increasing with increased alcohol use. Marriage rates are decreasing. Women are infected more often and at younger ages than men. Limited data are available that identify geographic hotspots and high risk populations within the more generalized epidemic.

Currently, the GRN is reassessing its national response to prevention, with vigorous support from the USG and other donors. With support from PEPFAR, the GRN conducted a national prevention assessment and the first ever National HIV Prevention

Consultation in November 2008 which included an analysis of existing data sets to further understand epidemic drivers, a national inventory of existing multisectoral prevention programs, and a national mapping of resources which will become the basis for referral systems within defined geographic areas. This assessment will drive the creation of a national prevention strategy and a prevention technical working group. The prevention assessment will help the GRN create a prevention portfolio based on epidemiologically sound priorities and evidence-based approaches.

With COP 08 funding, the USG supported the placement of a Prevention Coordinator within the Ministry of Health and Social Services (MOHSS), thus ensuring multi-sectoral support for prevention within the GRN. The coordinator will provide focus and coordination in prevention efforts. The GRN's leadership in the national prevention assessment and the hiring of a National Prevention Coordinator are major achievements to strengthen prevention in Namibia.

While Namibia has a generalized HIV epidemic, data analyses strongly suggest that there are geographic areas with concentrated epidemics and most at-risk populations (MARP) with risk behaviors higher than that of the general population. The USG will encourage GRN efforts to ensure that targeted populations have access to at least a minimum prevention service package, which includes behavior change communication (BCC) integrated into structural responses (workplace, schools, community groups, FBOs) and outreach to youth, supported by mass media campaigns, counseling and testing (CT), condom distribution, STI screening and treatment, male circumcision, prevention with persons living with HIV/AIDS (PwP), prevention of medical transmission services, post-exposure prophylaxis (PEP), prevention of mother-to-child transmission (PMTCT), and supportive policies and advocacy.

Targeted messages will focus on what are known to be the main epidemic drivers in Namibia: multiple concurrent partnerships including trans-generational and informal sexual relationships, and social norms that facilitate HIV transmission including male norms and alcohol abuse. Target audiences will vary depending on the implementing partner's prevention focus, the site of intervention, and the group at risk.

In targeting Namibia's highest prevalence geographic areas and MARPs, the minimum prevention service package will include BCC focused on outreach services to MARPs, CT, targeted media, condom distribution, STI services, and prevention, care and treatment referrals. High prevalence areas include the northern regions of Namibia where at least 45% of the population resides, areas with high migrant populations (e.g. mining, tourist and agricultural areas), and transit corridors. MARPs include the military, prisoners and police, as well as people engaged in transactional sex.

AB-funded interventions targeting youth include the integration of age-appropriate HIV/AIDS learning activities into primary and secondary curricula and peer education activities targeted to in-and out-of-school youth that emphasize abstinence and fidelity messages, personal risk assessment, and negotiation skills. The USG will continue to support community action activities which target a broad range of community members with AB messages, as well as the micro-credit program targeted to young women ages 15-30 who are at risk of engaging in cross-generational and informal sexual relationships. Other AB-funded PEPFAR programs include the national scale up of the Ministry of Education's (MOE) workplace program, which includes referrals to prevention, care and treatment services as well as teacher training to ensure high quality HIV/AIDS curricula implementation. Uniformed services – the military and police – will continue to receive technical assistance to integrate abstinence/be faithful (AB) programs into their existing infrastructure. The MOHSS community counselors (CCs) will continue to provide AB-focused messages to the clientele of public and faith-based hospitals. The USG will continue to support the Ministry of Information Communication and Technology (MICT)'s national Take Control mass media relationships campaign, which targets B-focused messages to Namibian men of reproductive age.

Other sexual prevention (OP) funded activities include ongoing targeted BCC, condom distribution, and STI and CT referrals to migrant populations and those working and living along transit corridors. The USG, in collaboration with the GRN and other development partners, works with the uniformed services to provide technical assistance to integrate OP programs into their existing infrastructure. The USG will continue to support community-based organizations that target a broad range of the population with AB/OP messages and referrals to CT, care and treatment services. The GRN-supported CCs will continue to deliver AB/OP-focused messages to clientele of public and faith-based hospitals.

The USG will ensure that, as appropriate, activities targeting MARPS will reinforce the MICT's national Take Control mass media relationships and alcohol campaigns. USG will continue to support the MOHSS' socially marketed "Smile" male condom as well as the Femidom female condom through commodity purchasing and widespread distribution throughout PEPFAR-supported prevention, care and treatment programs, including PwP. The USG will support the launch of mobile services during COP 09, which will include HIV testing, as well as prevention, care, and treatment services to underserved populations and MARPS.

With the support of PEPFAR, the MOHSS continues to provide opportunities for leaders to come together to address HIV and AIDS. In February 2008, the President of Namibia participated in the first ever National Male HIV Conference on HIV/AIDS, which had as its theme, "Namibian Men and HIV/AIDS, Our Time to Act." In May 2008, the First Lady of Namibia presided over the first National Female Conference on HIV. These two conferences identified many important gaps that need to be addressed through further research, strategic planning and implementation, and innovative and effective prevention programming. Many leaders attending the conferences were motivated to participate in the May 9th National HIV Testing Day. In 2009, the MOHSS will replicate the National Male and Female Conferences on HIV/AIDS as well as the rollout of similar conferences at the regional level. The replication of the national conferences will help measure progress in achieving stated commitments and outline further action items.

Alcohol abuse is prevalent throughout Namibia, and contributes to risky behaviors and lack of treatment adherence. Other prevalent male norms and behavior, including sexual violence, undermine prevention efforts. The USG will continue to support mainstreaming of alcohol and gender messaging into all programming within clinical and community settings and in mass media. The gender program supports OGAC's global gender initiative, adapting the evidence-based "Men as Partners" approach to

Namibia.

With support from the PEPFAR Alcohol and HIV Initiative, alcohol mainstreaming efforts will mirror the gender approach of making technical resources available to all PEPFAR-supported partners, including the MOHSS' Coalition for Responsible Drinking (CORD) to ensure sustainable in-country capacity building. Other potential partners in this effort will include the Shebeen Owners Association and the Namibia Breweries. The USG will pilot a number of innovative alcohol and HIV programs in Namibia, including brief motivational interviewing and screening at facilities, point of sale or consumption education outreach, and expansion of the Alcoholics Anonymous network. The USG will also support the development of alcohol and addiction certification training within the University of Namibia (UNAM).

The USG will strengthen the integration of bi-directional referral systems. Approaches include expansion of access to HIV testing, strengthening prevention services (e.g. PMTCT, risk reduction counseling, PwP, CT, condoms, STI screening, family planning referrals) in health care settings, strengthening prevention messages for HIV-negative people within service settings, and a national strengthening of STI services including suppressive therapy for herpes simplex virus.

PEPFAR will support 35 facility-based case managers and 15 regional supervisors, trained in performance improvement methodologies, who will play a key role in ensuring active bi-directional referrals within the prevention, care and treatment continuum. In addition, partners who receive AB and/or OP funding will continue to work with the USG to implement practical and age-appropriate referrals to facility and community services. These referrals may also be for services that the partners do not provide themselves, such as voluntary family planning services. .

The case management program is distinct yet complementary to the Community Counselor Initiative in that it is comprised of a higher-level cadre of professionals trained in psychology or social work. Some of the primary responsibilities of the case managers include defaulter tracing, facilitation of support groups, and making bi-directional referrals between facility- and community-based services. Case managers will be expected to be repositories for information about HIV and HIV-related services in the communities in which they serve, including psychosocial support such as domestic violence, drug/alcohol counseling, and mental health services. In addition, the case managers will support the services provided by the community counselors in care and treatment settings, and will support and assist with referrals from the prevention with positives (PWP) program activities. The case managers will encourage linkages between community and facility-based PWP activities.

The USG will also support taking OGAC's facility-based Prevention with Persons Living with HIV/AIDS (PwP) Initiative to national scale, ensuring that all HIV positive individuals, their partners and families have access to high quality clinical and community services, guided by case managers. The prevention interventions include provider- and counselor-delivered prevention messages, family planning counseling and services to HIV positive women and their partners, STI services, and testing of partners and children. HCWs will deliver targeted behavioral messages to patients on disclosure, partner testing, and sexual risk reduction during all routine clinic visits. In addition, Namibia will also expand community PwP activities. A PLWHA-driven social marketing campaign will increase demand for services as well as reinforce healthy living behaviors.

The prevention program will continue to focus on strengthening technical and programmatic quality. Incidence measurement and the AIDS Indicator Survey will greatly strengthen Namibia's understanding of epidemic drivers and the impact of USG-supported programs, and possibly re-direct the GRN's and USG's strategic prevention design. The technical quality of BCC requires strengthening, and the USG will continue to support technical assistance to implementing partners in BCC through a new activity with C-Change. The USG will conduct a review of each BCC program to strengthen quality assurance and impact. All prevention partners will receive technical capacity building inputs in order to strengthen the overall quality of BCC programming within service delivery, mass media communications, interpersonal communication, and effectively mainstream gender and alcohol issues into ongoing programming.

Throughout the year, the USG/Namibia's Prevention Interagency Technical Team (ITT) will continue to guide USG support for prevention activities closely, thus ensuring ongoing coordination between agencies and implementing partners. To ensure buy-in and coordination on a broader scale, the ITT in turn will coordinate efforts with the Prevention Technical Advisory Committee (TAC) comprised of the MOHSS, the donor community, PLWHAs, and key stakeholders.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3078.09	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	6609.26955.09	**Planned Funds:**	$315,359
Activity System ID:	26955		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

It is estimated that 24 to 44 new HIV infections take place every day in Namibia (UNAIDS, 2007), most of which occur through heterosexual activities and are driven by multiple concurrent partnerships (MCP) and alcohol abuse. IntraHealth (IH), with its implementing partners, is supporting every effort to curb this trend and aims to meet the incidence reduction goal as set out in the Medium Term Plan for AIDS Prevention and Control (MTP III). The call for accelerated and intensified prevention programs acknowledges that there is no meaningful and successful treatment program unless prevention efforts are brought to scale. The current estimated global trend (UNAIDS, 2007) suggests that for every individual initiated on treatment in 2006, 6 new infections were registered. This vicious cycle needs to be broken.

According to the 2000 and 2006 Demographic and Health Survey (DHS) the median age of sexual debut in Namibia has remained around 18 years for both boys and girls. The Lifeline-Childline (LL/CL) school program, supported by PEPFAR since FY 2004, offers a unique opportunity to reach pre-primary, primary and high school children with the most age-appropriate messages on AB and life skill-based sexual communication and HIV/AIDS education programs. This is in line with the MTP III goal of reaching 100% of children with behavior change communication in primary schools and behavior intervention in secondary schools and is undertaken recognizing the synergistic efforts of other partners' programs such as Ministry of Education (My Future is My Choice, Windows of Hope) and Catholic Aids Action youth education programs (Stepping Stones, Adventure Unlimited).

In FY 2009 COP, LL/CL will continue to target school going children aged 7-18 years to address attitudes and behavioral issues related to abstinence, fidelity, violence, sexual predation, alcohol abuse, intergenerational sex, as appropriate to the school grade and age. LL/CL programs put an emphasis on intergenerational sex as it has been identified as one of the main drivers of the Namibian epidemic and to which young girls are particularly susceptible and vulnerable. Sexual predators offer money and materials that these young girls, especially those living in communities below the poverty line, cannot obtain at home. Targeted interventions for girls will be put in place to address issues of violence and coercion against girls with the aim of reducing gender based violence (GBV). LL/CL employs a number of interactive age appropriate communication techniques. The messages include topics such as sexual rights, reproductive health rights, gender and power, gender roles and substance abuse. The following are the techniques employed by LL/CL on addressing age specific needs of the children using the above mentioned topics: grades one and two, LL/CL uses puppetry, for grades five to seven, the interactive curricula "Feeling Yes, Feeling No;" and for grades nine to twelve (older children and adolescent), the program termed "Being a Teenager." The "Feeling Yes, Feeling No" program has specific topics for each age group: 3-8 years with puppetry on topics such as "My Body," "How to Say No," and "Private Parts for Girls and Boys;" drama for ages 8-9 years with topics on identifying feelings, domestic violence, sexual assaults by a trusted person, caregiver, friends, family member or teacher; ages 9-10 years with drama on topics on the above mentioned subjects and HIV, stigma and discrimination; ages 10-13 years drama topics on all of the above as well as how to get infected, teenage pregnancies and alcohol abuse. "Being a Teenager" targets 13-17 years and discusses topics on feelings, domestic violence, sexual debut, alcohol abuse, cross-generational sex and risky behaviours and their consequences.

This package of programs targets approximately 6% of total learners' population in each age group across all 13 regions in Namibia. The approaches provide youth with a good foundation for decision making, building refusal and negotiation skills, empowerment through accurate information on rights and sources of assistance. Under FY COP 08, LL/CL will collaborate with AED and UNICEF in the after school programs through referrals for follow-ups and joint programs. Additionally, LL/CL makes use of national events such as the 16 days of activism against GBV by collaborating with other partners such as Ministry of Gender, Women Solidarity and Women Action for Development and Sister Namibia. This platform provides an opportunity for specific messages for women and girls, advocating for rights for women and children and prevention of GBV.

During FY 2009 COP, LL/CL support teams will continue to visits schools, spending more in-depth time at each school, though this will mean fewer learners covered. The extra time will increase the message dosing and give real opportunities for learners to grow in their understanding and capability for making responsible decisions and for identification of issues and for referrals. These referrals, tailored to the age and needs of each child, will be not only for typical welfare services but also include OVC care (linked to each school), and as appropriate, STI screening for those sexually abused, CT with parental consent for those less than 16 years of age, and referrals to care as needed. Many teachers are unprepared and lack confidence to support A&B activities. Thus, in the afternoons facilitators will continue to hold workshops with teachers but add duty bearers, hostel wardens, parents, caregivers etc. They will receive training on child abuse, rights and protection, together with tools on how to identify children needing help and referrals. Teachers' skills are developed to facilitate dialogue with abused children and provide role models for children. Since program inception, this approach has resulted in a significant increase in the number of abuse cases reported and referred for counseling.

After the LL/CL team has received training in age-relevant gender messages from the Men and HIV curriculum (EngenderHealth), pre-school girls and boys and older ones will be given opportunities to recognize unhelpful and risk-related gender norms and be given tools to challenge these. These norms include risk of alcohol and substance abuse and will be integrated into all aspects of the program. In order to reduce GBV and increase knowledge on women's legal rights, special emphasis will be placed on girls during the after school programs to sensitize and create awareness on GBV and the rights of girls for safety and protection. Information on when and where to seek help will be emphasized.

With TA from its dedicated Prevention Advisor and C-change, LL/CL programming will also receive capacity building support in behavior change communications (BCC). A baseline assessment of the BCC quality was conducted in FY 2008 COP and will provide basis for further evaluation.

LL/CL, with support from PEPFAR and UNICEF, will maintain its national (all 13 regions) Uitani Child Line

Activity Narrative: radio program by and for children. This is the only known children radio in the country and enjoys the support of the community. LL/CL estimates that the show reaches more than 100,000 members of the public, essentially children. A number of programs have been translated into Oshiwambo and broadcast on the Oshiwambo radio service. During FY 2009 COP, this programming will continue to grow and additional languages will be introduced expanding the radio services to 6 languages if assistance available. Uitani Child Line radio has been operating since 2004, and is a highly regarded program that employs child participation. 35 children aged 8-14 plan and record 52 programs per year, which are broadcast weekly on three stations (NBC, Katutura community radio, Oshiwambo radio), A radio drama, written and produced by students of the Media Department of the College of the Arts as part of their curriculum, is also broadcast weekly. The program content echoes and reinforces themes covered in the schools which include critical life skills messages around decision making, abstinence and being faithful, and access to trained counselors. In order to build the capacity of child presenters and producers, skills building sessions are held 8 times per year in areas of broadcasting training, personal growth and peer counseling. During FY 2008 COP, LL/CL will continue to offer gender training using messages from the Men and HIV curriculum and will strengthen topics such as risk-related gender and social norms, alcohol and male circumcision mainstreaming as it relates to the broader set of prevention interventions. The program will further be strengthened in FY 2009 COP to specifically target young girls with targeted BCC messages relevant to girls of different age groups. A needs assessment will be conducted with support from the IH Prevention Advisor and C-Change to identify age specific needs of girls, develop specific BCC messages, conduct a trial and adapt accordingly for programming. To ensure quality and performance improvement, BCC integration with TA from the IH Prevention Advisor (PA) and support from C-Change will contribute to an effective supportive supervision of the program through regular visits, mentoring and routine analysis of data and use of check list. The project will sharpen youth messages around delay of sexual debut, transactional and intergenerational sex, and alcohol abuse among other prevention messages and distribute doses of messages during FY09. The PA will liaise with C-Change, and Regional AIDS Committee Education to identify additional school districts underserved in terms of HIV prevention messages and/or schools with high pregnancy rates. Monitoring of teachers reports, reported abuse cases or referrals for counseling and overall youth sexual behavior including teenage pregnancies in schools covered by LL/CL could provide a gauge of program effectiveness.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16130

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16130	6609.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$379,951
7408	6609.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$397,894
6609	6609.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$219,795

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $25,228

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	7651.09	**Mechanism:**	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	16501.26945.09	**Planned Funds:**	$316,000
Activity System ID:	26945		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Namibia is suffering from a generalized HIV epidemic. The USG is committed to ensuring that targeted, most at risk populations (MARPs) are able to access the minimum prevention package, including behavior change communication (BCC) for abstinence and/or being faithful (AB) interventions integrated into the program responses of implementing partners in schools, churches, community groups and workplaces and through outreach to in-and-out of school youth, and supported by mass media, links to CT, condom distribution, STI screening and treatment, male circumcision, prevention for positives, prevention of medical transmission (PEP, PMTCT, Safe Injection), and supporting policy and advocacy. Hotspots in Namibia include the northern regions, land and water borders, areas with high levels of migrant workers and transit corridors will be a focus for AB BCC. MARPs targeted include the military, prison officers and prisoners and police, border populations, young women and girls engaged in commercial and informal transactional sex, and HIV positive individuals. BCC messages will include principal epidemic drivers: multiple current partnering including cross generational and informal sexual relationships, social norms that exacerbate risk behaviors including gender norms and alcohol abuse, and the consistent and correct use of condoms.

Communication for Change (C-Change) is a 5 year effort with a worldwide scope. The purpose of USG/Namibia funding to C-Change in COP09 is to strengthen the technical organizational capacity of partners to provide quality, effective, sustainable BCC programs in HIV and AIDS in Namibia.

C-Change Namibia has 3 objectives:
1. To strengthen the BCC capacity of PEPFAR implementing partners,
2. To strengthen the BCC capacity of USG partners as requested and national HIV and AIDS programs and structures as appropriate and as requested, and
3. To increase the number of individuals in Namibia trained in quality BCC interventions for HIV and AIDS.

In order to achieve all three objectives, C-Change will work in close coordination with USAID and other USG collaborating agencies, host-country programs and line ministries such as the MoHSS, Directorate for Special Programs (DSP) and for Primary Health Care (PMTCT, community care and nutrition), The Ministry of Gender Equality and Child Welfare, the Ministry of Information and Communications, Technology and the Ministry of Education, and liaise with other development partners such as UNAIDS, UNDP, UNICEF, key civil society organizations and the private sector.

Under its first objective, in COP09, C-Change will continue to provide support as needed to the PEPFAR implementing partners who received BCC strengthening in COP08, Change of Life Styles (COLS), the Rhenish AIDS Program (RAP), Sam Nujoma Multipurpose Center (SNMPC), Walvis Bay Multipurpose Center (WBMPC), Catholic AIDS Action (CAA), Namibian Association of Community Based Natural Resource Management Support Organizations HIV and AIDS Program (NACSO), the Council of Mines (COM), and 5 others proposed to include the Social Marketing Association (SMA), Development AID People to People (DAPP), Life Line/Child Line, and the new prevention sub-grantees under PACT or graduate as appropriate, and expand the C-Change national BCC capacity building/mentoring program to additional partners as appropriate and as agreed with USAID mission.

The capacity building/mentoring program will continue to strengthen these 12 partners through a blended approach that will include ongoing participatory assessments of BCC skills of those partners that currently implement community-and-facility-based BCC programs against a set of BCC standards, and application of results to their prevention programs to improve BCC planning and design, program implementation and M&E; intensive on-site skill building with senior and field-level staff to convey in-depth understanding of BCC models, theories, and their application in the form of concrete interventions; intensive post training, on-the-job mentoring, and supportive supervision for designing and testing interventions by appropriately applying theories/models for already trained staff; and increased technical support/guidance during programming planning, such as with annual work planning, and M&E and quality assurance plans. C-Change will assist partners to develop BCC strategies for their programs that meet the BCC standards of quality and take gender equity into account.

As each partner has multiple programs, C-Change will strengthen at least 24 BCC programs incorporating new messages and materials related to the drivers of the epidemic including but not limited to multiple concurrent partners, alcohol and gender. Partner programs are implemented in schools, churches, communities and workplaces and through outreach to out-of-school youth, and supported by mass media. Programs strengthened in BCC will include those located in hotspots such as the northern region, land and water borders, areas with high levels of migrants (mines, and ports, nature conservancies), and transit corridors.

Partners with strengthened programs that meet the BCC standards will be assisted in COP09 to incorporate new materials and messages into their programs. The new methods and materials will be identified and adapted and/or developed in conjunction with USG partners and coordination with the GRN guidelines.

C-Change will directly train 18 individuals in BCC and indirectly train 60 volunteers and other BCC implementers through partner support. All capacity building inputs provided to implementing partners will be in the form of training of trainers (TOT), and these inputs are counted as direct targets. Each organization's TOT will then train their volunteers, which is captured in this submission as indirect targets, but reported directly by each partner.

Under its second objective, technical assistance to strengthen BCC interventions of national HIV programs and structures, as requested, C-Change will work with USG partners and line ministries to provide complementary support in BCC. Support might include assistance in developing national BCC standards for prevention programs, and/or assistance in identifying/developing national BCC materials and curricula related to the drivers of the epidemic for mainstreaming into strengthened partner programs.

Under its third objective, to increase the number of individuals in Namibia trained in quality BCC for HIV and

Activity Narrative: AIDS, in COP09, C-Change will offer an online HIV and AIDS BCC certificate course to interested individuals, including OP programming. It is expected that 10 individuals will enroll. C-Change will also explore opportunities to develop a diploma or degree course in BCC for HIV and AIDS within a local educational institution such as the University of Namibia or Polytechnic. In addition, C-Change will continue to improve capacities in mass media through external technical support to Nawa Life Trust (NLT). NLT provides TA to the Ministry of Information, Communications, and Technology for the national HIV/AIDS communications campaign, Take Control.

The program will coordinate closely with special initiatives, including gender, alcohol, Prevention with Positives and male circumcision (Activities 12342.08, 17057.08, 4737.08. 16762.08 in COP08) to offer support to ensure that BCC strategies are consistent in quality and messages are sufficiently adapted to the Namibian context. The strong behavior change elements involved in programs focused on changing male norms and increasing male involvement in aspects of prevention, care and treatment, as well as reducing violence, sexual coercion and cross-generational sex will be important emphasis areas of this BCC component.

The program will liaise closely with the USG/SI team in Namibia to ensure that there is optimum understanding, adaptation, and integration of results and recommendations into service delivery and communications programs from program evaluations, PHEs, the BSS+, and KAP studies as appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16501

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16501	16501.08	U.S. Agency for International Development	Academy for Educational Development	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	$200,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $316,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 12176.09

Mechanism: TBD-OVC/Prev RFA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8500.26947.09

Planned Funds: [redacted]

Activity System ID: 26947

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$972,630 FUNDING CHANGE FROM AED TO TBD**

The Academy for Educational Development (AED) prevention activities with the Ministry of Education (MOE) have been focused on reducing the number of new HIV infections among teachers, learners and their families, and mitigating the impact of HIV/AIDS on these persons. AED has been funded through an associate award mechanism that is anticipated to end in October 2009. There is currently an external evaluation planned to review the impact of development assistance on the education sector through USAID Development Assistance resources. USAID's education sector program will come to an end in September 2009. As such, USAID/Namibia will work closely with the USG Namibia Team as well as chairs of the Prevention and OVC Technical Working Group in OGAC to design an RFA that continues to support the National Plan of Action for HIV/AIDS (MTP-4) and contributes to the USG/GRN Partnership Framework goals.

With the decentralization of education services to regions, the influx of technical assistance and support from the Millennium Challenge Corporation, and the increased emphasis on USG coordination with development partners, USAID plans to seek support from the OGAC TWG co-chairs of OVC and Prevention, the in-country USG team, and the respective Ministries to design a competitive HIV/AIDS intervention within the Education system and/or with OVC that focuses on:
• preventing new infections among OVC;
• supporting early identification, diagnosis, and treatment of those OVC that are HIV positive
• preventing HIV positive OVC from re-infecting others
• targeting higher risk OVC engaging in transactional sex
. providing psychosocial support to OVC, especially OVC living with HIV/AIDS

Recent 2006/7 National Demographic Health Survey data showed an overall increase in the number of orphans and vulnerable children since 2000. DHS data also revealed that teenage orphans and vulnerable children may be at a greater risk of early sexual debut in Namibia because they may lack adult guidance to help them to protect themselves. In fact, young women who are OVCs are more likely to have sex before age 15 than non-OVCs. According to the Ministry of Health and Social Services in Namibia, there is an average of 40 new HIV infections everyday in Namibia, 43% of which are amongst the 15-24 year old age group.

It is critical for USAID/Namibia to program strategically, potentially build on a foundation of support to the education sector, and consider the right balance of a combination of prevention interventions appropriate to Namibia's generalized epidemic setting. USG Namibia must enter into a partnership agreement/compact with the GRN. As such, investments made in OVC prevention/education over the next five years must also be clearly articulated and coordinated with a reciprocal partnership agreement from the GRN.

The GRN held a mid-term review of their National Strategic Plan on HIV/AIDS Medium Term Plan III (2004-2009) (MTP III), and analyzed the efficiency, effectiveness, relevance, equity, and inclusiveness of their multi-sectoral response to the epidemic. Twenty three years after seeing the first infection in country, it is clear that Namibia is beginning to see a feminization of the epidemic, decimation of its productive working age population in-country, and growing prevalence rates of HIV infection among the female population (young girls). Orphans continue to grow without the nurture and care of parents, and a younger generation is faced with hard choices for survival. Recent antenatal clinic surveillance data points to a potential decease in prevalence amongst youth, however the data is difficult to extrapolate and correlate to a decline in overall prevalence across the country.

USAID/Namibia Mission will seek out technical support from OGAC and the USG Namibia team to design the most cost-effective, high-impact intervention that will improve the provision of quality HIV/AIDS prevention, care and treatment services to OVC. The final TBD partner will be selected based on an RFA that reviews the current array of OVC and prevention programs, look strategically for programming gaps in the respective portfolios, and analyzes data in country to target interventions that are age-appropriate and evidence-based. The intervention will also have an programmatic evaluation component to guide further expansion, and address key issues related to stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16112

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16112	8500.08	U.S. Agency for International Development	Academy for Educational Development	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	$1,171,843

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4667.09

Mechanism: N/A

Prime Partner: Project HOPE

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8025.26999.09

Planned Funds: $172,735

Activity System ID: 26999

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In 2005, Project HOPE began the "Sustainable Strengthening of Families of Orphans and Vulnerable Children" project. The foundation of this project is to expand Project HOPE's Village Health Fund (VHF) methodology to families supporting and caring for OVC in Namibia. This is done by providing micro loans to groups of women to start or expand their income generation activities along with valuable health education in a capacity building environment. The micro loans enable women who are otherwise constrained by unemployment and lack of ownership of assets to invest in economically productive activities. The project has expanded to reach elderly caregivers, orphan headed households, and young girls/women throughout Northern Namibia. The educational component has a different focus depending upon the target group. For OVC caregivers, the education will focus upon strengthening the capabilities of these OVC providers and caretakers to provide valuable care and support across multiple domains to OVC. For young women, the education component focuses on prevention messaging, with a particular focus on high risk behaviors like transactional and cross-generational sex. Through the VHF groups, selected volunteers will also be trained to provide education, counseling, and other services directly to OVC and young women.

Project HOPE Namibia (HOPE) entered the Kavango and Caprivi regions last year, replicating the Village Health Fund methodology used in their micro credit program for OVC caregivers to empower young women ages 15-24 years while integrating prevention education to address the societal issues driving cross-generational sex, transactional sex and multiple partner concurrency. This initiative, known as "Economic Empowerment as a Means to Mitigate the Impact of HIV" arose from the expressed needs of young women in the Caprivi, Kavango and Ohangwena regions and discussions with SMA, Nawa Life Trust/JHU, the DAPP and Acquire (Engender Health).

Project HOPE has used this intervention as an opportunity to conduct an evaluation of whether micro credit combined with prevention messages has a greater impact on the reduction of high risk sexual behaviors than prevention messages alone. This evaluation has been conducted in the form of a quasi experimental design with two arms. A full intervention arm which consists of micro credit and prevention education and a second arm with prevention education only. Project HOPE is partnering with Catholic AIDS Action to conduct this evaluation. Both arms are educated by trained peer educators using Catholic AIDS Action's Stepping Stones curriculum. The curriculum contains sessions that model constructive communication skills, promote abstinence and fidelity (within marriages or other sexual relationships), and inform on methods for overall reduction of exposure to HIV/AIDS. The hypothesis is that coupling micro credit with prevention messages will be more effective than prevention messages alone because it will provide young women with the means to create their own economic opportunities, thus reducing their vulnerability to coercion into transactional sex as a means of survival.

To date, more than 780 young women have received micro loans and Stepping Stones education from Project HOPE. Additionally, baseline data has been collected from all 780 young women in each arm of the evaluation (1,560 total respondents). During FY09, another 300 young women will enroll in the program, bringing the total number of women reached to 1,080 by the beginning of FY10.

In FY10, Project HOPE will focus on supporting the 1,080 young women reached throughout the first two years of the project by providing increasing levels of capital for those who remain in the program and providing ongoing business skills development to loan recipients. These young women will be empowered to utilize the social capital they have fostered in their Village Health Funds to re-visit the community needs assessments completed during their initial Stepping Stones trainings and devise a strategy for implementing an action plan to address the most prioritized issues. Specific focus will be given to raising awareness about gender equality and potentially harmful social norms regarding sexual practices. Another 150 young women ages 15-30 will receive micro loans and complete the Stepping Stones curriculum during FY 10. The age range will be expanded beyond the original range of 15-24 years to achieve deeper outreach and introduce a greater depth of business experience in to the Village Health Funds, which is expected to lead to knowledge transfer that will improve business performance.

There will be 2 focus areas for these activities:

1. Economic Strengthening
   - Conduct analysis of community dynamics, economic situation and opportunities, and needs of target groups to develop appropriate loan policies and skills training programs to improve business performance
   - Adapt and contextualize tools and materials through focus group discussions.
   - Provide orientation and training to help participants in VHFs with implementation of group policies, procedures and organization.
   - Provide seed capital through micro loans to participating young women to invest in income generating activities. As they repay, they will be offered a subsequent loan of higher amount so their business can grow.
   - Collect evaluation information on new participants in order to document potential changes in socio-economic status.

2. Prevention Education
   - Provide comprehensive HIV prevention information to young women and their families.
   - Health Activists selected from the VHF will conduct 1-hour sessions once a week for 14 consecutive weeks to complete the Stepping Stones curriculum.
   - Empower young women to address critical issues facing their communities through the creation of action plans guided by the VHF Management Committee and Health Activists (based on needs assessment conducted in earlier Stepping Stones trainings).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16199

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16199	8025.08	U.S. Agency for International Development	Project HOPE	7376	4667.08		$225,140
8025	8025.07	U.S. Agency for International Development	Project HOPE	4667	4667.07		$97,791

Emphasis Areas

Gender

* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $86,900

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3072.09

Mechanism: N/A

Prime Partner: Social Marketing Association/Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4739.27003.09

Planned Funds: $522,277

Activity System ID: 27003

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING**

This activity expands on SMA's FY 2007 COP HIV/AIDS AB prevention program for the (i) PolAction project with the Namibian Police under the Ministry of Safety and Security (MoSS) and (ii) Corridors of Hope (COH) project. Both projects started in 2005.

While Namibia is experiencing a generalized epidemic, initial data analysis suggests there are geographic hotspots typical of a concentrated epidemic, as well as most at-risk populations (MARPs) with risk behaviors higher than that of the general population.
These hotspots include the northern regions of Namibia where >45% of the population resides, land and water borders (the coast), areas with high migrant populations (cities, mines, large agricultural farms), and transit corridors.

Goal and objectives of SMA'S HIV/AIDS AB prevention program:
The goal of SMA's HIV/AIDS Prevention and Care (HAPAC) Program is to increase the capacity of SMA to provide high quality HIV AB prevention programs to the most at risk population through well designed and targeted BCC programs delivering target specific messaging.

Target audience and target message themes:
The primary target audiences are Truckers, Fishermen, Female out-of-school youth (FOSY), and the police. Secondary targets include the male out of school youth (MOSY), in-school youth (ISY) and general community members dwelling in the selected hot spots / high risk communities.

Under the PolAction project the target audience is the police force. SMA operates in all 13 political regions of Namibia and these are serviced through the seven SMA regional offices (average of two regions per SMA regional office) working through the Police Regional HIV Coordinators and the Police HIV Peer Educators. As a result of the success of the DOD funded military HIV prevention program, SMA is able to extend lessons and best practices from the military intervention to the Namibian Police and also leverage human and material resources for maximum impact.

Under the COH project, the target population include: Fishermen, Truckers and female out of school youth reached through, training institutions, workplaces, peer educators, edutainment approaches, community based organizations (CBOs), faith-based organizations (FBOs) and partners offering prevention related health services (CT, STI and TB diagnosis and treatment etc.) in the following regions: Khomas, Erongo, Oshana, Omusati, Ohangwena, Kavango, Caprivi and Omaheke.

Target AB BCC themes and messages:
Targeted AB themes and messages to the MARPs will focus on: secondary abstinence, multiple and concurrent sexual partnering (MCP) including cross generational and informal sexual relationships, social norms that exacerbate risk behaviors including harmful male behaviors, gender and alcohol abuse.

Targeted AB themes and messages to the police work force: Multiple and concurrent sexual partnering, and secondary abstinence while away from the family.

Fishermen and Truckers: MCP, secondary abstinence while away from home. Others will include gender and alcohol abuse.

Female Out of School Youth (FOSY): Cross generational and informal sexual relationships, MCP, and social norms that exacerbate risk behaviors including; gender and alcohol abuse. Negotiation skills, self esteem and decision making process will be taught to the FOSY to equip them to deal with the challenges posed by pressure from their peers and older men. .

What is PEPP?
Peer Education Plus Program - an intensive BCC approach with higher dosage that uses a curriculum based manual focusing on inter-personal communication (IPC).

Guiding principles of PEP
Participation of opinion leaders, gatekeepers and beneficiaries at design and implementation; Advocacy for rights and improved services; Capacity building of Peers, CBO`s and FBO`s through participation and experiential learning. Focus is on assisting beneficiaries to THINK, ANALYZE & ACT; programming is at the individual, family and community level; Cross cutting themes e.g. alcohol, cultural barrier, gender, stigma etcetera are addressed; Theories of change are used (e.g. diffusion theory, health belief model; stages of change).

BCC Strategy:
In order to reach its objective of providing high quality BCC to the most at risk population, SMA will use the ongoing strategy of the community based approach adopting Social Change Communications (SCC). Selected high risk communities are reached with variety of BCC activities while using the Peer Education Plus Program (PEPP) as a means of delivering the content. The curriculum based manual is used with the following target group; Truckers, Fishermen, FOSY, FSW and the Police but tailored to suit the needs of specific groups.

Specifically SMA will use the PEPP manual with average of 8 modules (dosages) to reach the FOSY and the Police while using the flip charts with average of four modules (dosages) to reach the Truckers and fishermen who are more mobile. The current PEPP manual will be revised for the FOSY and Police to highlight priority messages as indicated above. Four flip charts each will be produced for the fishermen and Truckers with each flip chart focusing on one key message. Volunteers will be expected to reach over 70% of the Truckers and Fishermen at the regions where SMA operates. Each flip chart will be used for 6 weeks

Activity Narrative: to enable them reach this target. Thus in 6 months, about 70% of the fishermen and Truckers are expected to be reached with at least four messages to be repeated in the following six months. The volunteers will do (male & female) condom demonstration at the end of each IPC and leave behind IEC materials focusing on the BCC theme to reinforce the messages. For example, PSI/SMA staff, volunteers and peer educators will focus on delivering one key message at a time, for a set amount of time (typically six weeks), before concentrating on another key message. The idea behind this strategy is that exposure to one message over a specified period of time is a more effective method of reinforcing key messages and influencing behavior than delivering multiple key messages simultaneously during each intervention.

Institutional collaboration;
SMA will collaborate with institutions like NAMFI (a training institutions for seafarers based in Walvisbay) to deliver training for the fishermen community. Fishermen will be reached with formal training using the tailor made PEPP curriculum with average of six module (dosages). The training is usually a three day training conducted quarterly to the fishermen. SMA will negotiate with NAMFI to provide a day for HIV prevention training each quarter focusing on two BCC themes each day. The trainees will also be trained in peer counseling and peer facilitation to enable them provide HIV counseling and prevention messages to their peers while on sea.

For the Truckers, SMA will collaborate with the Walvisbay Corridor Group, HIV/AIDS Help Desk, to provide the truckers with formal training within their workplaces covering the BCC themes identified above and referrals for STI, C&T services and TB diagnosis and treatment. Trainees will be provided with HIV tool kit that includes IEC materials, condoms, referral cards, CDs with HIV prevention messages in the form of songs, drama, interviews etc.

As part of its sustainability strategy, SMA will also build capacity of CBOs focused on youth programming to implement the communication mix for the FOSY including the peer education plus program, IPC using the flip charts, facilitation of listening groups using the listening devices, distribution of male & female condoms including condom demonstration etc. The CBOs will be expected to continue the intervention with minimal support from the SMA field staff while the latter move into new high risk communities after a year of intensive BCC program.

The IPC and trainings described above will be complemented with Community Theater, production and distribution of CDs with HIV messages specifically for the Truckers, listening device with HIV messages for FOSY and the Police, Interactive IEC materials like the games board and cards as well as other relevant IEC materials will also be produced and distributed among the MARP. Bar promotion will remain a key component of the IPC to reach FSW and their clients and the FOSY. Others include: Video facilitation, community branding (artistic presentation of messages on key themes such as partner reduction, etc. on walls within the community in local languages). The above is the communications mix and messages through the above channels are structured to ensure appropriate dosage.

Capacity building Strategy:
Adult learning methodology will be employed during all SMA trainings and
Field staff will be provided with a follow up training on the peer education plus program methodology. (PEPP – is an intensive BCC approach with higher dosage of messages that uses a curriculum based manual), a refresher in program development and management training, MIS and referral system, field research interviews, Focus Group Discussion (FGD) moderation, and Key Informant Interviews (KIIs). BCC Officers will also be trained on how to facilitate listening groups using a group listening device (An audio device that plays messages from micro chips for groups of 10 to 15 members. It has the capacity to record over three hours of messages in the form of drama, songs, spots, interviews, panel discussion etc.) and collect feedback through the MIS. The SMA field staff in turn will train the Police Regional HIV Coordinators and Peer Educators.

Also the CBOs and FBOs will be trained by the SMA field staff using a "how to do" tool kit to build their capacity in community mapping, advocacy, participatory needs assessment, community theater, selection, training and monitoring of peer educators, gender mainstreaming, referral system, MIS etc. as part of SMA's sustainability strategy at the community level.

Technical support:
Additional to technical support from PSI and USAID, SMA is working with US government local and prime partners to integrate program and leverage resources. Partner organizations include:
• EngenderHealth: men and HIV/AIDS, harmful male norms
• C-Change: capacity building for SMA’s BCC
• NawaLife Trust media communication partner: Alcohol and HIV
• NABCOA: Private sector HIV Workplace program
• CoHeNA: TB prevention, diagnosis and treatment

Wraparounds and leveraged funding:
The PolAction program is co-funded by Global Fund. Resources leveraged from Global Fund include staff salaries, travel, production of IEC materials and program support. The COH program is solely funded by USAID. Also during FY 2009 COP, SMA will be leveraging on its existing structure to integrate TB awareness and referral into current HIV prevention program. SMA through improvements in its program delivery and management capacity over the years has been able to attract more funding from other donors including DFID and the Global Fund to implement the TUSANO post test services for PLWHAs and Malaria prevention program respectively.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16211

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16211	4739.08	U.S. Agency for International Development	Social Marketing Association/Population Services International	7380	3072.08		$267,804
7419	4739.07	U.S. Agency for International Development	Social Marketing Association/Population Services International	4412	3072.07		$0
4739	4739.06	U.S. Agency for International Development	Social Marketing Association/Population Services International	3072	3072.06	Cooperative Agreement	$311,502

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $43,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1376.09
Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 8041.27007.09
Planned Funds: $121,123
Activity System ID: 27007

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Funding is requested to continue support for the position of Senior HIV/AIDS Prevention Advisor, first approved in COP05, but with a change in mechanism from a Fellow to a USPSC resulting in an eventual cost savings to the USG.

Please review the activity narrative from last year:

Funding is requested to continue support for the position of Senior HIV/AIDS Prevention Advisor, created in COP05 but with a change in mechanism from a Fellow to a USPSC resulting in an eventual cost savings to the USG. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16203

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16203	8041.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$150,000
8041	8041.07	U.S. Agency for International Development	Public Health Institute	4665	4665.07	Global Health Fellows Program	$185,475

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	6145.09	**Mechanism:**	DOD/Social Marketing Association
Prime Partner:	Namibian Social Marketing Association	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	3830.25856.09	**Planned Funds:**	$262,150
Activity System ID:	25856		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This program will continue to deliver prevention activities for the high risk military community in support of the Namibian Ministry of Defense Military Action and Prevention Program (MAPP). This narrative details the consolidation and expansion of current program area Abstinence and Be faithful (AB). FY 2009 funds will continue to support activities focusing on abstinence and being faithful (AB). The main objective will be to increase coverage and quality of Behavior Change Communication (BCC) messages of AB to over 10,000 soldiers. The source of these messages will be the HIV/AIDS Coordinators, chaplains, base commanders and peer educators, who will continue to receive HIV/AIDS prevention information through trainings in order to reinforce the AB messages in the military.

1. The program will continue to strengthen the capacity and advocate for support of senior NDF personnel to implement HIV/AIDS prevention activities through AB. 46 commanders will be trained on managing HIV/AIDS related challenge in their bases.
2. The program will continue to build capacity of 23 HIV Unit Coordinators (HUC) and 92 peer educators within the NDF community to take on more responsibility for direct implementation of prevention activities. An additional 46 peer educators will be trained to promote messages on abstinence and faithfullness.
3. Consultations will be held with chaplains to seek their continued support on how best to address issues of abstinence and faithfullness in the military. In addition to the existing and already trained chaplains, new military chaplains and their assistants will be trained to provide counseling on abstinence, partner reduction, alcohol and drug abuse, stigma and discrimination, gender equity, gender based violence, care and support and "preventions for positives." Chaplains will be encouraged to continue using couple counseling and marriage counseling sessions to promote the sexual rights of women, church sermons to promote the AB messages. While it may not be considered a reality and that some members do not understand the value of faithfulness, messages will continue to strongly focus on abstinence before marriage and faithfulness while away from one's partner.
4. The new military recruits, the majority who are young, will receive messages on abstinence and faithfulness.
5. SMA will support the Subdivision of Gender in the MOD/NDF to implement the Namibia Strategic Plan on Gender and activities will aim at scaling up interventions to change male norms and behaviors. Further training on Male Norms Initiatives will be conducted. Positive male role models among military personnel will be identified during the trainings to be advocates for change in the military.
6. Military specific IEC materials focusing on abstinence and being faithful will be distributed at the 23 bases and camps. A draft distrubution plan for all IEC materials developed under FY08 will be shared with MOD/NDF.
7. The popular military films Remember Eliphas 1 and 2 produced during COP05 and COP06 will continue to be used to motivate soldiers to change their behaviors and to go for counselling and testing as well as partner reduction
8. Checklist tools developed in FY08 will be used to assess and monitor the impact of activities in the military. A tracking system will also be put in place to monitor referral from base to services in the bases and beyond.
9. Informal and focus group discussions with military personnel will be carried out on a quarterly basis to assess the impact on behavior change, pre-test IEC materials and test new HIV prevention concepts. To ensure effective coordination and implementation, meetings will be held with the unit commaders, HUCs and peer educators on a quarterly basis to communicate the progress of the program.
10. Top leadership of the MOD/NDF will be consulted and involved in the planning, implementation monitoring and evaluation of the program.
11. This program will be implemented in close collaboration with the DOD PEPFAR funded care and treatment partner in order to ensure synergies and provide a comprehensive integrated prevention, care and treatment program for the Namibian military.

Please review narrative from COP 08:

This program will continue to deliver prevention activities for the high risk military community in support of the Namibian Ministry of Defense Military Action and Prevention Program (MAPP).

This narrative details the consolidation of current program area Abstinence and Be faithful (AB). FY 2008 funds will continue to support activities focusing on abstinence and being faithful (AB). The main objective will be to increase coverage and quality of Behavior Change Communication (BCC) messages of AB to over 10,000 soldiers. The source of these messages will be the chaplains, base commanders and peer educators, who will continue to receive HIV/AIDS prevention information through trainings in order to reinforce the AB messages in the military. Consultations will be scheduled with chaplains to seek their continued support.

Chaplains will also be trained to include in their counseling and testing services, especially couple counseling, STI, PMCTC and ARV. Service promotional cards will be distributed to the soldiers and these will be tracked through a system that will be developed within the bases and camps. To do this SMA will work with the MAPP care and treatment partner to develop referral hubs using the existing health system of MOD/NDF. Chaplains will be urged to use couple counseling and marriage counseling sessions to promote the sexual rights of women, church sermons to promote the AB messages. While it may not be considered a reality and that some members do not understand the value of faithfulness, messages will continue to strongly focus on abstinence before marriage and while away from ones partner and faithfulness.

Other training for the chaplains, commanders and peer educators will sensitize them on stigma and discrimination and gender equity in the military.

The program will continue to support the implementation of the Namibia Strategic Plan on Gender and activities will aim at scaling up interventions to change male norms and behaviors.

Activity Narrative: Military specific IEC materials focusing on abstinence and being faithful will be distributed at the 23 bases and camps.

The films Remember Eliphas 1 and 2 produced during COP05 and COP06 will continue to be used to motivate soldiers to change their behaviors. A system will be developed for the distribution in consultation with MOD/NDF.

The base commanders' authority in the military will be another advocacy opportunity for this program. Engender Health is already training the DOD prevention partners and the MOD within the framework of the Male Norms Initiative. Their support will be sought to provide further training to the MOD/NDF. Positive role models for the male norms initiative among military personnel will be identified during the training. The role models will receive more training and will be charged with advocacy in the military for gender equity. Base commanders will also be expected to reinforce the AB messages using various opportunities available to them, and promote services. Parades and other similar forums will be used to reinforce AB messages.

SMA will work with male circumcision (MC) partners to identify modalities for sensitization on MC. The base commanders will be oriented on sensitizing the military on male circumcision.

Military condoms will be distributed to all military bases and camps and will also be distributed to all peer educators and commanders during training sessions so that they cane be further distributed at the base level.

To ensure proper implementation of MAPPthe above activities simple tools will be developed like checklists to assess and monitor the impact of activities. Chaplains and base commanders will use these tools.

A tracking system will also be put in place to monitor referral from the base commanders / HIV Unit Coordinators (HUCs) and chaplains to services in the camps and bases and beyond.

Quality assurance system: BCC coordinators will have the responsibility of ensuring quality assurance with the chaplains and base commanders / HIV Unit Coordinators. Tools will establish the key messages imparted to military from chaplains and base commanders / HUC, and through periodic assessments of all information collected from program.

SMA will also develop a work plan and monitoring and evaluation plan. These tools will be reviewed on a quarterly basis to assess relevance and appropriateness of program. Key indicators will include number of military reached, and the messages imparted.

However informal and focus group discussions will be carried out on a quarterly basis to assess the impact on behavior change, pre-test IEC materials and test new concepts. To ensure effective coordination and implementation, meetings will be held with the chaplains and base commanders on a quarterly basis through the steering committee to communicate the progress of the program.

Top leadership of the MOD/NDF will be consulted and involved in the planning, implementation monitoring and evaluation of the program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16170

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16170	3830.08	Department of Defense	Namibian Social Marketing Association	7369	6145.08	DOD/Social Marketing Association	$267,500
7893	3830.07	Department of Defense	Namibian Social Marketing Association	6145	6145.07	DOD/Social Marketing Association	$175,000
3830	3830.06	Department of Defense	Social Marketing Association/Population Services International	3105	3105.06	Military Action and Prevention Program (MAPP)	$175,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	7656.09	**Mechanism:**	PACT TBD Leader with Associates Cooperative Agreement
Prime Partner:	Pact, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	6470.26984.09	**Planned Funds:**	$914,157
Activity System ID:	26984		

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$367,881 FUNDING CHANGE FROM CAA TO PACT**

Pact's primary mandate is to provide guidance and follow-up for capacity building in civil society to help indigenous organizations develop and become sustainable. Pact uses participatory approaches to ensure local ownership, financial and program accountability, and continuous quality improvement. In COP09, Pact will support AB interventions using a combination of grants and assistance to at least 7 non-governmental organizations (including 2 faith-based organizations and 2 multi-purpose centers) as described here.

In COP09, Pact will collaborate with prime partners such as EngenderHealth and C-CHANGE to provide technical assistance and ensure that each grantee delivers an appropriate minimum package of prevention services including but not limited to: harmonizing AB messages (including mass media messages), ensuring behavior change communications that encourage the transfer of knowledge to action, tackling gender norms and male involvement, and addressing alcohol and gender-based violence, both of which are highly prevalent in Namibia. Pact will regularly assess whether each subgrantee has the support it needs for continuous quality improvement, and respond with additional support if needed.

1) In COP09, Pact will solicit for a prevention partner in the high-prevalence area of Caprivi.

2) Change of Life Styles (COLS) will contribute to the reduction of HIV among youth age 8-18 in 3 towns (Windhoek, Walvisbay, and Swakopmund) in Khomas and Erongo regions by employing evidence-based HIV/AIDS prevention methods through an expanded program in 18 churches, 6 schools including a special needs institution, and the SOS Children's Village. COLS aims to improve youth self-esteem and build their capacity to make informed choices, postpone sex, choose secondary virginity and remain faithful to one tested partner. Using a revised Christian Life Family Education (CLFE) curriculum that incorporates appropriate behavior change methodologies, COLS will train and support peer educators, employ a participatory edutainment model, establish CLFE clubs at schools, and conduct holiday learning camps to reach youth age 8-14 with activities focused on delaying sexual debut (A) and additional youth age 15-18 with activities focused on AB. COLS will collaborate with partners in achieving behavior change, including more focus on gender norms, particularly male norms and behaviors that place boys and girls at risk.

3) The Walvis Bay Multi-Purpose Center (WBMPC) will continue its youth peer education program to promote AB messages, preventive behaviors, and life skills, targeting in-school youth and out-of-school youth. With Pact assistance, WBMPC will improve the quality of peer education including interpersonal communication techniques by providing regular peer education session.

4) The Sam Nujoma Multi-Purpose Center (SNMPC) will reach over 30% of the population in Ongwediva with age-appropriate ABC programs. As part of the youth AB program, SNMPC aims to reach 1700 in- and out-of-school youth with AB messages through a peer education programs and videos. SNMPC will also recruit 25 males to work in the center to model increased male engagement and leadership across multiple program areas.

5) The Rhenish AIDS Program (RAP) works with youth from its church congregations in 4 rural regions using age-appropriate curricula at learning camps and Sunday School. RAP uses the Ministry of Education's Window of Hope curriculum to target 600 youth age 9-13 years to promote abstinence and delayed sexual debut;

6) The Namibia Association for Community Based Natural Resource Management (NACSO), an umbrella organization whose HIV activities and financial management are source out by Namibia Nature Foundation (NNF), will reach rural communities via its innovative workplace approach through 12 member CBNRM NGOs. It works closely with the Ministries of Agriculture, Water and Forestry; Environment and Tourism; Lands and Resettlement plus 12 member NGOs and 40 conservancies with a population of about 100,000 people. The AB peer education component emphasizes male norms and behaviors, targets conservancy and community leaders, and focuses on adopting norms that support abstinence until marriage, partner reduction, and denouncement of forced sex in marriage and relationships. Age-appropriate messages to youth will focus on delay of sexual debut and/or faithfulness to partners.

7) In COP08, partners were selected to implement systems strengthening and services for victims of violence against women and children; a community prevention component will be introduced in COP09. In addition, Pact-supported OVC and home-based care programs will integrate age- and status-appropriate behavior change activities into their programs. For example, Philippi Trust and Kayec have integrated prevention into their existing OVC program: OVC receive prevention interventions in line with the newly-developed Quality Standards for HIV Prevention for OVC.

8) CAA will target 2,830 OVC, age 8-12 with its primarily abstinence curriculum, Adventure Unlimited (a ten session course). CAA will target 4,170 OVC, age 13-25 with its Stepping Stones curriculum (a fourteen session course) which is an A/B focused curriculum. (see CAA HKID: 16,500 OVC) Both curricula cover not only basic information regarding HIV infection and transmission, but equally important the co-factors that contribute to positive community health and: effective communication skills, discussions on the impact of gender, the role of alcohol on increased risk for HIV infection, intimacy and relationship skills, cultural norms and practices and their impact on HIV infection risk, and the role of interpersonal "power" on relationships and choices regarding sexual activity. A revised Stepping Stones curriculum also includes transgenerational sexual activity, transactional sexual activity, and the risk of multiple concurrent partners. CAA provides this intervention and routine follow-up activities through peer educators. CAA will plan to train 150 new peer educators. CAA will continue to support and provide refresher training for 100 "senior" peer educators from the previous FY who will also provide additional guidance and supervision to new peer educators. Follow up activities will include collaboration with PEPFAR partner NAWA Life for community mobilization and media and male involvement activities through collaboration with Engender Health/Respond. C-Change/AED will provide TA to CAA to better articulate a more precise strategy in behavior change communication to improve prevention course implementation and outcomes. Peer

Activity Narrative: educators will also be trained to screen all participants for TB infection and make referrals to local health centers. 280 local community leaders will be trained and sensitized to support CAA prevention activities in their local area.

Pact's results will make a contribution beyond PEPFAR-funded programs to strengthen organizational capacity and sustainability by addressing leadership, management, governance, and strategic direction.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16177

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16177	6470.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$1,137,539
7414	6470.07	U.S. Agency for International Development	Pact, Inc.	4409	4072.07	Community REACH	$647,261
6470	6470.06	U.S. Agency for International Development	Pact, Inc.	4072	4072.06	Community REACH	$1,670,240

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $408,143

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $23,431

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 16538.23948.09

Planned Funds: $106,440

Activity System ID: 23948

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes two primary components: partial salary and personnel costs for (1) 34 clinical case mangers and (2) a National Prevention Coordinator seconded to the Ministry of Health and Social Services (MOHSS).

Because the Case Managers are not exclusively providing HVAB services, a portion of the funding to support their positions are also reflected in MTCT, HTXS, PDTX, HBHC, PDCS, HVTB, and HVOP. Funding for the Prevention Coordinator is also reflected in HVOP.

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 and pharmacists and limited capacity to train allied health professionals in Namibia contributes to a chronic shortage of health care workers who could provide comprehensive HIV/AIDS prevention, care and treatment services on the scale and quality that is required for continued rollout of services. The lack of community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country.

Since 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel though Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS. These personnel will be gradually absorbed into the MOHSS workforce. Absorption of USG-supported clinical staff is a cornerstone of the sustainability efforts to be outlined in the Partnership Compact between the US and Namibian governments. By the end of 2007, 18 Potentia staff members had transitioned into permanent MOHSS positions, both at the clinical and administrative level.

This human resource strategy has been central to Namibia's success with meeting its prevention, care and treatment targets. Potentia has a rapid personnel recruitment, deployment and management system. Both the MOHSS and CDC will continue to collaborate in refining scopes of work and selecting health personnel who are supervised by the MOHSS, and receive training and on-the-job support from TECH, CDC, and the MOHSS. As noted above, these personnel are managed and compensated commensurate with MOHSS staff, and are to be gradually absorbed into the MOHSS workforce as funding allows.

1. Case Managers. COP09 will continue to support 34 case managers who commit 10% of their time to abstinence/be faithful activities. Potentia was first funded to recruit and hire 34 clinical case managers with COP08. Case managers fall in the chain of command of the MOHSS Directorate of Special Programmes' Case Management Unit. Some, but not all, of the duties of the case managers include:
a. Counseling patients on adherence, prevention with positives, and disclosure/partner referral;
b. Tracing patients who "slip through the cracks";
c. Facilitating support groups;
d. Referring patients to other health and social services, including counseling for drug/alcohol treatment and domestic violence; and
e. Encouraging men to seek services and to support their partners and children in doing the same.

Some delays have occurred in the start-up of this activity in 2008 and thus the case managers are funded at 0.83 FTE in 2009; carryover funds will be used to make up the remaining 0.17 FTE. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to others with HIV/AIDS, including accessing facility- and community-based services, adherence, and disclosure. The newly envisioned case management program will have these expert patients working alongside case managers with backgrounds in psychology or social work. Case managers and expert patients will be trained by I-TECH.

2. Prevention Coordinator. In 2007, the MOHSS requested assistance to hire a Prevention Coordinator who would be based within MOHSS, but could coordinate prevention efforts across line ministries and with various stakeholders in the country. In the absence of such a position, a variety of MOHSS managers and supervisors with other responsibilities were taking on prevention work as their schedules allowed. With reprogrammed COP08 funds, PEPFAR was able to support a prevention coordinator through Potentia to work at the national level who will also be a counterpart to USG prevention technical advisors.

The sustainability of these positions relies heavily on the ability of the MOHSS to absorb them in to their human resource organizational structure; these posts will be closely monitored in order to ensure their effectiveness is optimized and ascertain their value added. As in past years, the USG will continue to work with the MOHSS to enhance the capacity of the human resources department as well as support a Human Resources strategic plan in order to better absorb the Potentia supported positions over time.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16538	16538.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$68,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $106,440

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1058.09

Mechanism: Cooperative Agreement U62/CCU025166

Prime Partner: Development Aid People to People, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 3927.24315.09

Planned Funds: $1,467,909

Activity System ID: 24315

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: support for Development Aid from People to People's (DAPP) Total Control of the Epidemic (TCE) program to educate community members on HIV prevention and to link these individuals to appropriate prevention, care, and treatment services.

Development Aid from People to People (DAPP) will continue to use Field Officers (FOs) from TCE to provide door-to-door, age-appropriate education to community members on the consistent and correct use of condoms and other prevention messages, including basic information and referrals for counseling and testing, PMTCT, and STI services. Overall, TCE supports abstinence/be faithful, other prevention, adult and pediatric care, and counseling and testing (CT) activities, and thus funding is allocated across these five program areas. TCE is a highly organized mobilization strategy to individually educate and empower community members to reduce risk of HIV and to access resources in the community. DAPP FOs assess the risk level of household members and provide information and referrals accordingly.

The DAPP TCE program leverages resources from both PEPFAR and Global Fund (GF). TCE was established in northern Namibia in 2005 with support from GF and PEPFAR. GF and PEPFAR funds support TCE in Omusati, Oshana, Ohangwena, Oshikoto, Kavango, and parts of Caprivi and Khomas Regions. The 2005 GF annual report singled out the DAPP TCE program as one of three success stories in Namibia. DAPP's sister interventions in Zimbabwe and Botswana have been evaluated: the findings from both countries showed that TCE program exposure was positively associated with increases in HIV-related knowledge, less stigmatizing attitudes, and HIV testing.

In 2008, Global Fund support for DAPP temporarily ended in three regions. As a result DAPP activities were scheduled to be suspended until the next successful Global Fund application. In each of the three regions, TCE activities provide essential prevention services, and are highly valued by Regional AIDS Coordinating Committees (RACOC), local leaders, and other government and nongovernmental organizations. If TCE activities ended in the regions, the trained and skilled FOs may have been lost before the program could continue with future Global Fund money. Government officials requested that PEPFAR provide temporary "bridge" funding in order to maintain the continuation of services in the three regions. In response to the government's request, PEPFAR provided the interim funding.

COP09 funds will support continued and more intensive AB activities within current regions. Because youth are at high risk for HIV infection, particularly young girls, FOs emphasize abstinence messages to persons in houses and schools under age 15. During the ongoing sessions with under-15-year-olds, the FOs will discuss knowledge about HIV transmission; decisions to avoid HIV infection; delaying the first sexual encounter; and pregnancy and STI risks.

PEPFAR is committed to the continued support and enhancement of this important prevention activity. PEPFAR intends to utilize the DAPP field officers for delivery of new prevention and communication activities related to prevention with positives, responsible drinking, and male circumcision education. Funding from PEPFAR will support a total of 408 FOs, including 128 previously supported through GF. Both GF and PEPFAR will continue to provide technical support to DAPP.

Despite PEPFAR's interim support for the TCE activities in GF-supported regions, overall PEPFAR funding for DAPP in COP09 has been reduced and expansion into new regions and activities has been put on hold to sharpen the focus of DAPP's efforts. Both PEPFAR and GF supported assessments of the TCE program conducted by CDC technical advisors identified that efforts must be more targeted to impact behavior change and linking individuals to services. With COP09 funds, CDC/Namibia and CDC/Atlanta will continue to work closely with DAPP to begin an impact assessment of the TCE program and to revise and harmonize the TCE curricula and to produce relevant job aids.

The assessment and refined curricula should also allow DAPP to improve linkages to community- and facility-based services, and expand their efforts to mobilize at-risk persons to access CT services at both facility-based and standalone sites. DAPP FOs are successful at promoting the importance of knowing your status to clients with whom they interact; however, many of these clients live in rural areas with little or no access to CT services. In 2008, the Permanent Secretary of the MOHSS approved delivery of CT services in non-traditional settings for the first time. In DAPP, FOs in select sites will work in collaboration with newly formed MOHSS mobile CT teams to link clients to testing. (Discussed in the DAPP narrative in HVCT). These pilots will be evaluated in 2009 to determine whether DAPP could begin to deliver door-to-door CT services to complement the MOHSS' mobile CT efforts.

The organizational structure of DAPP's TCE program is sound. FOs operate in a continuous learning and support system. Initial training educates the FOs on the basics of HIV transmission, STIs and TB, abstinence, condom education, and behavior change. In each region, groups of 50 FOs meet together each Friday under the leadership of a TC with support from Special Forces (SF). FOs report numbers of persons educated, share experiences, and ask questions; training is provided as appropriate and challenging questions are addressed through the chain of command.

From October 2007 through September 2008, FOs reached 46,415 individuals with other prevention messages, significantly exceeding their established target of 10,000. FOs register each member of a household to avoid duplicate counting. FOs provide each household member with age-appropriate AB and OP communications, and mobilize community members to access services, including VCT, TB, ART, PMTCT, family planning, OVC, and STI. The FOs provide psychosocial support and simplified messaging around ART adherence and pain management. Where possible, FOs coordinate with health care facilities to provide critical transportation to rural persons in need of accessing essential HIV/AIDS services.

Community volunteers are key partners with the FOs, communities, and health care facilities. From October 2007 through September 2008, FOs have recruited 55,862 active "passionates" -- volunteers who assist with delivery of health messages and referrals. TCE also coordinates with PEPFAR-funded

Activity Narrative: volunteers supported by the PACT program to refer individuals for palliative care and OVC services. Supportive supervision of all community caregivers is provided by TCE Special Forces Officers, CDC nurse mentors, and primary health care nurses from nearby facilities. FOs and volunteers are currently facilitating 53 support groups for people living with HIV and AIDS and their families. These groups not only include psycho-social support, but also operate various income-generating activities including community gardens, poultry farming, and other locally sustainable enterprises..

FOs also organize community-wide HIV-related activities. Other prevention efforts include education in HIV/AIDS for traditional leaders and traditional birth attendants, as well as the establishment of small community libraries. 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 knowledge about HIV transmission, abstaining or being faithful to one partner, and, if appropriate, prevention of HIV through correct and consistent use of condoms, incorporating condom demonstrations and knowing where condoms are available. As appropriate, FOs will also distribute condoms to those who have received education.

FOs are ideally suited for knowing where to reach at-risk persons with AB and OP messaging, including patrons of bars and shebeens (licensed and unlicensed local drinking establishments), commercial sex workers, and mobile populations. FOs conduct quarterly campaigns and events in the communities to sensitize the population to the dangers of HIV and 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.

The TCE program serves as an entry point for building human resources capacity within Namibia, as a number of FOs, all of whom are Namibian, are able to parlay their experiences into promotional opportunities as community counselors within the MOHSS and New Start Centers. This strengthens the career ladder and the capacity of community counselors and clinic facilities, as well as builds the technical expertise of FOs. Not only will FOs become employed as community counselors, but they are able to build community awareness into facilities and strengthen the HIV continuum with community partners.

DAPP is a partner in the Male Norms Initiative begun in Namibia in 2007, which seeks to address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, destructive “inheritance” practices imposed on widows by male family members, multiple sex partners, transactional and trans-generational sex, power inequities between males and females, and alcohol abuse.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16119	3927.08	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	7356	1058.08	Cooperative Agreement U62/CCU025166	$1,790,133
7325	3927.07	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	4382	1058.07	Cooperative Agreement U62/CCU025166	$1,704,888
3927	3927.06	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	3150	1058.06	DAPP	$336,509

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,467,909

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1068.09	**Mechanism:**	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	3875.24325.09	**Planned Funds:**	$2,207,128
Activity System ID:	24325		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: continued training and deployment of Community Counselors (CCs). These CCs deliver appropriately targeted prevention messages and services in a wide variety of health facility settings.

Within COP09, funding for Community Counselors (CCs), who dedicate part of their time to this activity, is distributed among six program areas, all of them Ministry of Health and Social Services (MOHSS) activities: Preventing Mother to Child Transmission (9%), Abstinence and Be Faithful (49%), Other Prevention (13%), HIV/TB (8%), Counseling and Testing (12%), and ART Services (9%).

PEPFAR funding for the “Community Counselor package” includes: salaries for the 650 CCs who are deployed in public health sites, including correctional facilities; 13 regional coordinators; a national coordinator; and an assistant national coordinator (implemented through MOHSS in partnership with the Namibian Red Cross Society). The package further includes refresher training (implemented by MOHSS through a local training partner); supervisory visits by MOHSS staff persons who directly supervise the CCs; support for planning meetings and an annual retreat for CCs. In COP09 the salaries for community counselors, which has been held at US$230 per month since the program was implemented, will be increased by 35%.

By the end of September 2008, a total of 495 CCs were deployed and working in MOHSS health facilities, with a retention rate of 95%. Priority sites for deployment include ANC, TB clinics, ART clinics, and outpatient departments (where nearly all STI cases are seen). With COP08 support, an additional 155 CCs will be trained and deployed to give a cumulative total of 650 by September 2009. The additional CCs will accommodate loss through attrition, enhance provision of outreach-based counseling and testing, initiate counseling and testing (CT) services within correctional facilities and expand prevention with persons living with HIV/AIDS (PwP) efforts. With COP09 funding, 300 deployed CCs will also receive refresher training in rapid HIV testing, couples counseling, PwP, preventive care counseling for children, and Provider Initiated HIV Testing and Counseling (PITC) in clinical settings. In addition, the IntraHealth-supported New Start Counselors will receive refresher training through the MOHSS supported mechanism.

Community Counselor prevention activities include provision of condoms and ABC messages appropriately targeted to at-risk persons defined by age, sex, HIV status, and presentation of other STIs. CCs are the primary personnel at health sites responsible for providing CT services, and in this capacity, are well-positioned to deliver prevention messages to those who test positive or negative. CCs are trained to encourage clients to bring in their partners for CT services, providing opportunities to deliver prevention messages to discordant couples (approximately 12% of couples who are tested at CT sites are discordant). CCs will be trained in PwP counseling using CDC’s curriculum for integration into counseling services within ART and PMTCT sites.

A high proportion of CCs' clients will be sexually active HIV-positive patients in health facilities, providing an opportunity for the PwP approach. Since October 2006, CCs have been receiving training in the PwP approach (using CDC’s curriculum) and are providing these counseling services at the ART sites to which they are assigned. With COP09 funding, additional CCs will implement nationwide rollout of PwP in other settings. CCs will promote couples counseling and encourage all their clients, but particularly people living with HIV and AIDS, to reduce their high-risk behaviors through abstinence and being faithful to one partner. Couples CT will also be reinforced to identify prevention opportunities with discordant couples.

All activities will incorporate gender messaging in compliance with Namibia’s male norms initiative which seeks to address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16150

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16150	3875.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$2,674,711
7329	3875.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$2,375,000
3875	3875.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$398,427

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $2,207,128

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8001.23966.09

Planned Funds: $226,885

Activity System ID: 23966

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: continuing support of a CDC Prevention Technical Advisor to the Ministry of Health and Social Services (MOHSS) Directorate of Special Programmes on HIV prevention and behavior change communication.

In late 2002, CDC's Global AIDS Program of HHS/CDC began its collaboration with Namibia by opening an office in the MOHSS National AIDS Coordination Program (now known as the Directorate of Special Programmes) to provide technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART services. In response to requests from the MOHSS, CDC has gradually formed a team of technical advisors at the national level, including two direct hires, and technical advisers in the areas of adult and pediatric care/treatment, PMTCT, VCT, SI, palliative care, and laboratory services. While the MOHSS has made substantial progress in terms of rolling out treatment, PMTCT, and VCT in the emergency phase of PEPFAR, less attention has been given to establishing a comprehensive systematic national prevention strategy based on best practices and evidence-based interventions.

In 2007, the Director of Special Programmes recognized the shortcomings and lack of leadership in prevention and requested the support of a behavioral scientist to build local capacity in the use of evidence-based approaches to design national prevention programs. This assistance is critical as it will come as the MOHSS is staffing the "Expanded National Response" subdivision and implementing WHO's Communication for Behavior Change Interventions (COMBI) program within the Directorate. Both of these efforts focus on behavior change and strategic communications. Therefore, the local environment is well suited for continued assistance from a USG Technical Advisor (TA) on prevention.

In 2008, the MOHSS hired a prevention coordinator for the first time with PEPFAR support. The MOHSS prevention coordinator will provide technical leadership and vision on prevention issues and the USG prevention advisor will work closely with his MOHSS counterpart to plan and implement prevention programming.

The TA will work with the MOHSS to develop capacity to provide national leadership on the most evidence-based prevention strategies available, including behavioral change interventions and medical interventions (e.g. circumcision, microbicides, etc.) as they become available. 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 and international level. This will include ongoing support to the head of the Counseling and Testing unit in the Directorate to roll out, monitor, and evaluate the Prevention with Persons Living with HIV/AIDS (PwP) intervention through community counselors and health workers. The PwP initiative incorporates "be faithful" messaging to discordant couples and thus contributes to AB efforts. This TA will further support Namibia's Male Norms Initiative, with particular emphasis on:
a. defining and promoting strategies that result in abstinence or sexual postponement for adolescent boys,
b. male partner reduction,
c. greater willingness to access services,
d. transactional and trans-generational sex,
e. power inequities between men and women, and
f. abuse of alcohol.

The TA will also support efforts to streamline DAPP's training curricula for field officers and to harmonize messaging with other in-country prevention efforts. The TA will work with DAPP to adopt curricula incorporating AB messaging proven to be effective.

In a new initiative begun with COP08 funding, Potentia will hire and I-TECH will train 34 case managers with psychology or social work backgrounds for deployment to ART and ANC sites throughout the country. The TA will play a key role in developing scopes of work, hiring criteria, and selecting suitable candidates, as well as for assisting I-TECH with developing a training curriculum for this cadre. These case managers will contribute to AB efforts by facilitating support groups, providing couples and PwP counseling, and referring clients for health and social services that can support prevention efforts.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16239

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16239	8001.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7390	1157.08		$157,500
8001	8001.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$150,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $226,885

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 599.09

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 18777.25933.09

Planned Funds: $325,900

Activity System ID: 25933

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Abstinence/Be Faithful (HVAB):
To reflect the efforts of both education and health Peace Corps Volunteers (PCVs) at Post, PEPFAR prevention activities for FY09 will continue to focus on HVAB. To promote abstinence and being faithful, there will be continued emphasis on youth outreach, prevention messages, and life skills training such as small enterprise development with the Ministry of Youth, National Service, Sport and Culture (MYNSSC), the Ministry of Health and Social Services (MoHSS) and the Namibian Faith-Based/Non-governmental/Community-Based Organizations (FBO/NGO/CBO{s}) on program development. The majority of the education PCVs and many of the health PCVs focus on AB to promote the delay of early sexual debut and positive decision making. Their activities involve classroom teaching, after school programs, and youth clubs. Technical, programmatic and administrative assistance provided by Peace Corps/Namibia staff will be enhanced through additional training and ultimately strengthen the effectiveness of AB efforts by both education and health PCVs in the field. Training will also occur for trainees in Pre-Service Training and PCVs and counterparts at In-Service Training.

5 PCVs
Through the Community Health and HIV/AIDS Project (CHHAP), 5 PCVs will be funded with HVAB funds and are scheduled to arrive February 2010. They will form part of a group of 19 PEPFAR funded volunteers in Training Group 31. In addition, Peace Corps/Namibia will continue to support 19 PEPFAR-funded Health PCVs from Group 29 who will arrive in February 2009. These PCVs will serve in all 13 regions of the country to support institutional capacity for prevention outreach related to HIV/AIDS. PCVs work directly with government ministries and FBO/NGO/CBO(s) to identify community needs and priorities and to promote local services and community-based action related to abstinence and being faithful. For example, PCVs assist the MoE to strengthen and/or develop lifeskills training and sexual prevention information for learners to delay sexual debut and internalize the values of being faithful.

PCVs are assigned to the MYNSSC to strengthen their outreach to Namibian youth, with special emphasis on promoting healthy life styles, gender norms, HIV/AIDS prevention measures and life skills development. PCVs also work with the MoHSS to build capacity in the areas of prevention outreach programs and the development and distribution of local Information, Education and Communication (IEC) materials related to AB.

In accordance with each organization's capacity, PCVs will also apply their skills to strengthen operational capacity in prevention activities, such as life skills and peer education, as they relate to AB. PEPFAR-funded PCVs also work to bolster institutional capacity through program development and proposal writing, for which Project Design and Management (PDM) training and VAST grants will be made available.

VAST
Funds for AB related activities will be made available to PCVs who apply, with their communities and counterparts, for small grants to support community-based initiatives on HIV/AIDS prevention and capacity building. Consonant with VAST guidelines, planning, implementation, and counterpart funding will be required of the community for eligibility. It is expected that many of the VAST grants will be developed to support the establishment and functioning of clubs such as girls clubs, HIV/AIDS clubs, sports activities, youth camps, community cinemas, community mobile drama groups, as well as support for local FBO/NGO/CBO(s) providing HIV/AIDS related outreach, prevention services in support of abstinence and being faithful. HVAB funds will also be used to develop activities related to male involvement and gender norms, gender empowerment through small-scale IGAs to promote AB. The idea around IGAs is to provide vulnerable women and youth with an alternative source of income in order to help make abstinence and being faithful a viable option torwards avoiding transactional sex.VAST funded projects will help members of vulnerable groups, such as Namibian youth, school-aged learners, or out-of work young people, to improve their awareness of HIV/AIDS and adopt healthy life styles and other coping methods that will reduce the incidence of HIV/AIDS by delaying sexual debut and internalizing the values of being faithful.

Technical Training
PC/N aims to involve all PCVs and staff in the fight against HIV/AIDS through enhanced training activities and technical assistance related to AB. More specifically, in order to improve the delivery of technical and program information on HIV/AIDS prevention to PCVs in Group 31, PC/N will organize Pre-service training (PST) and In-service trainings (IST) aimed at PCVs and counterparts working on key AB related issues. Sessions will include cultural aspects related to HIV/AIDS, the epidemiology of HIV/AIDS in Namibia, sector responses to HIV/AIDS, gender norms, approaches to community entry, and the use of assessment tools.

Training objectives related to AB will cover cross-cutting topics such as life skills, male involvement and gender norms, community mobilization, IGAs, and monitoring and reporting (M&R) to enrich the efforts of PCVs and their counterparts to change behavior and empower others. PCVs will also work with counterparts to help build capacity related to participatory youth development programs. As PCVs gain more experience in the field, resiliency training will focus on enhancing Volunteer support in communities with high mortality and morbidity rates. These trainings will provide a forum for obtaining systematic feedback on community norms and behaviors related to AB.

Materials/equipment/supplies
Training materials incorporating language and cross culture specifically related to AB issues will be developed to enhance competencies for both health and education PCVs to provide AB related information to their communities and counterparts. These materials will also be translated into target languages, for PCVs to use at the community level. Through the PCV/counterpart training and the provision of training materials, the targeted beneficiaries will be young Namibians including students, and out-of-school youth.

Other
The Volunteer Support Network (VSN) committee extends emotional support to PCVs working in communities with high HIV prevalence and who may be impacted by illness, death and dying. This activity

Activity Narrative: will include information and skills that the PCVs can transfer to community members and counterparts related to resiliency and effective coping strategies in response to social and economic conditions exacerbated by the HIV/AIDS epidemic in Namibia which results from relatively low rates of abstinence and being faithful. VSN will play an important role in helping the PCVs to avoid burnout and therefore be more effective. $5,100 will be requested for VSN committee.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18777	18777.08	Peace Corps	US Peace Corps	7394	599.08		$197,600

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $44,338

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11384.09

Mechanism: Catholic AIDS Action (CAA)

Prime Partner: Catholic AIDS Action, Namibia

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 27390.09

Planned Funds: $0

Activity System ID: 27390

Activity Narrative: APRIL 2009: This activity was reprogrammed under Pact (6470.26984.09) when CAA did not pass its audit to become a prime partner. In COP09 CAA remains a sub-partner to Pact (and Intrahealth for HVCT).

Catholic AIDS Action (CAA), an indigenous Namibian organization, is receiving direct PEPFAR funding as a prime partner for the first time this year. In previous years, they were a primary sub-partner under PACT to build organizational and technical capacity.

CAA will target 2,830 OVC, ages 8-12, using the Adventure Unlimited curriculum (a ten session course) that focuses primarily on abstinence. CAA will target 4,170 OVC, ages 13-25, with its Stepping Stones curriculum (a fourteen session course) which is an AB focused curriculum (see CAA HKID). Both curricula will cover not only basic information regarding HIV infection and transmission but, equally important, they will address the co-factors that contribute to positive community health. Sessions will cover effective communication skills, gender norms, the role of alcohol on increased risk for HIV infection, intimacy and relationship skills, cultural norms and practices. These sessions are discussed as they relate to their impact on HIV infection risk, the role of interpersonal "power" (violence and coercion) on relationships, and choices regarding sexual activity. A revised Stepping Stones curriculum also includes components on preventing trans-generational sexual activity and transactional sexual activity and the risks associated with multiple concurrent partnerships.

CAA will conduct this intervention and routine follow-up activities through peer educators. CAA will train 150 new peer educators. CAA will continue to support and provide refresher training for 100 "senior" peer educators from the previous FY who will also provide additional guidance and supervision to new peer educators. Peer educators will also be trained to screen all participants for TB infection and make referrals to local health centers. 280 local community leaders will be trained and sensitized to support CAA prevention activities in their local area. Follow up activities will include collaboration with PEPFAR partner Nawa Life Trust for community mobilization and media and collaboration with Engender Health/Respond for male involvement activities. C-Change/AED will provide TA to CAA to better articulate a more precise strategy in behavior change communication which will improve the prevention course implementation and outcomes.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7648.09

Mechanism: Nawa Life Trust Cooperative Agreement

Prime Partner: Nawa Life Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4048.26974.09

Planned Funds: $1,344,883

Activity System ID: 26974

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The narrative above has been edited to reflect planned COP FY 2009 activities (including updated figures). In COP FY2008, NLT placed its capacity building activities in the Other Health Policy and System Strengthening (OHPS) program area. In COP FY 2009, with the guidance of the USG team in Namibia, NLT placed its capacity building activities in HVAB and HVOP. Excess funds from HBHC will be used to bolster campaign bookings for the "Be There to Care"/MCP campaign(s). Excess funds from PDCS will be used to expand the Nawa Dance pilot to a third site.

Please review the activity narrative from COP08:

The Community Mobilization Activities (CMA) program was created in 2004 to provide expertise to communities interested in addressing problems relating to HIV/AIDS and to link them to specific services. Through dynamic communication and outreach, the program aims to transform communities into active agents for changing behavior and addressing crucial social factors relating to HIV/AIDS. NawaLife Trust (NLT) selected each CMA site in consultation with the MOHSS and USAID, based on location of treatment programs in these areas.

The minimum package of prevention services provided through this program includes strategies to overcome stigma and discrimination, understanding, empowerment and enhanced efficacy to address gender equity and male norms and behaviors, increased efficacy for abstinence and faithfulness, heightened awareness for responsible drinking and increased self-risk perception that lead to safer behaviors and more caring relationships.

The behavior change objectives for these outreach programs include building skills for safe behaviors such as abstinence and faithfulness, increasing perceptions of risk regarding multiple concurrent partners, increasing risk perceptions of cross-generational and transactional sex, increasing positive attitudes and behaviors for gender equity and empowerment, male engagement and reducing negative attitudes and behaviors leading to stigma and discrimination.

NLT established 16 Community Action Forums (CAFs) in 12 of Namibia's 13 regions by the start of FY 08. CAFs consist of 15 elected community members aged 15-60, who mobilize their communities to identify and address HIV/AIDS-related problems. Specifically, the CAFs conduct Community Participatory Assessments (CPAs). The CPA process assists communities in identifying and addressing their own HIV/AIDS-related problems such as alcohol abuse, gender inequity, higher male participation and stigma and discrimination. Thus, CAFs also address HIV/AIDS-related services such as PMTCT, VCT and, ART. CAFs also promote and advocate for support services offered by other PEPFAR partners, including the MOHSS. A total of 16 CAFs will continue to operate in the following sites: Keetmanshoop Urban, Rehoboth Urban East, Tobias Heinyenko, Opuwo, Khorixas, Oshikuku, Gobabis, Oshakati East, Rundu Rural West (two sites), Ndiyona, Oniipa, Grootfontein, Walvis Bay Urban, Omaruru, and Otjiwarongo.

NLT will use the Communications Pathways Conceptual Framework developed by Johns Hopkins University/Health Communications Partnership to incorporate this model via CAFs and mass media campaigns, targeting three distinct levels of communication intervention (social political environment, service delivery system and community & individual).

In COP 2009, CAFs will reach 30,720 community members ages 15 and above through outreach activities. Outreach activities will focus on such AB areas as HIV/AIDS awareness, life skills, relationships, gender equity, and stigma and discrimination. Each CAF will use an average of five sites to conduct these outreaches continuously throughout an 11 month period. NLT will provide an estimated 40,720 individuals with IEC materials through CAF outreach activities and special campaign events.

A total of 224 CAF members will receive outreach training in such areas as HIV/AIDS awareness, life skills, relationships, gender equity, and stigma and discrimination.

NLT will incorporate gender themes within CMA projects, implementing program materials from the Acquire project implemented by Engender Health and Promundo to address health and development vulnerabilities of men and women. These themes address violence and coercion within relationships, and encourage male participation in HIV/AIDS programs. This will have a beneficial cross-cutting effect especially on CAF outreaches focusing on relationships and HIV/AIDS.

NLT will provide technical assistance to help facilitators from other organizations such as Catholic AIDS Action and Development Aid from People to People utilize its training guides more effectively.

CAFs will partner with Catholic AIDS Action and Project Hope at the community and regional levels to strengthen referrals and share information between their volunteer bases and program activities. As a result, CAF members will be knowledgeable of and able to refer community members to volunteer services in different HIV/AIDS-related fields.

NLT will assess its outreach training package through analysis of successes and challenges noted in CAF monthly feedback forms and activity field reports, and via direct observation through field visits and ongoing supportive supervision. NLT will incorporate findings from this information into future trainings and technical assistance efforts to ensure improved intervention quality and relevance.

NLT will train CAF members in campaign messages and outreach tools. CAF members will implement use their skills to conduct community outreaches in support of campaigns. NLT will analyze the quality of these outreaches through a review of successes and challenges noted in CAF monthly feedback forms and activity field reports, and via direct observation through field visits and ongoing supportive supervision. NLT will incorporate findings from this information into future trainings and technical assistance efforts to ensure

Activity Narrative: improved intervention quality and relevance.

NawaLife Trust will conduct community festivals in three different regions (Omaruru, Okahandja Park, and Khorixas) in COP 09. These festivals will be coordinated by NLT in collaboration with Community Action Forums (CAFs) and with community-level partners and stakeholders including Catholic AIDS Action, Namibia Red Cross, and Regional AIDS Coordinating Committees (RACOCs). NLT's media department will be active in promoting these events through various print and broadcast media channels. In order to encourage participation of more youth and maximize community mobilization outputs, NLT will pilot the NawaDance program in three different CAF sites (Otjiwarongo, Rehoboth and Katutura), focusing on audiences between the ages of 15-25. This activity will be incorporated into larger events and programs such as community festivals, NawaSport tournaments, NawaCinema sessions and local community events. NawaDance (based on Dance4Life) is a tool designed for 15 to 25 year old target audiences to intensify the BCC to this group. NawaDance is an integrated program spanning both HVAB and HVOP

One of the central goals of the community festivals will be to reach more people with HIV/AIDS-related BC messages, thereby amplifying behavior change through a multi-faceted approach synergizing NLT programs, such as NawaSport, NawaCinema and NawaDance, as well as through other activities organized by partners and stakeholders. NLT will involve RACOCs in the planning phase of each festival, generating greater ownership of political leadership at the community level. These events will also enhance community awareness of CAFs and collaboration between partners and stakeholders at the local level.

NLT will continue to be a key partner in the Take Control National HIV & AIDS media campaign as led by the Ministry of Information and Communication Technology (MICT), building capacity and providing technical assistance in implementing campaign activities as agreed upon in national planning meetings. In COP 09, the "Be There" relationship campaign will be closely linked to MCP campaign activities that will have kicked off in early 2009 as part of an integrated prevention campaign strategy developed in 2008. NLT will play a lead role in supporting the MICT and Take Control partners to reach the objectives set for the communication around MCP.

NLT will contribute to reaching 660,000 Namibians ages 15 years and above with mass media messages under the "Be There to Care"/MCP campaign(s). Key target groups for the 2009 campaign will include steady couples (married and unmarried) of reproductive ages (15-49 years) with a focus on men. MCP messaging will focus - after initially targetgin a broad general public - on cohabiting partners and "experimenting singles". Support to the campaign is spread across HVAB and HVOP sections as it will contain messaging on condom use, pursuing an ABC approach with a focus on partner reduction.

NLT will train CAF members in campaign messages and outreach tools. CAF members will implement use their skills to conduct community outreaches in support of campaigns. NLT will analyze the quality of these outreaches through a review of successes and challenges noted in CAF monthly feedback forms and activity field reports, and via direct observation through field visits and ongoing supportive supervision. NLT will incorporate findings from this information into future trainings and technical assistance efforts to ensure improved intervention quality and relevance.

NLT will continue to build capacity with the MICT and to support the creation of a central informational warehouse that will be able to serve the IEC needs of partners and stakeholders countrywide. This warehouse will become operational during COP 08 with support of UN partners and NLT. While MICT will finance the physical structure, NLT will contribute to running costs and NLT will be allocating a designated portion of its IEC materials to the national warehouse.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16140

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16140	4048.08	U.S. Agency for International Development	Nawa Life Trust	7648	7648.08	Nawa Life Trust Cooperative Agreement	$1,273,484
7455	4048.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$1,268,027
4048	4048.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3061	1146.06	Health Communication Partnership	$1,053,714

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $240,133

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $6,562,085

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7648.09

Mechanism: Nawa Life Trust Cooperative Agreement

Prime Partner: Nawa Life Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5690.26975.09

Planned Funds: $982,095

Activity System ID: 26975

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The narrative above has been edited to reflect planned COP FY 2009 activities (including updated figures). In COP FY 2008, NLT placed its capacity building activities in the Other Health Policy and System Strengthening (OPSS) program area. In COP FY2009, with the guidance of the USG team in Namibia, NLT placed its capacity building activities in HVAB and HVOP. With excess funds from HBHC and PDCS, NLT will concentrate on sustaining the mass media components of the "Alcohol aids HIV" and Take Control campaigns which is coordinated by the Coalition for Responsible drinking/MICT respectively. A small amount also will be used to strengthen the training component around NawaCinema outreaches.

Please review the activity narrative from COP08:

These activities build and expand existing community mobilization and mass media activities from COP07 and COP 08. The Community Mobilization Activities (CMA) program, created in 2005, uses dynamic communication and outreach, the program transforms communities into active agents for changing behavior and addressing crucial social factors relating to HIV/AIDS. NawaLife Trust (NLT) selected each CMA site in consultation with the MOHSS and USAID, based on location of treatment programs in these areas.

NLT has established 16 Community Action Forums (CAFs) in 12 of Namibia’s 13 regions. CAFs consist of 15 elected community members aged 15-60, who mobilize their communities to identify and address HIV/AIDS-related problems. Overall, the behavior change objectives for community mobilization OP outreaches are consistent with this minimum package of prevention services: enhancing understanding and self-efficacy towards responsible drinking with awareness of sexual risk behaviors associated with alcohol abuse and towards risks of multiple concurrent partners, increasing efficacy of correct and consistent condom use within steady relationships, increasing risk perceptions for youth and older audiences of cross-generational and transactional sexual practices, promoting efficacious behaviors towards counseling and testing, especially male and couple testing, and creating an enabling environment in which needed referrals to HIV/AIDS-related services are correctly advocated. NLT will reach a total of 63,298 through its different OP program activities.

16 CAFs and 5 regional coordinator offices will serve as condom service outlets at the community level. These 21 noted service outlets will distribute a total of 266,112 condoms in COP 09 (16 CAFs and 5 regional coordinator offices x 2 box containing 144 smile condoms x 11 months x 4 outreaches monthly) in the following sites: Keetmanshoop (Tseiblaagte) ,Walvis Bay (Kuisebmund), Rehoboth (Block E), Katutura (Okahandja Park), Oniipa, Oshakati,Oshikuku, Rundu (Kasote and Sauyemwa) ,Nyangana, Gobabis (Epako),Grootfontein, Omaruru, Otjozonjupa (Tsara Xeibes),Opuwo, Khorixas.

NawaSport: NawaSport is a behavior change intervention created to engage young men 15 - 35 years, who have been underrepresented in prevention & care activities. The program uses soccer playing to create a comfortable environment for men to discuss basic life skills and HIV/AIDS-related issues, including alcohol abuse, stigma and discrimination and gender inequity through a 12 session curriculum. The NawaSport Coaches Guide will be updated in 2008 providing advanced HIV/AIDS-related information on treatment literacy, stigma and discrimination, gender equity and possibly circumcision. NLT will work with partner organizations such as Catholic Aids Action and other community-based groups to bring this program to new sites and audiences.

The NawaSport program will expand to five additional communities by the end of COP 2008, for a total of 16 sites. The program will reach 2,280 men between the ages 15-35 years in the 16 CAF sites. Each of these individuals reached will participate in 13 different NawaSport sessions, which relate to a variety of OP themes. NLT will train at least 338 individuals in the NawaSport program in COP 09. This will include 192 CAF members, 96 coaches and 50 additional stakeholders, which will most likely be from the Ministry of Defense and the Ministry of Safety and Security.

NLT will assess NawaSport through its program activity forms, pre- and post test quizzes, Training of Trainer course evaluations, and via direct observation on field visits and ongoing supportive supervision. NLT will incorporate findings into future trainings and technical assistance (TA) to improve intervention quality and relevance.

NLT will conduct at least five regional and one national StreetSquad tournaments in COP 09. This may be supplemented by tournaments conducted in partnership with interested parties such as the Namibian Agricultural Union (negotiations to be concluded in COP 08). The regional tournaments are planned to be conducted in Oshikuku, Otjiwarongo, Omaruru, Khorixas and Nyangana. An average of 240 participants (48 teams x 5 players per team) and 300 spectators will be involved at each regional event. Overall, these regional events will reach 2160 individuals (2700 attendees – 20% overlap with other OP programs). NLT will conduct 10 mini-tournaments in Rehoboth, Opuwo, Gobabis, Oshikuku, Oniipa, Keetmanshoop, Kasote, Grootfontein, Windhoek and Oshakati. An average of 100 participants (20 teams x 5 players per team) and 200 spectators will be involved in each of the mini-tournament activities. Overall, these regional events will reach 2400 individuals (3000 attendees – 20% overlap with other OP programs). Master Coaches will coordinate these events and be supported/assisted by CAFs and NLT staff members. Community level partners and stakeholders such as New Start, Catholic AIDS Action, Namibia Red Cross, Lifeline/Childline, AED and RACOCs will be involved in planning and conducting these events. The NawaSport national tournament will reach 1008 individuals (12 teams x 5 players per team + 1200 spectators attending - 20% overlap).

The NawaSport program will incorporate outreach HIV testing services into the regional tournament events, reaching an estimated 180 individuals (10 clients counseled and tested per 8 hour event per counselor x 3 counselors per outreach testing facility x 6 tournaments) per event. NLT’s media unit will promote these events and services through various print and broadcast media channels. NLT will enter into a MOU with IntraHealth and New Start partners to conduct these testing services. Through its media unit, NLT will build

Activity Narrative: on the enthusiasm generated around NawaSport especially among young men to develop mass media messages on HIV prevention, testing and responsible drinking with an explicit sports link. This will serve to create greater program visibility and to reach audiences outside the training and event components of the program.

NawaSport will enroll in the international Street Football World Network in COP 09. This network is affiliated with FIFA, and focuses on development issues in the context of soccer. With this membership, NawaSport will be able to promote its events through this international alliance, improving its overall reach within Namibia. This affiliation will also enable NLT to network with partners and stakeholders worldwide that utilize sport as a means of reaching people with HIV/AIDS-related messages.

Currently NawaSport is working within four correctional facilities. Due the success of these programs, several other correctional facilities have requested programs. NawaSport is planning to expand its program to two additional prisons. These institutions are in the process of being identified.

The StreetSquad Soccer Community enables NawaSport men completing the formal program or individuals reached during tournaments to continue their involvement. In COP 09, the StreetSquad Soccer will be expanded to 10,000 members and step up club marketing activities to involve individuals by improving their knowledge and practice in public health issues as well as focusing on and sport skills concentrating on soccer skills.

NawaCinema: NawaCinema is designed to generate participatory discussions through thought-provoking films on issues relating to HIV/AIDS prevention, care and treatment in a socially comfortable and entertaining way. NawaCinema targets older audiences, using videos from the Steps for the Future series within its program format.

NawaCinema will continue to be active in all 16 CAF sites, reaching 30,720 community members, ages 15+ years. Each CAF will screen approximately 20 videos at three different local venues over an 11 month period. The videos will cover 10 OP topics, including alcohol awareness, gender themes, male engagement, condom use and PMTCT.

NLT will assess NawaCinema through analysis of its facilitator and audience feedback forms, a follow-up program evaluation, and via direct observation through field visits and ongoing supportive supervision. NLT will incorporate findings from this information into future trainings and TA to improve intervention quality and relevance.

Mass Media: NLT is actively working through the Take Control national HIV & AIDS media campaign to promote behavior change. Take Control campaign messages integrate different prevention approaches, including all elements of the ABC approach. For this reason, Take Control activities are reflected in both HVAB and HVOP. It is estimated that 25% of resources will be used for OP mass media and interpersonal messaging within Take Control "Be There to Care"/MCP campaigns (see full narrative under HVAB).

NLT will also continue to support the Coalition on Responsible Drinking (CORD) in running campaigns on responsible drinking and HIV. The campaign will target persons of reproductive age (15-49 years). NLT aims to reach a minimum of 250,000 individuals (there are approximately 1 million people between 15-49 years in Namibia. Of these individuals, an estimated one-half (500,000) of them are social drinkers as estimated by the 2002 Nationwide KAP Baseline Survey on Alcohol and Drug use and Abuse in Namibia. NLT will reach 50% of these individuals) through print and broadcast mass media messages in this campaign. Outreach facilitation guides developed in COP 07/08 will be updated and distributed to 250 CAF members.

In order to encourage participation of more youth and maximize community mobilization outputs, NLT will pilot the NawaDance program in three different CAF sites (Otjiwarongo, Rehoboth and Katutura), focusing on audiences between the ages of 15-25. This activity will be incorporated into larger events and programs such as community festivals, NawaSport tournaments, NawaCinema sessions and local community events. NawaDance (based on Dance4Life).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16141

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16141	5690.08	U.S. Agency for International Development	Nawa Life Trust	7648	7648.08	Nawa Life Trust Cooperative Agreement	$922,096
7457	5690.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$856,445
5690	5690.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3061	1146.06	Health Communication Partnership	$25,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $240,133

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7649.09

Mechanism: TBD (EngenderHealth)

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28595.09

Planned Funds: $0

Activity System ID: 28595

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This PHE activity, Changing Gender Norms that Support HIV Risk Behaviors, Among Men in Namibia, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is NA.07.0214.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	599.09	**Mechanism:**	N/A
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	4730.25934.09	**Planned Funds:**	$700,000
Activity System ID:	25934		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Other Prevention (HVOP):
To reflect the efforts of PCVs at Post, PEPFAR prevention activities for FY09 will continue to focus on HVOP. PC/N operational focus in FY09 will remain Condoms and Other Prevention/Behavior Change, Community Mobilization and Capacity Building. To promote abstinence, being faithful and condom (A,B and C) use as behavior change strategies, continued emphasis will be placed on youth outreach, prevention messages, linkages with condom distribution outlets, and life skills training programs with the Ministry of Youth, National Service, Sport and Culture (MYNSSC), the Ministry of Health and Social Services (MoHSS), the Ministry of Education, and the Namibian Faith-Based/Non-governmental/Community-Based Organizations (FBO/NGO/CBO{s}). Both health and education PCVs focus on A, B and C to promote safe sex practices and positive decision making. Their activities involve classroom teaching, after school programs, youth clubs, IGA activities, and other prevention strategies. Technical, programmatic and administrative assistance provided by PC/N staff will be enhanced through additional training and ultimately strengthen the effectiveness of HVOP efforts at the community level by PCVs and their counterparts. HVOP related training will be provided at PST and PCVs and counterparts at IST.

5 PCVs
PEPFAR funds will be requested to support 5 PCVs assigned to the CHHAP project and who will serve in any of the 13 regions of the country to support institutional capacity for Condom and Other Prevention outreach. These PCVs will work directly with government ministries and FBO/NGO/CBO(s) to identify community needs and priorities and to promote local services and community-based action. For example, PCVs are assigned to the MYNSSC to strengthen their outreach to Namibian youth, with special emphasis on promoting healthy life styles, gender norms, HIV/AIDS prevention measures, safe sex practices, and life skills development. PCVs also work with the MoHSS to build capacity in the areas of prevention outreach programs and the development and distribution of local Information, Education and Communication (IEC) materials related to sexual prevention. In accordance with each organization's capacity, PCVs will also apply their skills to strengthen operational capacity in prevention activities for at risk populations and People Living with HIV/AIDS (PLWHA). PEPFAR-funded PCVs also work to bolster institutional capacity through program development, proposal writing and fundraising.

5-Third Year Extendees-Transfers
Five PCVs will be funded in HVOP to extend as 3rd-year Extentions from Group 27. They will receive additional training to serve as PCVLs to specifically coach and support the other PCVs in Other Prevention activities such as Gender and Development (GAD), the Male Involvement Initiative in HIV/AIDS in Namibia, as well as the additional efforts of PCVs towards sexual prevention. Specific attention will be made to helping PCVs and their counterparts address gender norms and behavior change at their sites.

This number of PCVLs has been increased from two to five to increase the effectiveness of PCV support across the country. PCVs will be selected and begin their duties December 2009. One PCVL will be assigned to work with the staff person at the PC/N office in Ondangwa to support PCVs based in the northern region. One PCVL will work with the staff person in the Rundu office to support the PCVs working in both the Kavango and Caprivi Regions. The remaining three will be posted to the southern and eastern regions of the country with support from the main office.

These 5 individuals will provide specific on-going support to PCVs for their work with HIV/AIDS programs. Areas of support may include working with PLWHA support groups, peer counseling, accessing resources, sharing lessons, and developing and employing coping strategies for effective integration in the workplace and community.

VAST Grants
HVOP funds will be made available to PCVs who apply, with their communities and counterparts, for small grants to support community-based initiatives on HIV/AIDS prevention and capacity building. Consonant with VAST guidelines, planning, implementation, and counterpart funding will be required of the community for eligibility. It is expected that many of the VAST grants will be developed to promote safer sex practices through the establishment and functioning of HIV/AIDS support groups, HIV/AIDS clubs, sports activities, youth camps, community cinemas and community mobile drama groups. VAST funded projects will target vulnerable groups, such as Namibian youth, discordant couples, and the unemployed to improve their capacity to adopt healthy life styles and other coping methods that will reduce the incidence of HIV/AIDS by internalizing the values of condom use and being faithful.

Innovative efforts can also increase the capacity of key organizations and counterparts to develop strategies related to male involvement and gender empowerment through small-scale IGAs. The aim of IGAs is to provide vulnerable women and youth with an alternative source of income in order to adopt abstinence, being faithful, and condom use as viable options to transactional sex.

Technical Assistance
HVOP funds will be requested to improve the delivery of technical and training assistance related to sexual prevention. PC/N will organize Pre-service training (PST) and In-service trainings (IST) aimed at PCVs in Group 31 and their counterparts working on related issues during their two-year service. HVOP funds will also be requested to support 1 week of HIV/AIDS technical training for the education PCVs during PST to prepare them for secondary projects for out of school youth and at-risk learners. Sessions will include cultural aspects related to HIV/AIDS, the epidemiology of HIV/AIDS in Namibia, sector responses to HIV/AIDS, gender norms, approaches to community entry, and the use of assessment tools. In addition, the following events will be held in FY09.

1) PCV/counterpart workshops on cross-cutting topics such as male involvement and gender norms, IGAs, alcohol awareness, and monitoring and reporting (M&R). PCVs will also work with counterparts to help build capacity through participatory youth development programs. For the education PCVs and their counterparts, a special training on CCBI (Community Contact Based Instruction) will prepare teachers to

Activity Narrative: better integrate HIV/AIDS into their curricululm. These trainings will enhance competencies in the areas of outreach and training and will also provide a forum for obtaining systematic feedback on relevant social and community norms and behaviors associated with HIV/AIDS prevention.

2) Project Design and Management (PDM) training will be conducted for Volunteers and their counterparts to ensure success of projects planned and implemented to benefit local communities.

3) Male Engagement Workshops will be conducted with HVOP funds to address male involvement and gender norms related to the fight against HIV/AIDS. PCVLs and Peace Corps Staff will co-facilitate the trainings designed for PCVs and their counterparts. Up to 10 workshops will be held throughout the year to access communities in different regions of the country.

4) All-Volunteer HIV/AIDS Conference will be planned to gather all PCVs in country to share best practices from all regions, and enhance knowledge and skills related to HIV/AIDS prevention and care. Emphasis will be placed on the program areas under which Post is currently achieving PEPFAR targets.

Materials/Equipment/Supplies
1. HVOP funds will be used to enhance the development of appropriate sexual prevention and awareness messages, training materials that incorporate language, cross culture and technical information will be developed and/or acquired to strengthen competencies for both health and education PCVs. These materials will also be translated into target languages, as needed, for PCVs to learn and use at the community level. The targeted beneficiaries will be young Namibians and adults who are likely to be sexually active and/or in need of strategies for preventing HIV/AIDS transmission.

2. Additional HVOP funds will be needed for materials and supplies for the office in Rundu as well as the PEPFAR funded vehicles in both Windhoek and Rundu. Funds will be required to repair any PEPFAR acquired IT equipment. Funds will be used to maintain and repair the facility, furniture and equipment located in the Rundu office. Routine maintenance of the PEPFAR funded vehicles in both Rundu and Windhoek will be required.

3. To support the 3 PCVLs who will not be posted at regional offices and ensure regular communication with PC staff, PEPFAR funds will be requested to purchase three (3) small 3-in-1 fax/copy/scan machines that will be kept at each PCVL's site. These machines will be inventoried and carry PC property tags. All equipment will be kept in a secured location with the necessary precautions such as burglar bars and secure locks.

4. One LCD projector and photocopy machine will be purchased for training.

Other
Funds will be requested from HVOP funds to support the HIV/AIDS Committee which extends programmatic support to PCVs to enable them to share best practices and better serve their communities in HIV/AIDS related activities/efforts.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16250

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16250	4730.08	Peace Corps	US Peace Corps	7394	599.08		$273,900
8036	4730.07	Peace Corps	US Peace Corps	4670	599.07		$566,900
4730	4730.06	Peace Corps	US Peace Corps	3448	599.06		$537,600

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $240,138

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1068.09	**Mechanism:**	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	3880.24326.09	**Planned Funds:**	$1,270,378
Activity System ID:	24326		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes four primary components:
(1) continued training and deployment of Community Counselors (CC);
(2) procuring condoms for high-risk individuals;
(3) supporting the Ministry of Health and Social Services' (MOHSS) Coalition on Responsible Drinking (CORD); and
(4) the initiation of one of three outreach teams to deliver prevention, care and treatment services to remote communities.

1. Community Counselors
FY 2009 COP funding for Community Counselors (CCs) is distributed among six MOHSS program activity areas:
• Abstinence and Be Faithful (49%)
• Other Prevention (13%)
• Counseling and Testing (12%)
• Preventing Mother to Child Transmission (9%)
• ARV Services (9%)
• HIV/TB (8%)

PEPFAR funding for the Community Counselors package will cover:
• salaries for the 650 CCs who are deployed in public health sites, including correctional facilities;
• 13 regional coordinators;
• one national coordinator;
• one assistant national coordinator (implemented through MOHSS in partnership with the Namibian Red Cross Society);
• refresher training implemented by MOHSS through a local training partner;
• supervisory support visits by MOHSS staff persons who directly supervise the CCs; and
• support for planning meetings and an annual retreat for CCs.

In FY 2009 COP the salaries for CCs, which have been held at US$230 per month since the program was implemented, will be increased by 35%. By the end of September 2008, a total of 495 CCs were deployed and working in MOHSS health facilities, with a retention rate of 95%.

Priority sites for deployment include ANC, TB clinics, ART clinics, and outpatient departments (where nearly all STI cases are seen). With FY 2008 COP support, an additional 155 CCs will be trained and deployed by September 2009, bringing the cumulative total to 650. The additional CCs will accommodate loss through attrition, enhance provision of outreach-based counseling and testing (CT), initiate CT services within correctional facilities, and expand prevention with persons living with HIV/AIDS (PwP) efforts. With FY 2009 COP funding, 300 deployed CCs will also receive refresher training in rapid HIV testing, couples counseling, PwP, preventive care counseling for children, and Provider Initiated HIV Testing and Counseling (PITC) in clinical settings. In addition, the IntraHealth-supported New Start Counselors will receive refresher training through the MOHSS supported mechanism.

Community Counselor prevention activities include provision of condoms and ABC messages appropriately targeted to at-risk persons defined by age, sex, HIV status, and presentation of other STIs. CCs are the primary personnel at health sites responsible for providing HIV CT, and in this capacity, are well-positioned to deliver prevention messages to those who test both positive and negative. CCs are trained to encourage clients to bring in their partners for CT, providing opportunities to deliver prevention messages to discordant couples (approximately 12% of couples who are tested at VCT sites are discordant). CCs will be trained in PwP counseling using CDC's curriculum for integration into counseling services within ART and PMTCT sites.

2. Condom Procurement
The procurement of approximately six million condoms is a continuation of an activity added in 2007 to leverage the support of the Global Fund, which provides support for the MOHSS' new Smile brand of male condoms and for Femidom female condoms. The demand for the Smile condom brand has exceeded the supply that MOHSS is able to purchase. Commodity Exchange is a local company which has been contracted by the MOHSS 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 MOHSS will use $420,000 of this activity's funding to meet a projected financial gap to purchase additional Smile condoms and Femidoms with FY 2009 COP funding. These condoms will be distributed free of charge to health facilities for use by high-risk clients (HIV-positive patients, discordant couples, 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 (including mobile workers, commercial sex workers, and the patrons of licensed and unlicensed community bars known as shebeens).

The planned number of condoms to be procured in Namibia in 2010 is over 20 million. Global Fund is expected to fund 13 million condoms, PEPFAR six million, and the Namibian government one million.

3. Expansion of CORD
In a continuation of FY 2008 COP activities, USG funds will support expansion of the MOHSS' Coalition on Responsible Drinking (CORD). CORD incorporates media messaging and works with community, business, and health partners, as well as shebeens and breweries to reduce alcohol abuse, a major driver of the HIV epidemic in Namibia. CORD will be rolled out to five additional regions of the country and will use these funds to educate business owners and the general public about the association between alcohol consumption, high-risk sexual behavior, and HIV transmission and acquisition.

Activity Narrative: 4. Outreach Team
In a new high-priority effort in FY 2009 COP, funding will support the implementation of three outreach teams that will deliver prevention counseling, CT services, and ART services to remote areas of Namibia. The other two outreach teams are reflected in MOHSS' efforts in the HTXS and HVCT program areas. Despite MOHSS' impressive success in rolling out prevention, care and treatment services throughout the country, there are many people who simply cannot reach the nearest health facility. The May 2008 National Testing Day event clearly demonstrated that Namibians are eager to access outreach services.

Each mobile team will consist of a camper van, two community counselors each for testing and mobilization, a nurse, and a driver. Using data and input from regional stakeholders, the teams will develop a monthly schedule of visits to remote communities. The teams will be required to make the date of their visits consistent (e.g. the first Thursday of each month). Teams will work in conjunction with DAPP field officers, community leaders, and local radio stations to promote each outreach visit.

CT services will be implemented first. A regimented evaluation program will be put in place to determine cost per client, success in reaching first-time testers, ability to link positive clients to treatment, and community receptiveness. Once CT services are successfully implemented, ART will be phased in, one team at a time. If the outreach teams are able to effectively deliver these services, other components may be added, including TB screening and DOTs, PMTCT, case management, and alcohol counseling and referrals.

All programming funded through this activity will incorporate gender messaging in compliance with Namibia's male norms initiative, which seeks to address cultural norms that factor into HIV transmission, including men's lack of health care seeking behavior, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16151

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16151	3880.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$1,277,751
7333	3880.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$1,150,000
3880	3880.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$374,042

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $601,878

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1058.09	**Mechanism:**	Cooperative Agreement U62/CCU025166
Prime Partner:	Development Aid People to People, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	3931.24316.09	**Planned Funds:**	$256,449
Activity System ID:	24316		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: support for Development Aid from People to People's (DAPP) Total Control of the Epidemic (TCE) program to educate community members on HIV prevention and to link these individuals to appropriate prevention, care, and treatment services.

Development Aid from People to People (DAPP) will continue to use Field Officers (FOs) from TCE to provide door-to-door, age-appropriate education to community members on the consistent and correct use of condoms and other prevention messages, including basic information and referrals for counseling and testing, PMTCT, and STI services. Overall, TCE supports abstinence/be faithful, other prevention, adult and pediatric care, and counseling and testing activities, and thus funding is allocated across these five program areas. TCE is a highly organized mobilization strategy to individually educate and empower community members to reduce risk of HIV and to access resources in the community. DAPP FOs assess the risk level of household members and provide information and referrals accordingly.

The DAPP TCE program leverages resources from both PEPFAR and Global Fund (GF). TCE was established in northern Namibia in 2005 with support from GF and PEPFAR. GF and PEPFAR funds support TCE in Omusati, Oshana, Ohangwena, Oshikoto, Kavango, and parts of Caprivi and Khomas Regions. The 2005 GF annual report singled out the DAPP TCE program as one of three success stories in Namibia. DAPP's sister interventions in Zimbabwe and Botswana have been evaluated: the findings from both countries showed that TCE program exposure was positively associated with increases in HIV-related knowledge, less stigmatizing attitudes, and HIV testing.

In 2008, Global Fund support for DAPP temporarily ended in three regions. As a result DAPP activities were scheduled to be suspended until the next successful Global Fund application. In each of the three regions, TCE activities provide essential prevention services, and are highly valued by Regional AIDS Coordinating Committees (RACOC), local leaders, and other government and nongovernmental organizations. If TCE activities ended in the regions, the trained and skilled FOs may have been lost before the program could continue with future Global Fund money. Government officials requested that PEPFAR provide temporary "bridge" funding in order to maintain the continuation of services in the three regions. In response to the government's request, PEPFAR provided the interim funding.

PEPFAR is committed to the continual support and enhancement of this important prevention activity. PEPFAR intends to utilize the DAPP field officers for delivery of new prevention and communication activities related to prevention with positives, responsible drinking, and male circumcision education. Funding from PEPFAR will support a total of 408 FOs, including 128 previously supported through GF. Both GF and PEPFAR will continue to provide technical support to DAPP.

Despite PEPFAR's interim support for the TCE activities in GF-supported regions, overall PEPFAR funding for DAPP in COP09 has been reduced and expansion into new regions and activities has been put on hold to sharpen the focus of DAPP's efforts. Both PEPFAR and GF supported assessments of the TCE program conducted by CDC technical advisors identified that efforts must be more targeted to impact behavior change and linking individuals to services. With COP08 funds, CDC/Namibia and CDC/Atlanta will continue to work closely with DAPP to begin an impact assessment of the TCE program and to revise and harmonize the TCE curricula and to produce relevant job aids.

The assessment and refined curricula should also allow DAPP to improve linkages to community- and facility-based services, and expand their efforts to mobilize at-risk persons to access counseling and testing (CT) services at both facility-based and standalone sites. DAPP FOs are successful at promoting the importance of knowing one's HIV status to clients with whom they interact; however, many of these clients live in rural areas with little or no access to CT services. In 2008, the Permanent Secretary of the Ministry of Health and Social Services (MOHSS) approved delivery of CT in non-traditional settings for the first time. In DAPP, FOs in select sites will work in collaboration with newly formed MOHSS mobile CT teams to link clients to testing. (Discussed in the DAPP narrative for HVCT). These pilots will be evaluated in 2009 to determine whether DAPP could begin to deliver door-to-door CT services to complement the MOHSS' mobile CT efforts.

The organizational structure of DAPP's TCE program is sound. FOs operate in a continuous learning and support system. Initial training educates the FOs on the basics of HIV transmission, STIs and TB, abstinence, condom education, and behavior change. In each region, groups of 50 FOs meet together each Friday under the leadership of a TC with support from Special Forces (SF). FOs report numbers of persons educated, share experiences, and ask questions; training is provided as appropriate and challenging questions are addressed through the chain of command.

From October 2007 through September 2008, FOs reached 97,598 individuals with other prevention messages, significantly exceeding their established target of 40,000. FOs register each member of a household to avoid duplicate counting. The FOs provide each household member with age-appropriate AB and OP communications, and mobilize community members to access services, including VCT, TB, ART, PMTCT, family planning, OVC, and STI. The FOs provide psychosocial support and simplified messaging around ART adherence and pain management. Where possible, FOs coordinate with health care facilities to provide critical transportation to rural persons in need of accessing essential HIV/AIDS services.

Community volunteers are key partners with the FOs, communities, and health care facilities. From October 2007 through September 2008, FOs have recruited 55,862 active "passionates" -- volunteers who assist with delivery of health messages and referrals. TCE also coordinates with PEPFAR-funded volunteers supported by the PACT program to refer individuals for palliative care and OVC services. Supportive supervision of all community caregivers is provided by TCE Special Forces Officers, CDC nurse mentors, and primary health care nurses from nearby facilities. FOs and volunteers are currently facilitating 53 support groups for people living with HIV and AIDS (PLWHA) and their families.

Activity Narrative: FOs also organize community-wide HIV-related activities. Other prevention efforts include education in HIV/AIDS for traditional leaders and traditional birth attendants, as well as the establishment of small community libraries. 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 knowledge about HIV transmission and prevention of HIV through correct and consistent use of condoms, incorporating condom demonstrations and knowing where condoms are available.

FOs carry condoms with them and also establish distribution points. TCE FOs obtain 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 (licensed and unlicensed local bars), commercial sex workers, and mobile populations. FOs conduct quarterly campaigns and events in the communities to sensitize the population to the dangers of HIV and 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.

The TCE program serves as an entry point for building human resources capacity within Namibia, as a number of FOs, all of whom are Namibian, are able to parlay their experiences into promotional opportunities as community counselors within the MOHSS and New Start Centers. This strengthens the career ladder and the capacity of community counselors and clinic facilities, as well as builds the technical expertise of FOs. Not only will FOs become employed as community counselors, but they are able to build community awareness into facilities and strengthen the HIV continuum with community partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16120

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16120	3931.08	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	7356	1058.08	Cooperative Agreement U62/CCU025166	$312,743
7327	3931.07	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	4382	1058.07	Cooperative Agreement U62/CCU025166	$397,850
3931	3931.06	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	3150	1058.06	DAPP	$444,218

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $205,159

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1064.09	**Mechanism:**	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	7994.23949.09	**Planned Funds:**	$234,956
Activity System ID:	23949		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes partial funding for salaries and related personnel costs for the following positions to support the Ministry of Health and Social Services (MOHSS): (1) 20 Condoms Logistics Officers, (2) 34 Case Managers, and (3) a National Prevention Coordinator seconded to the Ministry of Health and Social Services (MoHSS).

Because the Case Managers are not exclusively providing HVOP services, a portion of the funding to support their positions are also reflected in MTCT, HTXS, PDTX, HBHC, PDCS, HVTB, and OHSS. Funding for the Prevention Coordinator is also reflected in HVAB.

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 and pharmacists and limited capacity to train allied health professionals in Namibia contributes to a chronic shortage of health care workers who can provide comprehensive HIV/AIDS prevention, care and treatment services on the scale and quality that is required for continued rollout of services. The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country.

Since 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel though Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS. These personnel will be gradually absorbed into the MOHSS workforce. Absorption of USG-supported clinical staff is a cornerstone of the sustainability efforts to be outlined in the Partnership Compact between the US and Namibian governments. By the end of 2007, 18 Potentia staff members had transitioned into permanent MOHSS positions, both at the clinical and administrative level.

This human resource strategy has been central to Namibia's success with meeting its prevention, care and treatment targets. Potentia has a rapid personnel recruitment, deployment and management system. Both the MOHSS and CDC will continue to collaborate in refining scopes of work and selecting health personnel who are supervised by the MOHSS, and receive training and on-the-job support from TECH, CDC, and the MOHSS. As noted above, these personnel are managed and compensated commensurate with MOHSS staff, and are to be gradually be absorbed into the MOHSS workforce as funding allows.

1. Condom Logistics Officers. In COP09, funding will continue to support 20 Condom Logistics Officers at 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.

2. Case Managers. COP09 will also continue to support 34 case managers who commit 10% of their time to other prevention activities. Potentia was first funded to recruit and hire 34 clinical case managers with COP08. Case managers fall in the chain of command of the MOHSS Directorate of Special Programmes' Case Management Unit. Some, but not all, of the duties of the case managers include:

a. Counseling patients on adherence, prevention with positives, and disclosure/partner referral,
b. Tracing patients who "slip through the cracks,"
c. Facilitating support groups,
d. Referring patients to other health and social services, including counseling for drug/alcohol treatment and domestic violence, and
e. Encouraging men to seek services and to support their partners and children in doing the same.

Some delays occurred in start-up of this activity in 2008, and thus the case managers are funded at 0.83 FTE in 2009; carryover funds will be used to make up the remaining 0.17 FTE. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to others with HIV/AIDS, including accessing facility- and community-based services, adherence, and disclosure. The newly envisioned case management program will have these expert patients working alongside case managers with backgrounds in psychology or social work. Case managers and expert patients will be trained by I-TECH.

3) Prevention Coordinator. In 2007, the MOHSS requested assistance to hire a prevention coordinator who would be based within MOHSS, but could coordinate prevention efforts across line ministries and with various stakeholders in the country. In the absence of such a position, a variety of MOHSS managers and supervisors with other responsibilities were taking on prevention work as their schedules allowed. With reprogrammed COP08 funds, PEPFAR was able to support a prevention coordinator through Potentia to work at the national level who will also be a counterpart to USG prevention technical advisors.

The sustainability of these positions relies heavily on the ability of the MOHSS to absorb them in to their human resource organizational structure; these posts will be closely monitored in order to ensure their effectiveness is optimized and ascertain their value added. As in past years, the USG will continue to work with the MOHSS to enhance the capacity of the human resources department as well as support a Human Resources strategic plan in order to better absorb the Potentia supported positions over time.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16191

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16191	7994.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$283,080
7994	7994.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$204,923

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $234,956

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1065.09
Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 16758.23984.09
Planned Funds: $103,418
Activity System ID: 23984

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes two primary components: (1) developing and training case managers and expert patients, and (2) training clinical and security staff within correctional systems.

1. ITECH will train case managers to deliver and support HIV prevention services within public sector health facilities.

In COP08, Potentia was funded to recruit and hire 34 clinical case managers. Case managers will fall in the chain of command of the Ministry of Health and Social Services Directorate of Special Programmes' Case Management Unit. I-TECH's training will be built on successful case management models and will incorporate:
a. Counseling on ART adherence
b. Prevention with Positives counseling
c. Coaching of patients regarding notifying and referring partners for HIV counseling and testing
d. Following-up of patients who "slip through the cracks" (defaulter tracing)
e. Facilitating support groups
f. Identifying resources and making patient referrals to other health and social services, including counseling for drug/alcohol treatment and domestic violence
g. Encouraging men to seek services and to support their partners and children in doing the same.

Some delays have occurred in the start-up of this activity in 2008. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to other patients, including navigating the facility- and community-based services, adherence, and disclosure. The newly envisioned case management program will have these expert patients working alongside case managers with backgrounds in psychology or social work. Both case managers and expert patients will be trained by I-TECH.

2. In 2008, CDC supported an extensive review of HIV and TB activities within the correctional system of Namibia. A team of correctional health experts from CDC Atlanta, and Namibia made numerous recommendations to strengthen the HIV and TB services within correctional facilities. One recommendation was to provide basic TB and HIV training to clinical and correctional staff so that they can have a higher suspicion of HIV and TB; knowledge and skills to diagnose the diseases; and, where appropriate, link the prisoners to counseling, testing and treatment services. I-TECH will train 80 correctional staff with COP09 funds.

For all trainings above, funding will include curricula development, printing costs, and equipment and supplies. Additionally, I-TECH will be charged with logistical coordination for providing training, either by digital video conferencing or in-person. In-person costs will include travel, housing, and meals and incidental expenses for trainers and trainees.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16758

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16758	16758.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$178,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $103,418

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	7656.09	**Mechanism:**	PACT TBD Leader with Associates Cooperative Agreement
Prime Partner:	Pact, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	4726.26985.09	**Planned Funds:**	$263,293
Activity System ID:	26985		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Pact's primary mandate is to provide guidance and follow-up for capacity building in civil society to help indigenous organizations develop and become sustainable. Pact uses participatory approaches to ensure local ownership, financial and program accountability, and continuous quality improvement. During COP09, Pact will support 4 local prevention programs targeting older youth and adults with balanced ABC interventions and workplace programs.

In COP09, Pact will collaborate with prime partners such as EngenderHealth and C-CHANGE to provide technical assistance and ensure that each grantee delivers an appropriate minimum package of prevention services targeted to the persons who are the focus of this activity including but not limited to: harmonizing balanced ABC messages (including working with mass media for media promotions that coincide with scheduled activities), ensuring behavior change communications that encourage the transfer of knowledge to action, tackling gender norms and male involvement, addressing alcohol, and ensuring referrals to VCT and other services. Pact will regularly assess whether each subgrantee has the support it needs for continuous quality improvement, and respond with additional support if needed.

Specific program targets, populations, and activities are described below for each sub-partner:

1. In 1998, the Chamber of Mines (COM) initiated the Occupational Health Education Awareness Programme (OHEAP), which has evolved into a well-maintained peer education program that includes HIV awareness and prevention, condom promotion, condom distribution, and STI treatment at 18 mining and non-mining companies. In COP09, OHEAP's grant will focus on reducing STI/HIV/AIDS by reaching workers, their spouses and families, and community members. COM hosts workshops to mobilize workers within mines to participate in events and the peer education program. COM distributes quarterly briefing sheets, and conducts a series of informational meetings for middle managers as decision makers to ensure they are supportive and able to approve the time for peer educators to conduct sessions with other miners. OHEAP will recruit new peer educators, provide refresher training to existing peer educators, and provide more advanced training to more experienced peer educators on advanced priority topics such as male circumcision, symptom screening and referrals. COM conducts quarterly mentoring sessions, regular site visits, and support meetings for peer educators for quality control. Peer educators host Information, Education, and Communication events and HIV/AIDS awareness sessions, conduct one-on-one interpersonal communications, provide education and information on correct and consistent condom use, and make condoms available to employees and their families. COM will continue to mainstream its workplace program for peer education and community outreach to employees' families and communities within its overall Occupational Health and Safety Program.

2. The Walvis Bay Multipurpose Centre Trust (WBMPC) works in collaboration with its local government authority and other partners in and around the Erongo region to reduce the incidence of HIV by implementing ABC interventions and workplace HIV prevention programs. WBMPC will target over 40 companies to scale up workplace programs, particularly among fishing companies in Walvis Bay. The program engages company management and support for implementing comprehensive workplace programs–requests for WBMPC's assistance have increased substantially. Targeting more than 3000 workers with COP09 resources, WBMPC will work with companies to establish workplace peer education programs that encourage workers, usually men in the fishing industry, to be more responsible (including understanding the dangers of alcohol abuse in increasing risky behavior), reduce multiple and concurrent partners, use condoms consistently and correctly, cease to participate in transactional sex particularly with young girls, and consider circumcision. WBMPC regularly distributes MOHSS-supplied condoms to companies. The peer educators participate in supervisory sessions and seminars once a month. In its outreach program, WBMPC targets community members in shebeens, taxi ranks, and other areas where people wait or mingle. Regular community outreach activities focus on fidelity, partner reduction and condom use. The program also targets churches, and will focus on increasing male involvement in COP09. Together with COLS (with experience in juvenile justice activities) and the Ministry of Safety and Security, WBMPC reaches Walvis Bay prison inmates through peer educators. Linkages to services beyond prevention are embedded within all WBMPC prevention programs: WBMPC houses a New Start Counseling and Testing center. In conjunction with the Ministry of Health and Social Services (MOHSS), the center provides ongoing information sessions on HIV/AIDS issues such as positive living, ART, treatment adherence and support, and re-infection.

3. The Sam Nujoma Multi-Purpose Center (SNMPC) will target 30% of the population in Ongwediva with age appropriate ABC programs. With workplace and community outreach activities similar to the WBMPC, SNMPC will reach individuals through monthly center-based events, outreach programs, workplace peer educators, and video at the center.

4. The Namibia Association for Community Based Natural Resource Management (NACSO) is an umbrella organization whose HIV activities and financial management are supported through the help of a member NGO, Namibia Nature Foundation (NNF). The NACSO HIV/AID program reaches rural communities through its innovative workplace approach through 12 Community Based natural resource management (CBNRM) NGOs that work closely with 40 conservancies with a population of about 100,000. NACSO also works closely with 3 line ministries: namely the Ministry of Agriculture, Water and Forestry; the Ministry of Environment and Tourism; and the Ministry of Lands and Resettlement. NASCO assists conservancies to reach communities through its 12 member NGOs and 40 conservancies (see Pact OHPS Activity 8037.08). Through this innovative workplace policy approach, COP09 funds will scale up the peer education program while providing a balanced ABC approach as well as referrals to VCT, care, and treatment. The program will target over 10,000 community members with messages about correct and consistent condom use and condom distribution while also addressing male norms and behaviors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16178

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16178	4726.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$317,220
7411	4726.07	U.S. Agency for International Development	Pact, Inc.	4409	4072.07	Community REACH	$333,680
4726	4726.06	U.S. Agency for International Development	Pact, Inc.	4072	4072.06	Community REACH	$100,951

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $85,304

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 6145.09

Mechanism: DOD/Social Marketing Association

Prime Partner: Namibian Social Marketing Association

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 3831.25857.09

Planned Funds: $300,000

Activity System ID: 25857

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

During FY 2009 prevention activities for high risk military personnel in support of the Ministry of Defense's Military Action and Prevention Program (MAPP) will continue to be delivered in order to reinforce behavior change. Peer educators will continue to receive more training in Behavior Change Communication (BCC) approaches in order to impart BBC messages to soldiers at the bases/camps.

The main objective of this program area is to increase coverage and improve quality of BCC messages to over 10,000 soldiers. The BCC activities will be reinforced by integrating Military People Living with HIV (PLWHA) as peer educators and providing support services through the established support gropus such as the one at the Military Headquarters in Grootfontein. Key messages will include specific targeted messages addressing consistent condom use, abstinence and being faithfull, partner reduction, addressing alcohol abuse, and drug abuse and its related dangers.

1. SMA will facilitate training for the 92 peer educators who will continue to be introduced to various peer education approaches to convey prevention messages to ensure the maximum involvement by the soldiers in the learning process. All peer education activities developed in FY 2008 will be reviewed including the peer education curriculum. In COP 09, peer education approach will be extended to the level of officers to ensure that HIV prevention messages are spreading across the ranks of the Namibian military. Each of the 23 bases/camps will have at least an additional four trained peer educators, as trainers of trainers (ToT) among which a peer educator coordinator will be selected in order to ensure that a larger cadre of military personnel have been trained in peer education approaches.
2. Roles and responsibilities for the peer educators and coordinators will be reviewed during FY09.
3. The 23 HIV/AIDS Unit Coordinators will continue to play the role of supervising the peer education program in the camps and bases. New recruits will be identified and trained in HIV/AIDS coordination to ensure coordination skills among a larger group of soldiers.
4. During FY09, a total of 1,000,000, condoms will be procured, packaged and distributed to all the 23 military service outlets which include the VCT sites, military hospitals and ART sites, the sick bays, and the established outreach units designated. Condoms will also be sent to Namibian peacekeeping contingents together with other information, education and communication materials. The distribution will be done in accordance with the condom distribution strategy developed under FY08. In addition to distribution at fixed sited, military condoms will also be distributed during each training session, seminar and workshop.
5. In close collaboration with the DOD PEPFAR MAPP treatment partner, SMA will continue support the MOD/NDF in establishing support group of people living with HIV/AIDS to at the bases where there non existent . Activities for PLWHA will include giving testimonials and providing counseling services to other PLWHA.
6. The popular military film Remember Eliphas 1 and 2 produced under COP05 and COP06 will continue to be used at all bases/camps to motivate soldiers to change their behavior.
7. SMA will continue to develop military specific prevention information, education and communication materials such as leaflets, posters, booklets and brochures on issues such as alcohol abuse, male circumcision, stigma reduction,gender, condoms and STIs.. Peer educators will distribute these IEC materials at all camps and bases.
8. In collaboration with DOD PEPFAR funded treatment partner SMA will target special events, such as World AIDS Day, National Testing Day and all military specific days as a forum for distribution and promotion of MAPP services and activities.
9. Four hundred (400) listening devices with specific messages targetted at the Namibian military will be procured and distributed to all 23 bases/camps.
10. Further training on Male Norms Initiatives will be conducted for MOD/NDFpersonnel. Positive role models for gender equity among the base soldiers will be identified.
11. SMA will strengthen linkages with the Male Circumcision (MC) Task Force in the Ministry of Health and Social Services and other MC partners to ensure that MC messages are integrated in BCC activities. Mapping of peer education activities in the camps and bases will continue to be undertaken, to guide quality and coverage. Peer education approaches initiated in FY 2008 will be strengthened and expanded in COPO9. An additional new 46 peer educators will be trained on how to use drama and film that depicts real life choices and dilemmas regarding HIV/AIDS that soldiers might face.
12. An Information Education and Communication (IEC) distribution plan developeed under FY08 will be distributed to all the peer educators and HIV/AIDS Coordinators.
13. SMA will support the MOD/NDF in participating on international events such as annual HIV Implementers meeting, regional military HIV/AIDS conference as well as seminar and workshops on specific HIV prevention topics.
14. To ensure sustainability of the MAPP program, SMA will continue to assist MOD/NDF in building its capacity of established HIV/AIDS Steering Committees at all bases and MOD headquarters.
15. Top leadership of the MOD/NDF will be consulted and involved in planning, implementation and monitoring and evaluation of the program. Periodic partnership meetings will be conducted to review the progress of the program. These activities mentioned will enable MOD to take full ownership of the program. The preventions partners' key role in this program will be support.

Please review the activity narrative from COP08:

During FY 2008 prevention activities for high risk military personnel in support of the Ministry of Defense's Military Action and Prevention Program (MAPP) will continue to be delivered in order to reinforce behavior change. Peer educators will be trained in Behavior Change Communication (BCC) approaches in order to impart BBC messages to soldiers at the bases/camps.

The main objective therefore for this program area is to increase coverage and improve quality of BCC messages to over 10,000 soldiers. The BCC activities will be reinforced by integrating Military People Living with HIV (PLWHA). Key messages will be promotion of consistent condom use, faithfulness and reduction of sexual partners.

Activity Narrative: SMA will also work with the male circumcision (MC) partners to ensure that MC messages are integrated in BCC activities. Mapping of peer education activities in the camps and bases will be done, to guide quality and coverage. Peer education approaches initiated in FY 2007 will be strengthened and expand in COPO8. Peer educators will be trained on how to use drama and film that depicts real life choices and dilemmas facing soldiers in their peer education approaches.

In addition, they will also be taught on using other peer education approaches such as interpersonal communication, lectures and seminars to convey prevention messages to ensure the maximum involvement by the soldiers in the learning process. All peer education activities developed in FY 2007 will be reviewed including the peer education curriculum. Each of the 23 bases/camps will have at least four trained peer educators, as trainers of trainers (ToT) among which a peer educator coordinator will be selected. Roles and responsibilities for the peer educators and coordinators will be reviewed. HIV/AIDS Coordinators will be charged with the supervision of the peer education program in the camps and bases At every base or camp a support group of people living with HIV/AIDS will be established to ensure that PLWHA benefit from all the necessary support and referral services at the bases/camps.

Activities for PLWHA will include giving testimonials during IPC sessions, and providing counseling services to other PLWHA. The popular BCC film Remember Eliphas 1 and 2 produced under COP05 and COP06 will continue to be used at all bases/camps to motivate soldiers to change their behavior. Military specific prevention information, education and communication materials such as leaflets, posters, booklets and brochures will be adapted and distributed at all camps and bases. Materials will include issues such as alcohol abuse, gender, condoms and STIs.

This program will offer an excellent opportunity to address gender equity, male norms and behavior. Therefore there will be efforts to focus on changing male norms and behavior and enforcing gender equity. EngenderHealth is already training the DOD prevention partners and the MOD within the framework of the Male Norms Initiative in FY07. Their support will be sought to provide further training to the MOD/NDF. Positive role models for gender equity among the base soldiers will be identified. The role models will receive gender focused training and will be charged with advocacy of gender equity and addressing issues related changing male norms and behavior. A gender campaign to promote male involvement in CT, PMCTC, and ARV adherence will be accelerated during COP08 in close collaboration with the MAPP care and treatment partner. An Information Education and Communication (IEC) distribution plan will be developed in collaboration with MOD/NDF and MOHSS.

During FY08, a total of 200,000 condoms will be distributed to all the 23 military bases. 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 military condoms. Condoms will also be sent to Namibian peacekeeping contingents together with other information, education and communication materials. Distribution outlets will be assessed and established in the bases and camps, to include the VCT sites, military hospitals and ART sites, the sick bays, and the established outreach units designated. This will be done in consultation with the base commanders.

Tools will be developed to monitor distribution and supervision will be carried out by peer education coordinators of MOD/NDF. Military condoms will also be distributed during each training session, seminar and workshop.

To support all these activities and ensure proper implementation a Management Information System will be developed. Information from programs through IPC, evaluation tools, peer education tools, checklist and suggestion boxes will have to be analyzed to feed into the program.

A work plan and a monitoring and evaluation plan will be developed. Both process and impact indicators will be monitored on a quarterly basis. While effort will be made to meet the targets for reach, assessments will be done on a quarterly basis to assess impact of the program.

These assessments will be used to identify gaps, challenges and impact of the MAPP program. To ensure sustainability of the MAPP program in MOD/NDF, HIV/AIDS Steering Committees will be established at all bases and MOD headquarters.

Top leadership of the MOD/NDF will be consulted and involved in planning, implementation and monitoring and evaluation of the program. And periodic partnership meetings will be conducted to review the progress of the program. These activities mentioned will enable MOD to take full ownership of the program. The preventions partners’ key role in this program will be support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16173	3831.08	Department of Defense	Namibian Social Marketing Association	7369	6145.08	DOD/Social Marketing Association	$287,500
7894	3831.07	Department of Defense	Namibian Social Marketing Association	6145	6145.07	DOD/Social Marketing Association	$160,000
3831	3831.06	Department of Defense	Social Marketing Association/Population Services International	3105	3105.06	Military Action and Prevention Program (MAPP)	$196,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 24341.09

Planned Funds: $75,000

Activity System ID: 24341

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: support for the replication and expansion of the National Male and Female Leadership Conferences on HIV/AIDS.

In February 2008, the Ministry of Health and Social Services (MOHSS) convened a conference for Namibian male leaders entitled “Namibian Men and HIV/AIDS, Our Time to Act.” The meeting was chaired by the President of Namibia, His Excellency Hifekepunye Pohamba. The goal of this meeting was to engage male leaders in order to enhance their involvement in the response to the HIV/AIDS epidemic. Through plenary and breakout sessions, the forum provided an opportunity for leaders to discuss the factors that play a role in male involvement and to solicit their opinions on future activities that would attract and involve men in HIV/AIDS activities. The meeting was attended by over 150 male leaders, including the Prime Minister, parliamentarians, and ministers, as well as military, business, and religious leaders. Some of the specific commitments made by men at the conference include:
a. Serving as role models for HIV testing,
b. Replicating the Male Conference at the regional level,
c. Promoting responsible drinking to consumers and alcohol vendors,
d. Exploring the role of male circumcision in HIV prevention,
e. Encouraging and supporting interventions developed by and targeted towards men, and
f. Integrating messages about HIV/AIDS in speeches.

Leaders raised the level of awareness about the relationship between men’s behavior and the spread of HIV, discussed ways in which men can participate in the response to the epidemic, and encouraged men to make a strong commitment to prevent the spread of HIV.

In May 2008, UNAIDS and the MOHSS convened the first Namibian Women Leaders Conference on HIV/AIDS. The conference provided a platform for female leaders to come together and discuss HIV/AIDS and its impact in their homes and communities. The conference was initiated by the First Lady of Namibia, Her Excellency Penehupifo Pohamba. The meeting was attended by political officials (Cabinet Ministers and Deputy Ministers, Members of Parliament and National Council, Governors, Mayors/Deputy Mayors), civil society leaders, private sector leaders, doctors, members of academia, etc. Female leaders came up with numerous recommendations to address HIV on the personal, community, and national level.

Many male and female leaders who attended the conferences were motivated to participate in the May 9th National HIV Testing Day.

In COP09, CDC will support the MOHSS with the replication of the National Male and Female Conferences on HIV/AIDS as well as the rollout of similar conferences at the regional and district level. The replication of the national conferences will help measure progress in achieving stated commitments and outline further action items. The regional conferences will help attract traditional and community leaders.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1376.09	**Mechanism:**	N/A
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	8011.27008.09	**Planned Funds:**	$167,446
Activity System ID:	27008		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Funding will also provide continued support for a program assistant that closely assists the USAID Prevention Advisor and provides overall support to manage the prevention portfolio. The program assistant position is split between HVOP and OHSS, since the program assistant will also support the Systems Strengthening and Capacity Development Advisor.

Please review the activity narrative from COP08:

Funding is requested to continue support for the position of Senior HIV/AIDS Prevention Advisor, created in COP05 but with a change in mechanism from a Fellow to a USPSC resulting in an eventual cost savings to the USG. The Advisor focuses primarily on prevention of sexual transmission but will also work closely with the Senior Technical Advisor for Treatment and Care managing Safe Injection and PMTCT and provide technical support to all USG agency partners, implementing partners and initiatives involved in the programmatic areas impacting prevention of sexual transmission. 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 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 guidance 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 HVAB and HVOP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18272

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18272	8011.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$150,000
8011	8011.07	U.S. Agency for International Development	Public Health Institute	4665	4665.07	Global Health Fellows Program	$185,474

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	3072.09	**Mechanism:**	N/A
Prime Partner:	Social Marketing Association/Population Services International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	18277.27004.09	**Planned Funds:**	$630,843
Activity System ID:	27004		

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING**

This activity expands on Social Marketing Association's (SMA) COP07 OP prevention program for the
i) PolAction project with the Namibian Police under the Ministry of Safety and Security (MoSS); and,
ii) Corridors of Hope (COH) project. Both projects started in 2005.

While Namibia is within a generalized epidemic, initial data analysis suggests there are geographic hotspots typical of a concentrated epidemic, as well as most at-risk populations (MARPs) with risk behaviors higher than that of the general population.
Within hyper-epidemic geographic hotspots and MARPs, the minimum prevention service package includes behavioral change communication (BCC) focused on outreach services to MARPs, CT, targeted media, condom distribution, STI screening and treatment, and referrals to prevention, care and treatment services. These hotspots include the northern regions of Namibia (where more than 45% of the population resides), land and water borders, areas with high migrant populations (cities, mines, large agricultural farms), and transit corridors.

Goal and Objectives of SMA'S HIV/AIDS Prevention Program
The goal of the HIV/AIDS Prevention and Care (HAPAC) Program is to increase the capacity of SMA to provide high quality HIV prevention programs to populations at risk through well designed and targeted BCC programs. The objectives of these programs are to strengthen SMA's capacity to:
i) Implement and monitor HIV/AIDS and TB behavior change programs; and,
ii) Provide high quality, gender sensitive and age appropriate BCC to MARPs for comprehensive prevention activities in HIV/AIDS and TB.

Target Audience
MARPs included are female sex workers (FSWs), truckers, fishermen, Female out-of-school youth (FOSY), police and PLWHAs. Secondary targets include the general community, male out-of-school youth and in-school Youth (ISY). For Police, all 13 regions across Namibia are covered through the seven SMA regional offices (average of two regions per SMA regional office) working through the Police Regional HIV Coordinators and the Police HIV Peer Educators. As a result of the success of the DOD funded military HIV prevention program, SMA was able to extend lessons and best practices from the military intervention to the Namibian Police and also leverage human and material resources for maximum impact.
Under the COH project, the target population include: Fishermen, Truckers and female out of school youth reached through, training institutions, workplaces, peer educators, outreach workers, edutainment approaches, community based organizations (CBOs), faith-based organizations (FBOs) and partners offering prevention related health services (CT, STI and TB diagnosis and treatment etc.) in the following regions: Khomas, Erongo, Oshana, Omusati, Ohangwena, Kavango, Caprivi and Omaheke.

OP BCC Themes and Messages
OP themes and messages include issues such as alcohol abuse, STIs, consistent and correct use of condoms during high-risk sexual encounters, C&T and male circumcision.

Targeted AB themes and messages to the police work force: Correct and Consistent condom use, STIs, Male circumcision, Voluntary Counseling and Testing and TB prevention and treatment.

Fishermen and Truckers: Correct and consistent condom use, STIs, C&T and MC. Others will include gender and alcohol abuse.

Female Out of School Youth (FOSY): Correct and consistent condom use, C&T, STIs and social norms that exacerbate risk behaviors including; gender and alcohol abuse. Negotiation skills, self esteem and decision making process will be taught to the FOSY to equip them to deal with the challenges posed by their peers and the older men.

FSW BCC themes and messages include: correct and consistent condom use, condom use negotiation skills, STIs, C&T, alcohol and drug abuse, communication and skills building.

BCC Strategy:
In order to reach its objective of providing high quality BCC to the most at risk population, SMA will use the ongoing strategy of the community based approach adopting Social Change Communications (SCC). Selected high risk communities are reached with variety of BCC activities while using the Peer Education Plus Program (PEPP) as a means of delivering the content. The curriculum based manual is used with the following target group; Truckers, Fishermen, FOSY, FSW and the Police but tailored to suit the needs of specific groups. Selection criteria for the high risk communities / hot spots includes the presence of at least two of the target population and presence of STI, C&T and or TB service providers to facilitate referrals for these services.

Specifically SMA will use the PEPP manual with average of 8 modules (dosages) to reach the FOSY and the Police while using the flip charts with average of four modules (dosages) to reach the Truckers and fishermen who are more mobile. The current PEPP manual will be revised for the FOSY and Police to highlight priority messages as indicated above. Four flip charts each will be produced for the fishermen and Truckers with each flip chart focusing on one key message and consistent condom use. Volunteers will be expected to reach over 70% of the Truckers and Fishermen at the regions where SMA operates. Each flip chart will be used for 6 weeks to enable them reach this target. Thus in 6 months, about 70% of the fishermen and Truckers are expected to be reached with at least four messages to be repeated in the following six months. The volunteers will do (male and or female) condom demonstration at the end of each IPC and leave behind IEC materials focusing on the BCC theme to reinforce the messages. For example, PSI/SMA staff, volunteers and peer educators will focus on delivering one key message at a time, for a set amount of time (typically six weeks), before concentrating on another key message. The idea behind this strategy is that exposure to one message over a specified period of time is a more effective method of reinforcing key messages and influencing behavior than delivering multiple key messages simultaneously

Activity Narrative: during each intervention.

Institutional collaboration;
SMA will collaborate with institutions like NAMFI (a training institutions for seafarers based in Walvisbay) to deliver training for the fishermen community. Fishermen will be reached with formal training using the tailor made PEPP curriculum with average of six modules (dosages). The training is usually a three day training conducted quarterly to the fishermen. SMA will negotiate with NAMFI to provide a day for HIV prevention training each quarter focusing on two BCC themes each day. The trainees will also be trained in peer counseling and peer facilitation to enable them provide HIV counseling and prevention messages to their peers while on sea.
For the Truckers, SMA will collaborate with the Walvisbay Corridor Group, HIV AIDS Help Desk, to provide the truckers with formal training within their workplaces covering the BCC themes identified above and referrals for STI, C&T services and TB diagnosis and treatment. Trainees will be provided with HIV tool kit that includes IEC materials, condoms, referral cards, CDs with HIV prevention messages in the form of songs, drama, interviews etc.
As part of its sustainability strategy, SMA will also build capacity of CBOs focused on youth programming to implement the communication mix for the FOSY including the peer education plus program, IPC using the flip charts, facilitation of listening groups using the listening devices, distribution of male & female condoms including condom demonstration etc. The CBOs will be expected to continue the intervention with minimal support from the SMA field staff while the latter move into new high risk communities after a year of intensive BCC program.

The IPC described above will be complemented with Community Theater, production and distribution of CDs with HIV messages specifically for the Truckers, listening device with HIV messages for FOSY and the Police, Interactive IEC materials like the games board and cards as well as other relevant IEC materials will also be produced and distributed among the MARP. Bar promotion will remain a key component of the IPC to reach FSW and their clients and the FOSY. Others include: Video facilitation, community branding (artistic presentation of messages on key themes such as partner reduction, correct and consistent condom use etc. on walls within the community in local languages). The communications mix and messages through the above channels are structured to ensure appropriate dosage for the MARP.

Provision of minimum prevention package and referrals to other programs: SMA will ensure access to a minimum package of prevention services by the MARPs through linkages and collaboration with other partners and service delivery points within and around the communities where it works. During FY 2009 COP, two communities per targeted region will be covered. Criteria for selection of communities will be the presence of at least two member groups of the target audience and the presence of C&T, STI and or TB service providers for referral purposes.

SMA plans to launch the PEPP at the end of the pilot to share lessons, best practices and the PEPP tools and materials to facilitate scale up of the intervention by other CBOs and institutions in other high risk communities in the country.

Capacity building Strategy:
Adult learning methodology will be employed during all SMA trainings and field staff will be provided with a follow up training on the peer education plus program methodology to update them on the revisions made to the program based on lessons learnt and feedback from the review team. A refresher in program development and management training, MIS and referral system, field research interviews, Focus Group Discussion (FGD) moderation, and Key Informant Interviews (KIIs) will also be conducted. BCC Officers will also be trained on how to facilitate listening groups using a group listening device (An audio device that plays messages from micro chips for groups of 10 to 15 members. It has the capacity to record over three hours of messages in the form of drama, songs, spots, interviews, panel discussion etc.) and collect feedback through the MIS. The SMA Field staff in turn will train the Police Regional HIV Coordinators and Peer Educators.

HIV policy development and institutional capacity building: 40 police members will be trained in HIV related policy development. Four CBOs will receive technical assistance in HIV related institutional capacity building. Forty (40) individuals will be trained in HIV related institutional capacity building (8 police members, 32 MARPs), and 33 in HIV related community development for prevention, care, and treatment (6 police, and 27 community members).

Also CBOs and FBOs will be trained by the SMA field staff using a "how to do" tool kit to build their capacity in community mapping, advocacy, participatory needs assessment, community theater, selection, training and monitoring of peer educators, gender mainstreaming, referral system, MIS etc. as part of SMA's sustainability strategy at the community level.

Technical Support
In addition to receiving technical support from PSI and USAID, SMA is working with US government local and prime partners to integrate programs and leverage resources. These organizations include and their focus areas include:
• EngenderHealth: men and HIV/AIDS, harmful male norms;
• C-Change: capacity building for SMA's BCC;
• NawaLife Trust media communication partner: Alcohol and HIV;
• NABCOA: Private sector HIV Workplace program; and,
• CoHeNA: TB prevention, diagnosis and treatment.

Wraparounds and Leveraged Funding
The PolAction program is co-funded by Global Fund. Resources leveraged from Global Fund include staff salaries, travel, production of IEC materials and program support. Also during FY 2009 COP, SMA will be leveraging its existing structure to integrate TB awareness and referral into current HIV prevention program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18277

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18277	18277.08	U.S. Agency for International Development	Social Marketing Association/Population Services International	7380	3072.08		$596,196

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $43,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7651.09

Mechanism: Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 19395.26946.09

Planned Funds: $449,500

Activity System ID: 26946

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Namibia is suffering from a generalized HIV epidemic. The USG is committed to ensuring that targeted, most at risk populations (MARPs) are able to access the minimum prevention package, including behavior change communication (BCC) for condoms and other prevention (OP) interventions integrated into the program responses of implementing partners in schools, churches, community groups and workplaces and through outreach to in-and-out of school youth, and supported by mass media, links to CT, condom distribution, STI screening and treatment, male circumcision, prevention for positives, prevention of medical transmission (PEP, PMTCT, Safe Injection), and supporting policy and advocacy. Hotspots in Namibia include the northern regions, land and water borders, areas with high levels of migrant workers and transit corridors will be a focus for OP BCC. MARPs targeted include the military, prison officers and prisoners and police, border populations, young women and girls engaged in commercial and informal transactional sex, and HIV positive individuals. BCC messages will include principal epidemic drivers: multiple current partnering including cross generational and informal sexual relationships, social norms that exacerbate risk behaviors including gender norms and alcohol abuse, and the consistent and correct use of condoms.

Communication for Change (C-Change) is a 5 year effort with a worldwide scope. The purpose of USG/Namibia funding to C-Change in COP09 is to strengthen the technical organizational capacity of partners to provide quality, effective, sustainable BCC programs in HIV and AIDS in Namibia.

C-Change Namibia has 3 objectives:
1. To strengthen the BCC capacity of PEPFAR implementing partners,
2. To strengthen the BCC capacity of USG partners as requested and national HIV and AIDS programs and structures as appropriate and as requested, and
3. To increase the number of individuals in Namibia trained in quality BCC interventions for HIV and AIDS.

In order to achieve all three objectives, C-Change will work in close coordination with USAID and other USG collaborating agencies, host-country programs and line ministries such as the MoHSS, Directorate for Special Programs (DSP) and for Primary Health Care (PMTCT, community care and nutrition), The Ministry of Gender Equality and Child Welfare, the Ministry of Information and Communications, Technology and the Ministry of Education, and liaise with other development partners such as UNAIDS, UNDP, UNICEF, key civil society organizations and the private sector.

Under its first objective, in COP09, C-Change will continue to provide support as needed to the PEPFAR implementing partners who received BCC strengthening in COP08, Change of Life Styles (COLS), the Rhenish AIDS Program (RAP), Sam Nujoma Multipurpose Center (SNMPC), Walvis Bay Multipurpose Center (WBMPC), Catholic AIDS Action (CAA), Namibian Association of Community Based Natural Resource Management Support Organizations HIV and AIDS Program (NACSO), the Council of Mines (COM), and 5 others proposed to include the Social Marketing Association (SMA), Development AID People to People (DAPP), Life Line/Child Line, and the new prevention sub-grantees under PACT or graduate as appropriate, and expand the C-Change national BCC capacity building/mentoring program to additional partners as appropriate and as agreed with USAID mission.

The capacity building/mentoring program will continue to strengthen these 12 partners through a blended approach that will include ongoing participatory assessments of BCC skills of those partners that currently implement community-and-facility-based BCC programs against a set of BCC standards, and application of results to their prevention programs to improve BCC planning and design, program implementation and M&E; intensive on-site skill building with senior and field-level staff to convey in-depth understanding of BCC models, theories, and their application in the form of concrete interventions; intensive post training, on-the-job mentoring, and supportive supervision for designing and testing interventions by appropriately applying theories/models for already trained staff; and increased technical support/guidance during programming planning, such as with annual work planning, and M&E and quality assurance plans. C-Change will assist partners to develop BCC strategies for their programs that meet the BCC standards of quality and take gender equity into account.

As each partner has multiple programs, C-Change will strengthen at least 24 BCC programs incorporating new messages and materials related to the drivers of the epidemic including but not limited to multiple concurrent partners, alcohol and gender. Partner programs are implemented in schools, churches, communities and workplaces and through outreach to out-of-school youth, and supported by mass media. Programs strengthened in BCC will include those located in hotspots such as the northern region, land and water borders, areas with high levels of migrants (mines, and ports, nature conservancies), and transit corridors.

Partners with strengthened programs that meet the BCC standards will be assisted in COP09 to incorporate new materials and messages into their programs. The new methods and materials will be identified and adapted and/or developed in conjunction with USG partners and coordination with the GRN guidelines.

C-Change will directly train 18 individuals in BCC and indirectly train 60 volunteers and other BCC implementers through partner support. All capacity building inputs provided to implementing partners will be in the form of training of trainers (TOT), and these inputs are counted as direct targets. Each organization's TOT will then train their volunteers, which is captured in this submission as indirect targets, but reported directly by each partner.

Under its second objective, technical assistance to strengthen BCC interventions of national HIV programs and structures, as requested, C-Change will work with USG partners and line ministries to provide complementary support in BCC. Support might include assistance in developing national BCC standards for prevention programs, and/or assistance in identifying/developing national BCC materials and curricula related to the drivers of the epidemic for mainstreaming into strengthened partner programs.

Under its third objective, to increase the number of individuals in Namibia trained in quality BCC for HIV and

Activity Narrative: AIDS, in COP09, C-Change will offer an online HIV and AIDS BCC certificate course to interested individuals, including OP programming. It is expected that 10 individuals will enroll. C-Change will also explore opportunities to develop a diploma or degree course in BCC for HIV and AIDS within a local educational institution such as the University of Namibia or Polytechnic. In addition, C-Change will continue to improve capacities in mass media through external technical support to Nawa Life Trust (NLT). NLT provides TA to the Ministry of Information, Communications, and Technology for the national HIV/AIDS communications campaign, Take Control.

The program will coordinate closely with special initiatives, including gender, alcohol, Prevention with Positives and male circumcision (Activities 12342.08, 17057.08, 4737.08. 16762.08 in COP08) to offer support to ensure that BCC strategies are consistent in quality and messages are sufficiently adapted to the Namibian context. The strong behavior change elements involved in programs focused on changing male norms and increasing male involvement in aspects of prevention, care and treatment, as well as reducing violence, sexual coercion and cross-generational sex will be important emphasis areas of this BCC component.

The program will liaise closely with the USG/SI team in Namibia to ensure that there is optimum understanding, adaptation, and integration of results and recommendations into service delivery and communications programs from program evaluations, PHEs, the BSS+, and KAP studies as appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19395

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19395	19395.08	U.S. Agency for International Development	Academy for Educational Development	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	$150,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $449,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	12175.09	**Mechanism:**	Health Care Improvement Project, HCI
Prime Partner:	University Research Corporation, LLC	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	7461.27006.09	**Planned Funds:**	$200,000
Activity System ID:	27006		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

CARE OF THE CARERS/STIGMA REDUCTION
Stigma and discrimination can affect negatively the interactions of healthcare workers with HIV infected clients or those perceived to be positive. Poorly informed staff in healthcare settings may perceive HIV infected patients to be the biggest threat to their safety at work. Their attitudes can frighten those patients and limit access to and utilization of HIV-related services. Sometimes health workers may go as far as withholding health services from those believed or known to be HIV positive; or they may create segregated area for them thus violating their fundamental human rights. As HIV-related prevention, care, and treatment services are scaling up in Namibia, access to these life saving services will be greatly influenced by the degree to which health facilities welcome and respect the rights of HIV-positive clients. Studies reveal that stigma and discrimination in health facilities have numerous causes: lack of knowledge regarding the modes and risk of HIV transmission; judgmental attitudes, and assumptions about the sexual lives of people living with HIV; fears of becoming infected. Anonymous discussions conducted with MOHSS staff by URC have revealed numerous concerns that need immediate attention. For example, many healthcare workers with sharps injuries fail to report their injuries as well as get HIV tested. By refusing to be tested to learn about their HIV status they put themselves in the awkward position of not receiving the appropriate care and support they deserve. If infected they put their lives and those of their clients at risk. “To reduce stigma and discrimination in health care settings, we need to address health care workers’ fear about getting infected on the job, and their need to protect themselves through standards precautions. They have to be trained to come to terms with their fears and anxieties about their own sexuality and mortality, their prejudices” People working in the healthcare settings have no more information than members of the general population. Unless exposed to special training and/or information sharing they are unable to display the right positive attitudes. URC is working with MOHSS to develop strategies to improve knowledge regarding HIV/AIDS among healthcare workers., The collaborative approach is being used to apply the behavior change strategy in HIV/AIDS that empower professional and non-professional health workers to make informed decisions regarding their sexual life, to disclose the information regarding work accidents in relation with infectious needles and sharps injuries, and to carry out non-discriminatory behaviors regarding patients infected or believed to be infected with HIV/AIDS.

In FY08 URC trained more than 1,000 healthcare workers and 16 trainers in ABC. URC has also worked to leverage other resources (Tulow Oil and Rotary international) for supporting programs for healthcare workers. This program will continue in FY09 and FY10. The program will continue to have three key elements: (1) Identification of training needs through a pre-test questionnaire which addresses the knowledge/attitudes/practices regarding HIV/AIDS and ABC; (2) training target groups; (3) monitoring the effects of health worker training on using post-test results of the training through post-testing the survey tools to measure changes in knowledge/attitudes/practices regarding HIV/AIDS. As part of capacity building, and to ensure sustainability of the intervention, URC will continue to apply a two fold strategy approach: advocacy and TA for development and submission of proposals for funding to private organizations by MoHSS regional staff, and, training of MoHSS staff member, mostly supervisors (Control Registered Nurse, Infection Control Nurse for example) as master trainers. The care of the carers/stigma reduction program will be led by a BCC specialist with background in nursing and public health, and a social worker who has expertise on how to unlock the inhibitions and open the floodgates of anger, sadness, and confusion, and create the right atmosphere for sharing of feelings and worries. The BCC Specialist will conduct ABC and counseling sessions alone in the beginning, then in collaboration with MoHSS trained facilitators, and finally she will progressively hand over the training responsibility to MoHSS staff. These sessions will improve the (PEP) uptake among workers with sharps injuries, help HCWs cope with the stress associated with HIV activities in their work environment and will prevent burn out syndrome. With their new level of knowledge and understanding of the epidemic, the trainees will drive the necessary changes in their facility, thus creating a welcoming environment for people living with HIV. URC will provide also technical support to MoHSS staff who wants to organize and maintain a better set up to alleviate pressure during working hours including recreational and information sharing area. The psychologist will be asked to train workplace program counselors as a mean of ensuring program viability. The target group will be all people working in the Health system including: support staff, management, laboratory staff, etc. The trainer will be required to adapt the curriculum for participants with various level of literacy. It is expected that by the end of FY10, 480 healthcare workers will receive direct training in ABC; that 2,000 MoHSS health workers will be exposed to ABC messages through the trainers; that 50% (1,250) of those trained and exposed will express confidence to seek medical help and disclose the information to their superior if they get needle prick or sharp injuries, and 75% (1,875) healthcare workers will report positive change of behavior vis a vis patients infected with HIV/AIDS, ABC knowledge of 100% of those exposed will be improved, 100% of the trainees will offer good quality dissemination sessions, 50% of the regions will attract funding from potential donors to implementing relevant activities. Furthermore the program will be extended to cover all the 13 regions.

Transition process To enable the MoHSS to take over the technical and managerial functions of the Care of the Carers project, URC will focus its efforts on capacity building. Interventions will address human resources and systems. Three main vehicles to achieve success of the transition: leadership, integration, and decentralization will be supported.

Transition plan: URC acknowledges that many discussions sessions have taken place with the MoHSS regarding stigmatization against HIV+ patients and personnel, staff support needs to avoid burnout syndrome, coverage/extension strategy to allow all regions to take advantage of the program, financial support for certain workplace aspects not taken in charge by URC/USAID support, transfer of this program to the MoHSS, and its sustainability. URC will prepare an MOU outlining the transition plan within the next 60 days. The plan will include the components to be implemented. It will also include a time frame for taking over of each component.

Human resources empowerment: URC will transfer knowledge and skills to the MOHSS staff for designing and implementing care of the carers program.

Systems building: support systems will be developed/strengthen. These include: planning, logistic,

Activity Narrative: supervision, data management, financial, and fundraising.

Leadership: The central, regional, and district managerial level staff will be encouraged to provide guidance, general supervision, and continuous support to the program. To provide identical direction, vision, mission statement, general objective, and strategic directions need to be developed. URC will help MOHSS to develop appropriate managerial structure/unit at all levels. Assistance will be provided to recruit and train appropriate staff for the program. Advocacy for proper staffing/multiple tasking will be recommended. URC will advocate for inclusion of the program budget in the overall MoHSS annual budget.

Integration: URC will advocate for progressive integration of the program to other components of the healthcare system. A sense of ownership will be nurtured to ensure that they become part of staff culture, and be understood as supports to a continuum of quality of care. Their cross cutting characteristics will be emphasized to facilitate their adoption by all services.

Decentralization will be a key element of the overall transition. Each administrative level should be autonomous. They will be empowered to play their role interdependently. At facility level a board-to-ward approach will be adopted. The flow of information should go from bottom to top with feedback from top to bottom. The collaborative approach will be promoted to create a powerful network for sustainability.

Contingency plan: Past experiences with the MoHSS in taking over some managerial functions of a program have demonstrated that unanticipated constraints may delay the process. Constraints: a) only 50% of regions are estimated to have financial support through fundraising by end of FY10, b) no link at central level yet have been established, and subcommittees exist only in 2 regions (Karas and Hardap), top management involvement only in one (Karas), no national guidelines and definite implementation and sustainability strategy. Ultimately a contingency plan will be developed to mitigate the negative effects in case the handing over can not be conducted according to the schedule.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16232

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16232	7461.08	U.S. Agency for International Development	University Research Corporation, LLC	7387	4662.08		$116,441
7461	7461.07	U.S. Agency for International Development	University Research Corporation, LLC	4662	4662.07		$110,896

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $45,158

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7649.09 **Mechanism:** TBD (EngenderHealth)

Prime Partner:	Engender Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	8030.26952.09	**Planned Funds:**	$379,586
Activity System ID:	26952		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In COP09, EngenderHealth will work with its local partner, LL/CL, in the following ways:

1. Selecting the partners who have most effectively integrated ME in their programs and work with them more intensively to ensure that they can "graduate" and serve as in-country resources.

2. Identify the next tier of 8-10 partners who are most interested in focusing on ME and ensure that they receive the TA and support to integrate ME in their current programs. These would be programs that would have the best chance to "graduate" in the coming year. Another important criterion for selecting these organizations would be that they are specifically focusing on one or more MARP or other categories.

3. Identify partners working with girls/women on gender issues and develop a joint, pilot project testing "gender-alignment" strategies (working with both men and women jointly on gender issues).

4. Ensuring that male engagement and gender are mainstreamed into existing PEPFAR HIV and AIDS prevention, care, and treatment programs through the provision of technical assistance, mentoring, and supervision.

Please review the activity narrative from COP08:

Noted April 22, 2008: This funding will be allocated to USAID Namibia SOAG.

This activity is a continuation of a program of activities initiated under the FY07 COP (ref: FY074442.08) and supports the OGAC global initiative on gender. Harmful male norms and behaviors and a lack of positive, societal and family roles for boys and men were identified by USG/Namibia implementing partners during the development of the FY07 COP and for follow-on activities under the FY08 COP as some of the leading challenges in dealing with long-term behavior change in Namibia. Specific issues include widespread prevalence of intimate partner violence, sexual assault, and child abuse throughout the country as well as widespread abuse of alcohol which fuels violence and sexual coercion. Masculine norms support and perpetuate male infidelity, transactional sex and cross generational sex and between older men and younger girls is common. Lower rates of male participation in HIV/AIDS care and treatment services, especially in PMTCT, C&T and ART, mean that men do not receive much needed services. The Namibia National Medium Term Plan (MTPIII) 2004-2009 acknowledges these challenges and includes interventions targeting gender inequality and violence and alcohol abuse.

In FY07, the Ministry of Health and Social Service (MOHSS), Ministry of Gender Equity and Child Welfare (MGECW), Ministry of Safety and Security (MOSS), and Ministry of Defense (MOD) formed a Men and HIV/AIDS steering committee, and took a leadership role in the mainstreaming of gender throughout their sectors and for USG-supported clinical, community-based and media-driven interventions. This signaled a strong start for the Men and HIV/AIDS initiative, and a unique opportunity for inter-ministerial ownership and engagement in a movement which will influence in a sustainable manner deeply rooted Namibian male norms and behaviors impacting HIV/AIDS. The Men and HIV/AIDS initiative in Namibia had three components: a national strategy that employs an intensive and coordinated approach to addressing male norms and behaviors that can increase HIV/STI risk; the provision of technical assistance (TA) to implementing partners applying evidence-based approaches to integrate into existing programs and to develop innovative programs; and an evaluation component that investigates the effect of gender mainstreaming programming on self-reported behaviors. EngenderHealth (Engender) and Instituto Promundo (IP) will facilitate the first two components; PATH the evaluation component. An interagency USG gender task force in Namibia supports and coordinates all of these activities and the program receive valuable support from the OGAC gender team.

The Men and HIV/AIDS technical approach is based on the evidence-based best practice program, Men as Partners (MAP), developed and tested by Engender in sub-Saharan Africa and the Indian subcontinent. MAP employs group and community education, and service delivery and advocacy approaches to promote the constructive role men can play in preventing HIV, and improving care and treatment if they understand the importance of gender equity issues and safe health practices via behavior modeling in their families and communities. MAP programmatic approaches have been evaluated and have shown an increase in men accessing services, supporting their partners' health choices, increased condom use and decrease in reported STI symptoms.

To date, the Men and HIV/AIDS initiative has had a strong start. In collaboration with the inter-Ministerial task force, Engender and IP developed a TA support plan and have initiated gender mainstreaming capacity building activities within prevention, care and treatment activities with more than 30 PEPFAR-implementing partners. Several partners were designated as key in-country resources in different areas (information, education, communication (IEC) development, group education, training, and service delivery). The partners are diverse, including FBOs and CBOs, and these partners engage many different groups of men, including young men, religious leaders, teachers and soldiers. In addition, PATH has finalized the evaluation protocol and is initiating the baseline study.

With FY07 re-programmed and plus up funds, additional monies were allocated to support a number of Men and HIV/AIDS activities: to the MOHSS for a national Men and HIV/AIDS conference, to the MOD and MOSS for mainstreaming gender throughout the uniformed services peer education programs; and to the Ministry of Information and Broadcasting (MIB) to weave supporting messages throughout its national HIV/AIDS mass media campaign, Take Control. Engender/IP received additional country funding for TA and to hire a gender expert to coordinate the initiative in country.

In FY08, USG will strengthen and expand the Men and HIV/AIDS initiative. Engender and IP will continue to focus on the providing TA to in-country partners. One of the USG's top priorities in strategic planning and

Activity Narrative: TA for implementation will be assisting partners to make choices based on optimizing the feasibility and effectiveness of interventions and their potential for sustainability and scale-up. Another priority will be strengthening the national and regional networks to discuss challenges and lessons learned in gender mainstreaming. The initiative will support selected networks to implement joint activities at the local and regional levels to advocate for male involvement in HIV. As feasible, these will be linked to global events that focus on issues related to gender and HIV and AIDS: e.g., 16 days of activism, Father's Day, and World AIDS Day.

Issues and behaviors to be targeted in FY08 include alcohol use and abuse, multiple concurrent partners, transactional sex, condom use, and male violence. Building on partnerships with private and public sector organizations, the initiative will continue to mobilize social capital to focus on the issue of male involvement in HIV. This year, a specific focus will be on identifying ways that additional private sector organizations including workplace programs can
be mobilized to work with the network of partners already involved in Namibia's Men and HIV/AIDS initiative. In addition, advocacy work will be continued with the government to ensure that male engagement principles and approaches are integrated into government initiatives related to HIV/AIDS.

Overall during FY 2008-09, the USG/Namibia will ensure that a male engagement lens is applied to all aspects of programming from program design and implementation to monitoring and evaluation. Technical assistance will focus on further building the capacity of in-country partners including those listed above to serve as resources through ongoing mentoring and supervision to ensure that male engagement is mainstreamed into existing HIV and AIDS prevention, care, and treatment programs. Ongoing supervision and monitoring will be provided in a variety of ways: through joint program design, implementation, and training; in-country field visits and discussions on ways to address challenges, and feedback through email and phone discussions with a core group of partners and in-country resources. One key area of focus will be TA related to Behavior Change Communication (BCC) (activity 12342.08) with the aim of making sure that partners not only effectively transfer knowledge to men about risky behaviors and safer behaviors, but that the men are equipped to change their behaviors and are supported to do so by environmental factors. BCC TA to USG partners will take the form of mentoring and on-the-job learning, and will be aimed at strengthening the overall quality of their BCC programming, including design, implementation, quality assurance and monitoring and evaluation (activity 16501.08). Another key area will be addressing alcohol use and its relationship to unsafe health practices, and the Men and HIV/AIDS initiative will drawn on TA and support from the comprehensive alcohol program (activity 17057.08).

The initiative will reinforce existing mass media activities such as the Take Control campaign by working closely with Nawa Life Trust (NLT), which has been the key IEC partner during FY 2007 under the Men and HIV/AIDS initiative and has ensured that all materials that are developed are consistent with the Take Control campaigns. Gender partners will incorporate the Take Control guide packs developed by NLT into gender mainstreaming activities (activity 5690.08, 4048.08).

The Men and HIV/AIDS quality assurance plan is designed to remain effective and relevant if needs evolve. Each project staff person will be responsible for working with, following up and providing feedback to a small group of in-country partners. This allows the provision quality, timely feedback and TA to a large group of PEPFAR partners. The staff person seconded to this project during FY08 will continue to play a key role in making sure that quality assurance and supervision at the country level and on the project team is strong. This staffer will receive continued supervisory and on-the-job support to ensure that the PEPFAR partners are getting the assistance they require for impacting male norms and behaviors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16123

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16123	8030.08	U.S. Agency for International Development	Engender Health	7649	7649.08	TBD (EngenderHealth)	$0
8030	8030.07	U.S. Agency for International Development	Engender Health	4442	4442.07	ACQUIRE	$315,582

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	3078.09	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	7459.26957.09	**Planned Funds:**	$549,121
Activity System ID:	26957		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

An estimated 24 to 44 new HIV infections take place every day in Namibia (UNAIDS, 2007). Most of these new infections occur through heterosexual activities and driven by multiple concurrent partnership (MCP), trans-generational sex and alcohol abuse. IntraHealth/Namibia through the Capacity Project (CP), with its implementing partners, is supporting every effort to curb this trend and aims to meet the incidence reduction MTP III goal. The call for accelerated and intensified prevention programs acknowledges that there is no meaningful and successful treatment program unless prevention efforts are brought to scale. The current estimated global trend (UNAIDS, 2007) suggests that for every individual initiated on treatment in 2006, 6 new infections were registered. This vicious circle needs to be broken.

Targeting the general population, the sexually active adult population, the youths aged 15 to 24 years and the MARPs living within health facility catchments areas including surroundings towns and communal areas of each CP supported prevention partner. An estimated 24,000 people (females and males) will be reached through outreach prevention activities during COP09.

These activities comprise a wide range of Behavior Change Communication (BCC) activities and prevention interventions that will expand condoms promotion and distribution, post exposure prophylaxis (PEP), community outreach and mobilization with prevention messages around the ABC approach and prevention with positives initiative. The MC incorporated in the menu of prevention services will be scaled out.

To ensure increased knowledge and skills to promote HIV/AIDS prevention through BCC, CP will maximize the use of the prevention focal person and collaborate with C-Change, LL/CL to continue to train volunteers, peer educators, counselors, community mobilizers, community activators using a comprehensive skill building approach that include personal growth, basic prevention counseling, HIV/AIDS competency skills as defined in the approved curriculum (about 200 during FY10). Community awareness and mobilization will focus on addressing prevention messages to the community and MARPs. LL/CL will continue to use the opportunity of the Oshikango border town to address the special needs of migrant population, truck drivers and commercial sex workers

The operational teams (district coordinators and volunteers) will deliver messages through different platforms that include one-on one education or prevention counseling, schools within 50 km radius, teachers, women and men groups, church groups, community and traditional leaders, social events partnering with Nawa Soccer, support groups. A full range of integrated prevention activities will be available at each site and when not, clear referral linkages for clients will be established. CP along with other PEPFAR partners will ensure appropriate combination of dose (intensity) and quality needed to affect sustainable community change.

Social capital building is already happening using stakeholder meetings in each district where FBO staff, RACOC, CACOC, traditional leaders and healers, community and other FBO/CBO organizations, PLWHA and volunteers are meeting on quarterly basis. CP will continue supporting this platform to ensure critical issues such as male norms relating to the HIV/AIDS prevention and Male Circumcision (MC) are addressed. Issues of stigma and discrimination, violence and coercion against women will also be addressed.
To reduce women vulnerability to the epidemic, increasing efforts will be made to give them access to the currently available support group IGA (Andara, Nyangana and Oshikuku) whereby they currently constitutes 75% of the support group membership. CP will support Onandjokwe, Odibo and Rehoboth to set up or resuscitate or alternatively strengthen similar activities.

To ensure continuous attention and improvement in male norms initiative and behavior impact, CP will continue to liaise with expertise within EndengerHealth and other USG partners. LL/CL training curriculum will continue to include cultural and social male norms and behavior supplying domestic and sexual violence. The training will ensure that all trained counselors are familiar with how to motivate men for social change and gender transformation and obtain their participation in this very ambitious journey. These activities will be linked to the male mobilization and involvement program taking place within the C&T centers and within community within the catchment population of FBOs districts. At service delivery points, CP and partners will strengthen the model of invitation cards for male partners for couple counseling and increased male responsibility in PMTCT. This model started in COP FY 2007, was scaled up in COP FY 2008 and will be continued in COP FY 2010. Currently around 2% of PMTCT women are counseled with their partners within CHS facilities whereas LMS site has seen a dramatic improvement with up to 20% of women testing with partners or referring them. Bringing this activity to scale should yield at least 20% testing as couple or referred partners in all sites while improving also the reporting system.

Integration of prevention programming into care and treatment has become imperative in CP supported sites. The growing number of PLWHA calls for specially targeted prevention programs to ensure they don't become a pool of HIV transmitters. These interventions i.e. consistent and correct condom use especially for discordant couples, partner reduction, C&T for the family, PMTCT, family planning, STI screening and treatment for PLWHA will be enhanced. Namibia is one of the three PEPFAR focus countries chosen to implement the PwPLWHA model. Following a successful piloting in FY07 and FY08 through USG partners, CP will continue to scale up this initiative in all facilities.

To mitigate the impact of HIV/AIDS on FBH employees, workplace programs will be strengthened to address the needs of support staff and their families with regards to HIV/AIDS information, peer education, prevention and care initiatives, stigma and discrimination reduction, confidentiality issues as well as overall reinforcement of infection control policy within the hospital settings.

The misuse of alcohol has a widespread negative impact on public health in Namibia. One local study conducted in 2005 by the Ministry of Health and Social Services (MOHSS) and the Khomas Region Police indicated that 56% of adult Namibians in Khomas use alcohol, 30% abuse alcohol over weekends, 20-25% of road accidents involve intoxicated people, and on-the-job fatalities linked to drugs and alcohol account for 15%-30% of all accidents. According to the same study, accessibility to alcohol is high – there are more

Activity Narrative: liquor outlets compared to other types of businesses in most towns, and "shebeens" (informal drinking bars) supply alcohol to customers on a 24 hour basis, as well as illegally to minors. A KAP study of some communities in Namibia found being drunk was positively associated with having multiple partners (NLT, 2006). In a recent longitudinal population study in Rakai, Uganda alcohol use was shown to be associated with a relative risk of 1.67 for men and 1.40 for women for HIV acquisition. A recent study conducted by the University of Boston found that heavy consumption of alcohol speeds up the onset of AIDS in those infected by HIV. CHS conducted a study in 2005 which indicated that 41% of patients who defaulted ARVs at St. Mary's Hospital in Rehoboth did so on account alcohol.

In 2009, Namibia will take part of an OGAC special initiative to address the interface between alcohol and HIV. In anticipation of Namibia's participation in this special initiative, alcohol experts from CDC and USAID (i.e., "the interagency alcohol team") came to Namibia in July 2008 to conduct an extensive assessment of the HIV and alcohol situation in Namibia. The interagency alcohol team, in collaboration with Namibian counterparts, recommended several activities that Namibia should undertake to address alcohol and HIV. The recommendation of activities include:
1. Expanding alcohol and HIV National Campaign;
2. Create a point-of-sale-intervention for Shebeen owners;
3. Increase the pool of professionals with expertise in alcohol abuse;
4. Implement and evaluate an intervention for alcohol related individual risk behaviors in VCT and community settings;
5. Expand implementation of Brief Motivational Interviewing (BMI) for alcohol reduction in health care settings;
6. Expand AA support groups in the community and in prisons;
7. Advocate for legislation and operationalization of national alcohol policy;
8. Advocate on enforcement of existing regulations; and,
9. Expand the Coalition on Responsible Drinking (CORD) to cover all regions.

In order to implement these recommendations, COP 2008 and 2009 alcohol-related funds will be used to complement the special initiative funds. In COP 2008, it was anticipated that IntraHealth (IH) would use alcohol funding to create an outpatient treatment model. However, based on recommendations from the interagency alcohol team, it was recommended not to pursue an outpatient treatment activity based on guidance from international alcohol experts. As such, the proposed COP 08 activities have been reprioritized. IH will specifically use COP 08 and COP 09 dedicated alcohol funding to participate in the evaluation of an intervention for alcohol related individual risk behaviors in VCT settings. In addition IH will continue to support the social worker it seconded to Etengameno, the MOHSS national alcohol addiction treatment center.

Other potential activities IH will be involved in depending on availability of funds includes: engaging population opinion leaders (POL) through a methodology developed and tested by the Academy for Educational Development and support the National Shebeen Association to implement a point-of-sale intervention.

In COP 07 and COP 08, IH initiated the BMI alcohol reduction approach in the faith-based health care and VCT settings. BMI includes brief alcohol screening and counseling techniques and referral for rehabilitation as required. BMI is used in outreach and primary care settings to change at-risk alcohol use patterns. Properly integrated into existing programs, the technique enhances current HIV prevention efforts and promotes treatment compliance to HIV medications. In COP 09, the IH will scale up the use of BMI for alcohol reduction within clinical settings and HIV counseling rooms using other prevention funding. In addition, with resources from the alcohol special initiative, MOHSS will expand this approach to the public health sector.

All alcohol activities implemented by IH will be done in close collaboration and guidance with the alcohol technical workgroup in order to contribute to achieving the objectives recommended by the inter-agency workgroup on alcohol.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16131	7459.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$282,500
7459	7459.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$20,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $114,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $2,000,000

Program Area Narrative:

PEPFAR-Namibia's biomedical prevention activities include male circumcision, blood safety, and injection safety. PEPFAR does not currently support injecting or non injecting drug user activities in Namibia.

Male Circumcision
According to recent research, male circumcision can considerably reduce the risk of HIV transmission from infected women to men. Three randomised clinical trials in South Africa, Uganda and Kenya, were conducted to establish whether male circumcision would lead to a decrease in HIV transmission. These studies found that circumcised men were significantly less likely to become infected with HIV in comparison to uncircumcised men. As a result of these findings, in March 2007 the World Health Organization (WHO) and the United Nations Programme on HIV/AIDS (UNAIDS) officially recognized male circumcision as a strategy for preventing the transmission of HIV from women to men.

These developments have been of great interest to Namibia, where the HIV prevalence among pregnant women is estimated at 19.9%, among the highest in the world, and only 21% of men are circumcised. In its Medium Term Plan III for HIV/AIDS in Namibia, the Government acknowledges that HIV prevention is critical to the national response to HIV and AIDS; however, the current response is not making a significant impact on new infections. A stronger response is needed. The Ministry of Health and Social Services (MoHSS) is committed to including male circumcision as an additional HIV prevention intervention.

In 2008, PEPFAR and UNAIDS, in collaboration with MOHSS, supported a situation assessment to provide information on the acceptability of scaling-up male circumcision (MC) services as an HIV prevention strategy in Namibia. The approach was an

adaptation of the WHO Male Circumcision Situation Analysis Toolkit. This was an essential first element which allowed Namibia to determine the current status of male circumcision activities and map the way forward regarding male circumcision as an HIV prevention strategy. The assessment consisted of four components:

1. A desk review of existing literature and research on male circumcision as well as mapping existing services in Namibia;
2. A qualitative study to look at perceptions and attitudes of people toward circumcision;
3. A facility readiness survey to describe the requirements for scaling up services in terms of infrastructure and human resources; and,
4. A cost analysis to understand the financial implications of scaling up male circumcision services.

A stakeholders' meeting was held in August 2008 to share the results of the situational assessment, which informed the development of a draft male circumcision policy and action plan. It is expected that the male circumcision policy and action plan will be approved by MOHSS and Parliament in early 2009.

The MOHSS recognizes that the initiative will require very careful and sensitive planning, and further recognizes that MC should be implemented not as a standalone intervention but rather as part of a national comprehensive prevention package.

Based on initial drafts of the MC policy and action plan, the following activities have been proposed for PEPFAR funding: (1) training of MC service providers in the public and faith-based sectors; (2) development of an information, education, and communication (IEC) strategy and intervention to address acceptability issues and create demand; (3) MC-related commodity procurement; and (4) hiring of additional health care providers to perform MC based on anticipated needs in the public and faith-based sectors

In early 2007, the MOHSS created an MC task force with the responsibility to create a national MC strategy with supporting policies and technical recommendations. Task force members represent MOHSS, USG, UNAIDS, WHO, the Global Fund, and key members of the NGO community including University Research Company, IntraHealth and Nawa Life Trust (which are also USG-supported partners). The Namibia Male Circumcision Task Force was responsible for coordinating and overseeing the situation assessment, and will continue to support the finalization of the male circumcision policy and action plan.

Strategic information (SI) on MC will be essential to guide and monitor scaling-up of the service. SI will support the development and dissemination of best practices as well as provide essential information for program implementers and policy makers. As the service is rolled out and promoted in country, service provision indicators will need to be incorporated into the routine monitoring and evaluation process. Specific process evaluation activities will also be carried out to guide design of service provider training curricula, to optimize IEC campaigns that can create demand for MC in the general population, and to create commitment among service providers.

These MC activities will have national coverage as they will both facilitate national policy development and guidelines, as well as support assessments that will inform service implementation in at least all 34 of Namibia's district hospitals.

In Namibia, MC services will be primarily supported with PEPFAR funding in COP 09.

Blood Safety

Blood safety is a core component of the USG Namibia prevention service package, and since 2004 USG Namibia has supported Namibia's blood safety initiatives. The Blood Transfusion Service of Namibia (NAMBTS) is responsible for collection, screening, and distribution of safe blood and blood products throughout Namibia. The USG established a direct funding relationship with NAMBTS in FY04. USG also supports technical assistance from WHO which has included an initial program needs assessment and the placement of a WHO technical advisor to assist NAMBTS and the MOHSS to strengthen the National Blood Program.

The NAMBTS national transfusion center in Windhoek operates within leased MOHSS facilities and achieves cost-recovery through charging service fees to the 41 health facilities that use blood and blood products. All donated blood is collected from voluntary, non-remunerated blood donors, and is tested for the following TTI markers: anti-HIV 1 & 2; anti-HCV; HBsAg; NAT (single sample test) for HIV, HCV and HBV; and syphilis. These tests are carried out by the South African National Blood Service in Johannesburg.

The initial (2005) estimate of the blood requirement for Namibia was 22,000 units per annum. This estimate was based on the fact that with 18,500 collections per year, shortages were still being experienced. Due to improved planning, blood distribution, component preparation (particularly the preparation of paediatric red cell units) and targeted blood collections, NAMBTS has been largely successful in meeting all requests in the past twelve months, with the exception of some shortages reported in the month of December. The current annual estimate, determined on the basis of requests received, is now 17,500 units per year.

With PEPFAR support, "Guidelines for the Appropriate Use of Blood and Blood Products in Namibia" has been released (2006), and a National Blood Policy was developed (2007). The Strategic Plan for the Implementation of the National Blood Policy 2007/2008 to 2009/2010 was finalized and released during June 2008 (on World Blood Donor Day).

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, insufficient staff to recruit and counsel donors, 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. Under the recently approved National Blood Policy, the provision of equipment, reagents and training for the National Blood Program becomes the responsibility of NAMBTS. This Policy, which clearly defines the roles and responsibilities of all

parties, will be implemented over the next three years.

COP 09 will be the fifth and final year of Track 1 central funding for Blood Safety activities. COP 09 activities will focus on consolidating the gains achieved over the past four years with continued training of NAMBTS, MoHSS, and NIP staff on their respective responsibilities in quality management, component production, and counseling of clients; supervisory skills improvement, and assessment of the cost-effectiveness of localizing testing of donor blood for transfusion transmitted infections (TTI). NAMBTS will explore opportunities to ensure program sustainability, such as further refining quantification of demand for blood and blood products, and potential efficiencies of importation and exportation of blood products.

Injection Safety
Injection safety and waste management initiatives in Namibia have, since 2004, been supported by USG/Namibia. Injection safety and waste management activities in Namibia are based on results of an assessment done in 2004 by University Research Co., LLC (URC) together with the Ministry of Health and Social Services (MOHSS), and in partnership with WHO and UNICEF. The baseline assessment showed over-prescription of medical injections and a lack of consistent waste disposal procedures, among others findings. In 2005 URC conducted an assessment on perceptions and attitudes towards injections that showed that the great majority of the population believes that injection is better than oral medication and that they request injections accordingly. URC has supported MOHSS to operationalize the National Standard Treatment Guideline (NSTG) which rationalizes the use of injections.

With USG Track 1 funding URC has assisted the MOHSS to develop and create an enabling environment for safe injection and waste management practices in the country. Twelve of thirteen regions have developed waste management guidelines while national waste management policy has been developed. A module on disposal of pharmaceutical waste management is pending before the policy document is finalized.

URC has been working closely with MOHSS Quality Standards Department (QSD) to build capacity of MOHSS staff to take over injection safety and waste management activities. By the end of COP 07 staff from four regions had been enabled to conduct training and supportive supervision of injection and waste management activities. Staff from additional regions will be graduated in COP 08. Though there is an overall shortage of staff, the program hopes to transition all injection and waste management activities to MOHSS in COP 09. This will be dependent on MOHSS being able to have budgetary provision by 2010 MOHSS fiscal year. URC is working closely with QSD to advocate for the necessary budgetary provision.

All facilities have adopted proper needle stick prevention procedures such as use of barriers when opening vials, removing needles for multidose vials etc. MOHSS has been supported to accurately quantify and project the need of injection safety boxes. For sustainability, URC has supported a local producer of safety containers, which are now being produced locally in Namibia.

In COP 08 a total of 5,700 healthcare practitioners (HCP) will have been trained in injection safety and waste management. In COP 09, a total of 7,700 HCP will be trained. The project will continue to incorporate private practitioners into the program. A behavior change communication strategy, aimed at reducing demand for injections, is being implemented through a network of grassroots organizations. In COP 07, 16,179 community members were reached, another 25,000 will be reached in COP 08, and 40,000 are targeted in COP 09.

Significant challenges remain, including insufficient numbers of and improperly functioning incinerators. MOHSS recognizes the importance of proper waste management. URC, in collaboration with SCMS and MSH/SPS, will assist MOHSS in COP 08 to conduct an assessment on the status of the incinerators and repair or replace some incinerators. A major problem with incinerators is lack of trained staff to operate them. URC will support training of incinerator handlers as well as the provision of personal protective equipment for staff in COP 09.

A major component of injection safety has been infection control, which includes training staff on hand washing, working with facility management to provide soap dispensers as well as paper towels instead of shared towels, previously the norm. URC will be working closely with MSH/SPS project which also focuses on infection control through facility therapeutic committees, and TBCAP to address infection control in TB/HIV clinics to broaden infection control interventions.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	1495.09	**Mechanism:**	Track 1
Prime Partner:	World Health Organization	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)	**Program Area:**	Biomedical Prevention: Blood Safety
Budget Code:	HMBL	**Program Budget Code:**	04
Activity ID:	5123.23934.09	**Planned Funds:**	$500,000
Activity System ID:	23934		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is a continuing activity in COP09, the fifth and final year of Track 1 central funding for Blood Safety activities. This activity has 2 components: (1) support for a long-term technical advisor for Blood Safety, and (2) technical assistance and support for Blood Safety training.

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). A needs assessment and situation analysis identified several technical assistance needs in terms of policy, guidelines, and associated training. A long-term WHO technical advisor (TA) with extensive experience in blood safety was assigned to Namibia. The WHO's role is to provide technical support while NAMBTS, MOHSS and NIP are the implementers of the program. The development of the National Blood Policy was initiated as a part of this project and has been finalized. 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.

Major achievements in COP08 included assisting with development and launching of the Strategic Plan for the Implementation of the National Blood Policy, done in collaboration with NAMBTS, MOHSS and NIP. The other major areas of support have been blood donor recruitment, quality donor care and blood collection aiming to increase blood donations. In COP09, WHO will provide technical assistance and support for training of NAMBTS, MOHSS, and NIP staff in their respective responsibilities in quality management, component preparation, counseling of donors and patients, supervisory skills, and assessing the cost-effectiveness and feasibility of initiating screening donated blood for transfusion transmitted infections.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16253

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16253	5123.08	HHS/Centers for Disease Control & Prevention	World Health Organization	7395	1495.08	Track 1	$500,000
7362	5123.07	HHS/Centers for Disease Control & Prevention	World Health Organization	4390	1495.07	Track 1	$400,000
5123	5123.06	HHS/Centers for Disease Control & Prevention	World Health Organization	3624	1495.06		$676,440

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	1455.09	**Mechanism:**	Track 1
Prime Partner:	Blood Transfusion Service of Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)	**Program Area:**	Biomedical Prevention: Blood Safety
Budget Code:	HMBL	**Program Budget Code:**	04
Activity ID:	5124.23939.09	**Planned Funds:**	$1,500,000
Activity System ID:	23939		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is a continuing activity in FY2009 COP, the fifth and final year of Track 1 central funding for Blood Safety activities. (The Blood Transfusion Service of Namibia) NAMBTS anticipates that PEPFAR funding beyond FY2009COP will be significantly reduced. FY2009 COP activities therefore focus on investing in implementation of the new National Blood Policy to reinforce newly strengthened national systems for long-term sustainability. With FY2009 COP funding NAMBTS will:

a. Establish the National Blood Authority for Namibia
b. Draft legislation to regulate blood transfusion nationwide
c. Conduct ongoing surveillance of transfusion transmitted infections (TTI) prevalence in sub-populations of donors to identify lowest risk sub-groups
d. Define criteria for the import and export of blood and blood products
e. Develop a quality management system for the entire blood program
f. Define the level of service to be provided at each of the hospitals in Namibia that use blood or blood products
g. Procure appropriate reagents and equipment for blood transfusion activities at all hospital blood banks
h. Train hospital blood bank staff on crossmatch techniques, quality management and cold chain management
i. Develop a nationwide haemovigilance program
j. Strengthen hospital therapeutic/transfusion committees
k. Conduct blood bank and hospital audits to ensure conformity with best practices use of blood and blood products by the blood banks, and best bedside transfusion practices by the hospitals
l. Extend crossmatching services to northern Namibia. Investigate the feasibility of opening a NAMBTS blood bank in the north-east town of Rundu in order to improve the provision of blood and allied services to the area

NAMBTS became a recipient of USG support in FY04 through a direct funding Cooperative Agreement. Prior to 2004, Namibia had no National Blood Policy, no 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 (released June 2006) and a National Blood Policy has been finalized (released September 2007). The 3-Year Strategic Plan for the implementation of the National Blood Policy was released in June 2008 and a legislative framework will follow. Prior to PEPFAR support, there was one blood bank, one fixed site blood collection facility, and one testing facility in 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 malaria, HIV and hepatitis, but mobile teams collected blood in most other regions of the country. These facilities, as operated at that time, 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 with an improved pre-donation education program to assist potential donors in understanding the risk factors that contribute to a higher risk of TTIs. Mobile teams collect blood from other sites (e.g. schools and businesses) throughout the country. During 2006, an equipment upgrade for the Windhoek blood component laboratory improved the quality of the blood components produced and the proportion of collected units converted into components has increased steadily and reached 100% early in 2008.

In 2005 eight blood transfusion staff persons were funded by the project. A part-time medical officer was hired and has been actively involved in developing the Guidelines for the Appropriate Use of Blood and Blood Products and developing and conducting 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. Other ongoing projects include the Quality Management System, the development of documented policies and procedures, and the internal audit program, among others.

Although the number of units of blood collected has increased only slightly over the past few years, improved stock management, more appropriate use of blood, and reduction in discards has enabled NAMBTS to meet the vast majority of requests for blood resulting in a considerable reduction of shortages. During the past twelve months the only shortage experienced was during the summer holiday period in December.

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, on behalf of NAMBTS, because it was determined that this was the most cost-effective method of providing the safest blood possible (including ID-NAT for HIV, HCV and HBV) and to overcome the issues of prohibitive cost for local NAT and the lack of adequately trained local staff. This policy was reviewed during a workshop held in February 2008 and a decision was made to retain the present test procedures for at least another two years. Namibia's current testing for TTI screening exceeds international recommendations/standards. Prospective donors who are found to be TTI-positive are referred by a trained counselor to appropriate services.

A survey of blood usage practices in 26 hospitals in Namibia was conducted in collaboration with WHO, NAMBTS and the MOHSS, to establish present practices and to identify areas for improvement. A plan is being developed to standardize the level of blood transfusion services that will be provided at each hospital, based on the current and predicted usage of blood and blood products. Appropriate NAMBTS staff received training in Quality Management, Supervisory/Management skills, pre- and post-donation

Activity Narrative: counseling, training in cold chain management, general technical training and general donor clinic training. This 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16115

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16115	5124.08	HHS/Centers for Disease Control & Prevention	Blood Transfusion Service of Namibia	7354	1455.08	Track 1	$1,200,000
7321	5124.07	HHS/Centers for Disease Control & Prevention	Blood Transfusion Service of Namibia	4379	1455.07	Track 1	$1,200,000
5124	5124.06	HHS/Centers for Disease Control & Prevention	Blood Transfusion Service of Namibia	3625	1455.06		$1,000,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $600,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 12175.09

Mechanism: Health Care Improvement Project, HCI

Prime Partner: University Research Corporation, LLC

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 3774.27005.09

Planned Funds: $600,000

Activity System ID: 27005

Activity Narrative: NEW/REPLACEMENT NARRATIVE

URC SAFE INJECTION, INFECTION PREVENTION AND CONTROL
Under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Namibian Ministry of Health and Social Services (MoHSS) with technical assistance from URC is implementing several policy and programmatic interventions to improve medical injection safety and waste management practices in the country. A rapid assessment was conducted in June 2004 to guide the development of safe injection interventions. The assessment looked at quality of services, demand for and provision of injections, compliance of providers with safe injection practices, and other aspects related to injections. The baseline assessment showed a number of quality gaps: over-prescription of medical injections, improper injection and waste disposal procedures, among others. To change healthcare provider practices, the Medical Injection Safety Program is using the collaborative improvement approach. Four major strategies are being used: a) behavioral change communication, b) compliance with infection prevention and control practices, c) commodity and logistic, d) waste management. Performance at provider and facility level is reviewed on a regular basis. For the past 4 Years, URC worked closely with the MOHSS and other partners to promote safe injection and waste management practices. Program interventions have produced dramatic results. The project succeeded in creating an enabling environment with the development of and distribution of guidelines and policies related to Injection safety. From less than 60% the availability of Standard Treatment Guidelines (STG) and (PEP) Guidelines rose to 100%. Over 5,000 staff members have been trained in Injection Safety. More than 15000 community members have been exposed to Safe Injection Messages. Practices on preparation and administration of injections have improved. Sharp injuries have decreased significantly. Awareness creation about risk of Hepatitis B resulted in expanded vaccination of Health Care Workers. To manage needles and sharp waste, URC purchased and distributed more than 300,000 safety boxes. In FY09 URC will continue consolidation of this program. The focuses will be: (a) reduction of medical injections prescriptions; (b) reduction of demand for injections; (c) improvement of medical waste management at health facilities; (d) strengthening of the procurement and logistics system; (e) reinforcement of an enabling environment with emphasis on cost – effective and environmentally friendly strategy; (f) reinforcement of the supervisory system; (g) strengthening of the monitoring and evaluation system; and (h) increase program sustainability.

It is expected that by the end of FY10 (a) the entire health sector will comply with best practices in Injection Safety, Waste Management, and environmentally friendly regulations and standards; systems will ensure that all healthcare workers are trained before placement in clinics as well as receive periodic refresher updates on injection safety and infection control with special emphasis on mastery of phlebotomy procedures; 62 MoHSS facilitators will be certified as capable to conduct feedback sessions; MoHSS will take over all aspects of the feedback function. All efforts will be made to use MoHSS accommodations to decrease costs associated with these activities; (100%) public sector facilities and 50% private facilities will be in compliance with injection safety and waste management guidelines; 10 out of 13 region will be able to manage their data including reports production; all safety boxes and PPE/PPC will be procured by the MoHSS through local production with a positive effect on cost reduction in comparison with the logistic associated with imported materials; a plan to improve medical waste disposal using incinerators will be developed and its implementation started; 10 staff in 5 regions will be trained for incinerator maintenance to allow smooth and continuous functioning of the system and to prevent frequent breakdowns and replacement of very expensive parts; 80 community volunteers will be trained; 40,000 community members will be exposed to injection safety and waste management messages.

INFECTION PREVENTION AND CONTROL
URC, in order to improve patients and provider safety will assist MOHSS to develop and institutionalize strategies for improving Infection Prevention and Control (IPC) in community and clinical settings. This intervention aims at improving clinical processes that reduce the risk of nosocomial infections among workers, patients and care givers. Approach "Board to Ward" IPC implementation through four major strategies: 1) empowerment of MoHSS Nursing Managers to lead and champion IPC activities at every level 2) creation of an enabling environment: through development of methods, procedures, policies, and standards as well as IPC structure at national, regional, and district level (3) promotion of best practices with emphasis on aseptic techniques. (4) continuous quality improvement through performance management and creation of two ways sharing of information for decision-making. For the past two years, URC, in collaboration with the MoHSS, has trained more than 100 HCWs in IPC. These trainees have raised awareness among their peers regarding IPC best practices. IPC committees are being organized in most of the regions. Universal precautions are being supported. But these changes remain small scale and have not yet gathered the critical mass to produce drastic and lasting changes. The percentage of trained workers in IPC is only 0.014%. By the end of FY10 it will be 4.2% including the number that will be trained in FY09. To ensure sustainability of the intervention, in FY10 URC will assist the MoHSS to develop and implement IPC systems. The most important ones will be: a) training system: through development of IPC training program with emphasis on adapted pre – service curricula and skilled trainers. The training strategy will cascade as follows: (1) training of healthcare providers, (2) training of trainers, (3) training of peers by trainers, (4) evaluation of trainers through evaluation of trainee performance in work settings. b) monitoring and evaluation system: with appropriate tools to collect, analyze data, and produce relevant reports c) reinforcement of the existing logistic system: logistic issues regarding appropriate equipment and commodities necessary to support a high quality IPC program will be addressed by the MOHSS management at all level. An IPC pilot intervention will be developed which focuses on decreasing hospital acquired infection (HAI). Clinical questions regarding effectiveness of simple interventions in preventing specific diseases will be at the center of this pilot project. Among the infection to be averted a special emphasis will be put on tuberculosis. The intervention will be piloted in 5 selected regions and two main health facilities (HF) by selected region. Two audits of the selected (HF) will be conducted at 6 months interval: the first one to establish baseline data, the second to evaluate progress of the interventions. Baseline data will be collected in laboratories through customized data collection tools for comparison at regular interval during implementation. Necessary readjustments will be made. The proven best practices will be scaled up to other regions and other (HF). It is expected that by the end of FY10, 13 HCWs will be trained as trainers, 100 will receive basic training in IPC (20 through training of trainers, 80 trained by the trainers), IPC systems will be functional in 5 pilot regions, and HAI will decrease by 20% of the baseline in

Activity Narrative: the selected (HF).

Transition process: URC will build MoHSS capacity to enable the MoHSS to take over the technical and managerial responsibility of the project. Interventions will address human resource and systems. Three main vehicles to achieve success of the transition: leadership, integration, and decentralization will be supported.

Transition plan: URC plans to finalize an MOU in the next two months to outline the transition of roles and responsibilities that URC is currently leading to MOHSS. This plan will include the components to be implemented and a time frame for taking over by MOHSS.

Human resources empowerment: knowledge and skills will be transferred.

Systems building: support systems will be developed/strengthen. They include: planning, logistic, supervision, data management, financial, and fundraising.

Leadership: The central, regional, and district managerial level will be encouraged to provide guidance, general supervision, and continuous support to the program. To provide identical direction, vision, mission statement, general objective, and strategic directions need to be developed. Appropriate managerial structure/unit need to be created at all levels. Focal persons need to be appointed, empowered, and be held accountable for success of the program. Advocacy for proper staffing/multiple tasking will be recommended. URC will advocate for inclusion of the program budget in the MoHSS annual budget.

Integration: URC will advocate for progressive integration of Injection safety and Waste Management to other components of the healthcare system. A sense of ownership will be nurtured to ensure that they become part of routine prevention and supports to a continuum of quality of care. Their cross cutting characteristics will be emphasized to facilitate their adoption by all services.

Decentralization will be a key element of the overall transition. Each administrative level should be autonomous. They should be empowered to play their role interdependently. At facility level a board-to-ward approach will be adopted. The flow of information will be designed to go from bottom to top with feedback from top to bottom. The collaborative approach will create a powerful network for sustainability.

Contingency plan: Past experience in the case of safety boxes procurement have demonstrated that unanticipated constraints have delayed the process. Serious constraints may hamper a short term transition: a) very limited managerial staff at central level (1 technical staff in Quality Assurance unit), b) inexistence of appointed counterparts in the regions; c) insufficient community support (780 facilitators trained end of FY10; the ideal number is 2000; 1 for 1000 community members), d) no evidence of sufficient financial and technical support to bring all incinerators up to standard); e) IPC strategy implemented only in 38% of the country (5/13 regions; f) HAI decreased by only 20%; g) small percentage of staff establishment 4.2% (300/7000) trained in IPC. These considerations will lead ultimately to the development of a contingency plan to mitigate the negative effects in case the handing over can not be conducted according to schedule.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16231

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16231	3774.08	U.S. Agency for International Development	University Research Corporation, LLC	7386	1317.08		$1,529,031
7139	3774.07	U.S. Agency for International Development	University Research Corporation, LLC	4317	1317.07		$78,425
3774	3774.06	U.S. Agency for International Development	University Research Corporation, LLC	3064	1317.06		$1,529,031

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $176,268

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $915,060

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7648.09

Mechanism: Nawa Life Trust Cooperative Agreement

Prime Partner: Nawa Life Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 5690.26976.09

Planned Funds: $126,660

Activity System ID: 26976

Activity Narrative: NEW/REPLACEMENT NARRATIVE

NawaLife Trust will serve on the national circumcision task force with such stakeholders as the Ministry of Health and Social Services and Catholic Health Services, and will work with partners and stakeholders in establishing communication initiatives as identified and needed. A rollout of MC services is anticipated for COP FY 2009. Accordingly, provisions have been made to accommodate the return of the communication consultant hired in COP FY 2008 to develop a communication strategy for a period of up to three months in order to lead the implementation of an informational campaign coupled. In line with USG and international guidance on the promotion of MC, this will include demand creation activities as well as efforts to firmly place MC in the larger context of HIV-prevention strategies to discourage disinhibition. Expanding on basic IEC materials developed during COP FY 2008, NLT is earmarking funds for the development of campaign concepts, production of a basic set of TV and radio materials (3 languages) and initial placement. NLT will reach an estimated 192,857 uncircumcised men with mass media broadcast messages relating to MC.

In the event of a national rollout of MC services, additional resources will have to be sourced to make the kind of high impact campaign possible which will be necessary to entrench correct knowledge within the target population on MC benefits and limitations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16141

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16141	5690.08	U.S. Agency for International Development	Nawa Life Trust	7648	7648.08	Nawa Life Trust Cooperative Agreement	$922,096
7457	5690.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$856,445
5690	5690.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3061	1146.06	Health Communication Partnership	$25,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 19394.26956.09

Planned Funds: $185,000

Activity System ID: 26956

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Three randomized controlled trials in sub-Saharan Africa have provided evidence that safe male circumcision (MC) reduces a male's chances of acquiring HIV infection by roughly 60 percent. MC rates in southern Africa are generally low and correlate with high HIV prevalence rates, Low MC rates is clearly identified as one of the drivers of the epidemic in the Southern African region. A regional estimate by the World Health Organization (WHO) suggests that less than 20 percent of men in the region are circumcised. In Namibia, the 2006 DHS indicates that the MC rate is at 21%. This effectively categorizes Namibia in the low MC belt characterized by a high HIV/AIDS prevalence rate.

Despite its new and somewhat controversial nature, MC has been largely well received in Namibia. The Government of the Republic of Namibia (GRN) has recognized it as having an important role to play in HIV prevention. The recommendations of the first ever male conference held in Windhoek in 2008 with the participation of His Excellency the President of the Republic included the adoption of MC as an additional prevention strategy to be included in the national prevention package. The GRN thus enthusiastically supports the national roll out of an integrated MC initiative. The Ministry of Health and Social Services (MOHSS) has set an ambitious goal of offering MC services in 40% of facilities (all three tertiary hospitals and at least one district hospital per region) by the end of 2008. Although undoubtedly ambitious, this goal should serve to galvanize political and medical momentum. The MOHSS recognizes that the initiative will require very careful and sensitive planning, and has recommended that MC be implemented not as a standalone intervention but rather as part of a national comprehensive prevention package. In early 2007, the MoHSS created a MC task force with the responsibility to create a national MC strategy with supporting policies and technical recommendations. Task force members represent MoHSS, USG, UNAIDS, WHO, and key members of the NGO community including University Research Company, IntraHealth and Nawa Life Trust (which are also USG-supported partners).

The MOHSS has requested USG support for the MC initiative. To better understand barriers and facilitators to MC uptake and to properly inform future activities, the FY07 funds from USG and the UNAIDS support were used to conduct a situational assessment based on WHO's situational analysis toolkit. The situational assessment included: (1) a desk review and analysis of existing data on male circumcision in Namibia; (2) qualitative research on current and historical MC practices, the MC acceptability across regions and among both service providers and potential beneficiaries; (3) an assessment and mapping of current medical facilities and their ability to carry out safe male circumcisions; (4) a stakeholders' meeting to discuss the results and consider possible interventions; and (5) a summary report with recommendations. Concurrently, a costing analysis was conducted to determine the cost and likely impact of providing male circumcision in Namibia.

With IH staff actively involved in the National Male Circumcision task force, the drive towards full scale up of safe MC as part of a comprehensive prevention package within the 6 Faith-Based Facilities (FBFs) by COP FY 2008 will be achieved through advocacy work including media response, education, and information (evening lectures). These activities will be continued during COP FY 2009 and post FY 09.

The completion of the situational analysis has provided substance to the action framework for service delivery of MC in selected pilot sites started in COP FY 2008. IH will collaborate with MoHSS, I-TECH as a training agency and other USG partners, UNAIDS and WHO in the task force in designing and providing a national training program for health care workers on MC SOP in line with WHO/UNAIDS/JHPIEGO Technical Manual. The surgical training based on this protocol recommends use of local anesthesia unlike the current practice in many settings in Namibia. The training will also include amongst others pre- and post -circumcision counseling and proper follow up care plan to ensure possible complications are monitored and the recommended six week healing period is observed before clients resume sexual activity.

The initiative might eventually require approved task shifting to senior nurses and midwives to alleviate the burden on medical doctors in the same model as the IMAI. Accreditation and certification process might be required to ensure safety and quality assurance for new cadres initially not approved to perform MC in Namibia.

IH and its partners will ensure the performance improvement and the quality of services will be of high standard through continuous supervisory and support visits to sites and staff providing services. Supervisory activities will be included in the current support supervision plan conducted for all program activities for oversight and mentoring of staff conducting MC. In addition, reports from trained staff and their organizations will be reviewed quarterly to assess quality of services. IH will work with MOHSS to ensure availability of MC-related commodities in FBF.

Critical to the success of MC is an appropriate, affordable and culturally sensitive communication strategy and demand creation tailored to the service availability. IH will work with all communication stakeholders to respond to the information needs and in the design of IEC materials in order to ensure balanced information on the prevention role of MC is provided. As part of integration of MC into CT, CT sites will continue to provide information, education and referral as appropriate.

The MC task force has identified the following elements to be incorporated into the National MC Strategy. First, the strategy will clearly define: (1) priority populations to receive clinical and counseling services; and (2) primary and secondary target audiences for sensitization, education, and demand creation; and (3) a national clinical and communications roll-out plan.

The MOHSS expects that MC clinical provision will be embedded into a package of prevention services that includes: (1) provider-initiated testing and counseling (PITC) with comprehensive post-test counseling; (2) STI screening and treatment; (3) counseling on risk reduction behaviors with a focus on partner reduction and abstinence; as well as (4) condom promotion and provision and appropriate referrals to other health and social services. As stated, HIV testing will be recommended for all men seeking male circumcision, but will not be mandatory. Clients testing positive at MC clinics will be linked to care, treatment and support

Activity Narrative: services available in all the FBF. As per current evidence, circumcising HIV positives men has no impact on the epidemic. However, a non-discrimination approach recommended by WHO will be followed. This requires that, when not medically contraindicated on the basis of poor clinical and immunological staging, HIV positive men should not be denied circumcision for their own hygienic and other health benefit. All communications efforts whether in mass media or community or clinical settings will employ messages that target male norms, the ABC prevention strategy, and sexual violence against women.

Although the USG funding cannot support traditional MC providers to perform circumcisions, it is imperative to prioritize traditional MC providers for information and education as key community gatekeepers and ensure an open dialogue that can allow making their practice safe. This is justified by the findings that more than 62% of men currently circumcised in Namibia have been through traditional providers.

Additionally, the MC task force is advocating with the national insurance body Medical Aid to include adult MC within its insurance package. Right now, adult MC is only covered by the governmental health insurance (PSEMAS) when indicated for medical reasons, and the cost of private circumcision services is prohibitive for most Namibians.

Strategic information on MC will be essential to guide and monitor scaling-up of the service. This will support the development and dissemination of best practices as well as providing essential information for program implementers and policy makers. As the service is rolled out and advocated in country, service provision indicators will need to be incorporated into the routine monitoring and evaluation process. In addition, specific process evaluation activities will be carried out to guide design of service provider training curriculum and to optimize IEC campaigns to create demand for MC in the general population and to create commitment among service providers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19394

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19394	19394.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$137,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $18,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 23995.09

Planned Funds: $203,400

Activity System ID: 23995

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: training of health care service providers on practical clinical skills to conduct male circumcision.

The Namibian government has responded to the compelling evidence that male circumcision (MC) has a role to play in HIV prevention. The Namibian Demographic and Health Survey (DHS) results indicate that the overall circumcision rate in Namibia among males aged 15 to 49 years is 21%. Cultural differences are thought to underlie the considerable variability in MC rates between regions. Following an in-depth review process, policy legislation on MC is currently being drafted for approval in Parliament. Once the necessary legal framework is in place, I-TECH will complete the training of 25 service providers first initiated in FY08. I -TECH will continue this activity in FY09 with training of an additional 40 health care workers who will be involved in the MC initiative. The health care workers to be trained on MC will be identified with the assistance of the Male Circumcision Task Force, and the MOHSS. Training on MC will include practical surgical and clinical skills but will also focus on MC as part of counseling and testing, active exclusion of STIs and their syndromic management where required, MC after care, as well as promotion of consistent and correct condom use. I-TECH will work closely with Jhpiego, an international, non-profit health organization affiliated with Johns Hopkins University, to replicate an initial Jhpiego/WHO Regional Skills Course on Male Circumcision held in Zambia. The course covers medical aspects, before and after care, and counseling and testing. Based on this course, I-TECH will develop a curriculum for Namibia. In addition, I-TECH will create a follow-up support tool to ensure quality assurance as assessed through supervisory post-training visits conducted by MOHSS.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $203,400

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1068.09

Mechanism: Cooperative Agreement U62/CCU024084

Prime Partner: Ministry of Health and Social Services, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 24458.09

Planned Funds: $100,000

Activity System ID: 24458

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: provision of supplies, equipment, and commodities for male circumcision.

As the demand for male circumcision (MC) increases within Namibia, there will be a need to ensure that the appropriate supplies, equipment, and commodities are available. These supplies and commodities could include, but are not limited to, surgical equipment, sterile equipment, local anesthetic, and patient education materials.

In Namibia, there is an established MC task force that includes representatives from Ministry of Health and Social Services (MOHSS), USG agencies, UNAIDS, and many other non-governmental organizations. The MC task force will work closely with the MOHSS through its Central Medical Store to order, stock, and distribute the appropriate supplies, commodities, and equipment needed. The distribution plan will be dependent on the roll out plan for MC services. This plan will be determined by the MOHSS in 2009.

Traditional circumcisers perform circumcisions on males of any age, but primarily focus on neonates through children aged three years. The MOHSS invited traditional circumcisers to the MC stakeholders meeting that was held in 2008. The MOHSS is interested in working closely with this group to train, and possibly certify and register the traditional male circumcisers. The MOHSS has expressed an interest in distributing a male circumcision “supply pack” to traditional circumcisers in an attempt to improve safety and sanitary conditions. The MOHSS would look for guidance and lessons learned from other countries (e.g. Ghana) that have undertaken similar activities. Training would accompany supply pack distribution to enhance overall safety and sanitary activities associated with traditional MC.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 23958.09

Planned Funds: $300,000

Activity System ID: 23958

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes 2 primary components: (1) the hiring of a National Male Circumcision Coordinator and (2) the hiring of additional medical providers to perform male circumcision (MC).

1. In 2008, Namibia completed a comprehensive situation assessment for MC that culminated in a national MC stakeholders meeting. Based on the situation assessment and the stakeholders meeting, Namibia is in the process of finalizing a MC policy and action plan to be approved by the Ministry of Health and Social Services (MOHSS) and parliament. In Namibia, there is an established MC task force that includes representatives from MOHSS, USG agencies, UNAIDS, and many other non-governmental organizations. The MC taskforce has been very successful in guiding MC activities in Namibia to date. However, upon approval of the MC policy and action plan, it is anticipated that there will be many new implementation activities in the upcoming years. As such, a key recommendation from the MC stakeholders meeting, supported by the MC task force, was that the MOHSS should identify a dedicated focal person responsible for coordinating roll-out of MC activities in Namibia.

The National Male Circumcision Coordinator would operate out of the MOHSS Directorate of Special Programmes for HIV, TB, and Malaria (DSP). This person would be responsible for overall implementation of MC in the public sector, by working closely with DSP colleagues and medical staff at government facilities to develop and implement standard operating procedures for MC.

Some of the job responsibilities for the MC coordinator will include:
(a) collaborating with the MOHSS Division of Primary Health Care (PHC) to explore the further implementation of neonatal MC services in maternity wards throughout Namibia,
(b) collaborating with PHC to identify traditional circumcisers to be trained and possibly certified to perform MC services,
(c) working closely with I-TECH and overseeing the training of health care providers in the public and faith-based sectors,
(d) guiding and coordinating efforts of the faith-based health sector for MC services,
(e) liaising with the health facilities and MOHSS Central Medical Store to ensure that the appropriate supplies, commodities, and equipment are available for MC services throughout Namibia, and
(f) working with Nawa Life Trust in designing and implementing a communications and advocacy campaign.

The MC coordinator may also have to work with Namibian Medical Aids to include adult MC within its insurance package. Adult MC is currently only covered by national insurance when indicated for medical reasons, and the cost of private MC services is prohibitive for most Namibians.

2. Based on anticipated demand for MC services, Potentia will hire at least five new health care providers for the public sector to conduct MC. The additional providers will be trained by I-TECH and will work closely with and likely report to the National Male Circumcision Coordinator. The five new MC health care providers will be strategically assigned to facilities throughout Namibia to cover the areas with the highest HIV prevalence, lowest MC rates, and anticipated highest demand for MC services. The MC initiative may eventually require task shifting to senior nurses and midwives to alleviate the burden on medical doctors. The draft national policy includes recommendations on cadre numbers, task shifting, and training. The hiring of additional health care providers will be based on the recommendations of the MOHSS.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: $7,982,340

Program Area Narrative:

Total number of people on ART as of 30 September 2008:
Adults: 48,977 (at least 15 years old)
Children: 7,077 (less than 15 years old)
Total: 56,054

Since March 2006, ART services and facility-based palliative care have been offered in 35 public hospitals. According to the Ministry of Health and Social Services (MOHSS) electronic Patient Monitoring System (ePMS), as of September 30, 2008, an estimated 56,054 patients were reported to be on treatment; 48,977 (87%) of these were adults over the age of 15. MOHSS projections anticipate 71,900 people on treatment by the end of March 2010; 80% of these patients will be seen by the public sector.

Strong commitment and leadership from MOHSS, with substantial support from the US Government (USG), has been key to exceeding ARV treatment targets. USG technical advisors support MOHSS in development of guidelines, protocols and enhanced management structures to deliver high-quality, cost-effective ART services. Leadership is being supported by pre- and in-service training, attendance at relevant international meetings, study tours, and other knowledge-building activities. Sustainability is boosted by the continued development of Human Resource Information system (HRIS) which allows rational planning, deployment and tracking of health care providers. In COP 09, the following components will be supported:

Human Resources for Health: There is a critical human resources gap to deliver HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors and pharmacists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale required for continued rollout of ARV and palliative care services. The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly-trained Namibians to return and practice in the public sector but also enticing Namibians and third-country nationals currently serving in the country to remain in service.

In 2007, the MOHSS engaged in a costing exercise supported by the European Commission and the USG that projected a need for 76 physicians, 191 nurses, 44 pharmacists, and 40 pharmacy assistants to manage 71,900 patients projected to be receiving treatment services in the public sector by 2010. Even with continued expansion of IMAI and task-shifting, the MOHSS will not have the capacity to fully support the costs for the projected number of staff persons required. Since 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel though Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS. These personnel will be gradually absorbed into the MOHSS workforce. Absorption of USG-supported clinical staff is a cornerstone of the sustainability efforts to be outlined in the Partnership Compact between the US and Namibian governments. This human resource strategy has been central to Namibia's success with meeting its prevention, care and treatment targets.

Bio-clinical monitoring tests: The USG will continue to support MOHSS and mission facilities to carry out routine bio-clinical monitoring tests performed by the Namibia Institute of Pathology (NIP) for the anticipated 71,900 patients on ART in 2010 and for CD4 monitoring of non-ART patients enrolled in palliative care at communicable disease clinics (CDCs) and IMAI sites.

More than 12,000 viral load tests will likely be performed in FY09 and PEPFAR will continue to fund an NIP lab technologist in order to have sufficient capacity to meet demand. Linked to this, the MOHSS Technical Advisory Committee (TAC) recently recommended limited resistance testing for up to 100 patients failing on their ART regimens in which HIV drug resistance is suspected.

The high prevalence of human papillomavirus (HPV) infection and cervical cancer among HIV positive women prompted the TAC to propose piloted cervical cancer screening for HIV positive women seen in treatment settings. The MOHSS and I-TECH, will collaborate in developing a practical training course for HCWs to enhance their skills in doing PAP smears for cervical cancer screening. Clinical Mentors and Nurses Tutors in the regions will pilot the training in three sites, training six HCWs per site. Increased lab costs will be funded through leveraging of MOHSS, GF and PEPFAR funds.

Community Counselor (CC) Initiative: Facility-based HIV programs depend on the assistance of CCs. PEPFAR will continue to support the CCs program to link patients between prevention, care and treatment services. More details on CCs can be found in the HVCT Program Area Narrative. In COP 09, priority sites for deployment of CCs include TB clinics, ART clinics, and outpatient departments (where nearly all STI cases are seen). CCs will receive refresher training in prevention with persons living with HIV/AIDS (PwP), preventive care counseling for children, and Provider Initiated Testing and Counseling (PITC).

Provision of Outreach Services: This is one of the new priority areas in COP09. The current outreach program in which health care workers offer services in peripheral facilities will be taken to scale to ensure patients can receive ART close to their homes to better serve rural populations of Namibia.

To ensure quality, outreach services will be implemented in stages. Each of the three outreach teams will consist of a camper van; four community counselors (two to provide counseling and testing and two to coordinate logistics and supplies); a nurse; and

a driver. CT services and prevention education will be implemented first. A regimented evaluation program will be put in place to determine cost per client, success in reaching first-time testers, coordination between the outreach team and community mobilizers, and community receptiveness. Once CT services are successfully implemented, ART will be added. If the teams can effectively deliver additional services, other components may be added, including TB screening and DOTs, PMTCT, case management, and alcohol counseling and referrals.

An anticipated uptake in testing as a result of the annual National HIV Testing Day (NTD) and expansion of PITC will likely lead to an increase in demand for ART. Many MOHSS facilities will need additional space to accommodate the large influx of ART patients. With COP09, CDC will seek to secure an infection control technical advisor who will have, among other duties, the responsibility of ensuring that all future renovations maximize structural interventions that can prevent transmission of TB. The USG will continue to collaborate with the MOHSS, the Ministry of Works, the GF, and other donors to leverage resources and determine priority renovation sites.

Procurement of basic equipment: Many of the existing and future ART facilities are ill-equipped in terms of basic equipment such as examination beds, ENT sets, glucometers, Hb meters, stadiometers, weighing scales and filing cabinets. COP09 will fund the MOHSS to procure equipment to support decentralizing care and treatment services.

Care and Support: With COP09, SCMS will continue to support the MOHSS Home Based Care (HBC) Kit logistics system, and supplement GF procurement and replenishment of HBC kits to ensure that funded faith based organizations (FBOs), NGOs and CBOs have access to essential supplies. SCMS will monitor this system's performance and develop a Logistics Management Information System (LMIS) to report data and an Inventory Control System to ensure appropriate quantities of HBC kits at all levels of the system. SCMS will coordinate with the US Department of Defense (DOD) to procure HBC kits for military patients receiving care and support and distribute HBC kits for the public sector care and support programs.

Linkages between facility and community-based care and support services will be strengthened by educating communities on the bidirectional referral systems for health and psychosocial support. Partners such as Catholic AIDS Action (CAA) and Pact will continue to integrate palliative care into home-based care settings. CAA will expand their nurse-supervised HBC program from 7 to 10 regional offices with continued technical assistance from the African Palliative Care Association (APCA). Volunteers supervised by trained nurses will support pain management. Pact will work closely with its subgrantees and the MOHSS to further develop and test the national HBC standards, seek accreditation of training materials, and define and scale up a new cadre of community care workers. Pact will support the MOHSS to develop and test an action-based field manual for use by community HBC providers with low literacy levels, and engage subgrantees in using national materials to measure outcomes. Treatment adherence remains a challenge and COP09 efforts with community care partners will focus on symptom screening, bi-directional referrals with health facilities, and CTX use. Structured supervision of caregivers and quality services will remain priorities for all USG partners. Nawa Life Trust will also continue to support treatment literacy efforts.

Prevention efforts for adult care and treatment will include HIV negative preventive counseling, PwP, STI and TB screening and treatment, family planning counseling, and home care referral. HIV-positive women will be referred to access other reproductive services including cervical cancer screening. FANTA-2 will also support implementing partners to integrate food and nutrition into HIV services through technical assistance to the MOHSS Food By Prescription program, continued support for the HIV short course for regional HCWs, coordination with I-TECH/UNAM on the MPH certificate program in nutrition, and roll-out of food supplementation operational guidelines. Much of this support will be guided by a FY07 assessment of the food and nutrition needs of PLWHA.

Reinforced linkages between care and treatment partners will address issues that affect ART adherence such as alcohol abuse, food insecurity, or simply inefficiencies in provision of care and support. APCA will continue to work with I-TECH to support pre and in-service training of HCWs. Continued partnership to review the Namibian adaptation of the IMAI palliative care module and to support the UNAM school of nursing to integrate palliative care into pre-service curricula will be priorities. APCA will also support selected HCWs and Namibian leaders to attend palliative care training, and support service delivery and policy development through continued strengthening of a National Task Force for Palliative Care.

The involvement of PLWHA in palliative care and adherence support programs will be continued; PLWHA will be speakers in community forums, work as community counselors, and be supported through a network of PLWHA (Positive Vibes) that advocates for improvements in community- and facility-based care.

The HIVQUAL project will continue to support capacity building for quality improvement for health facilities managed and supported by the MOHSS and Catholic, Lutheran and Anglican Health Services. Planned activities will strengthen data collection and systems of care and treatment. Intrahealth will support provision of clinical and spiritual care at faith-based sites to further enhance the quality of services.

Prevention with Positives: Namibia is one of three countries participating in the centrally-funded PWP initiative in care and treatment settings. The curriculum and job aids used in this initiative will be modified and adapted for Namibia for national scale up of PWP activities. I-TECH and the MOHSS will collaborate to develop a curriculum for a comprehensive prevention training which will integrate PwP, STI, post-exposure prophylaxis, isoniazid preventive therapy, and other prevention topics into one course. Likewise, community counselor training will include training on PWP. PWP training materials for CCs will complement the materials that developed by I-TECH for HCWs. As part of the roll out of PWP activities, PEPFAR will support procurement of related equipment, furniture, and supplies. Namibia is also participating in a centrally-funded PWP initiative in community-based settings. These activities will start in 2009, and will complement PWP activities in care and treatment settings.

The Case Management Program initiated in COP08 will be continued to enhance facility-based care and support and bidirectional linkages between facility- and community-based services. These case managers work closely with "expert patients" to assist

PLWHAs and their families. Some of the duties of the case managers include:
• Counseling patients on adherence, PWP, and disclosure/partner referral;
• Tracing patients who “slip through the cracks;”
• Facilitating support groups;
• Referring patients to other services, including counseling for drug/alcohol treatment, domestic violence, and community income-generating programs; and,
• Encouraging men to seek services and to support their partners and children in doing the same.

Overall, the USG program will continue to leverage its resources for care and treatment services with those of the GF, MOHSS, Clinton Foundation, and the private sector.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3132.09	**Mechanism:**	HIVQUAL
Prime Partner:	US Health Resources and Services Administration	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	18825.23961.09	**Planned Funds:**	$18,750
Activity System ID:	23961		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity funds the US-based HIVQUAL team for technical support to Namibia's HIVQUAL program. Funding for HIVQUAL is split between HTXS, PDTX, HBHC, and PDCS because the program focuses on quality improvement of clinical services in all four areas.

This activity expands on the HIVQUAL work which began in Namibia in FY 2007 COP at 16 ART sites. In FY 2008 COP, the program will roll out to all 34 districts of Namibia, and will also target at least 5 health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. In FY 2009 COP, the program will focus mainly on transferring knowledge and skills to local technical advisors in the Ministry of Health and Social Services (MOHSS) and CDC/Namibia with the ultimate goal of ensuring sustainability of the program in the long term. The USG HIVQUAL team will continue to focus on building quality improvement coaching skills among MOHSS staff and providers in Namibia and provide advanced level trainings for sites, as well as basic training for new participants. The training activities will be done in collaboration with I-TECH. Mentoring of Namibia-based staff will continue throughout the activity.

In FY 2009 COP, the activity will be conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC/Namibia and the US-based HIVQUAL team for technical support. Continuing activities include:

a. Quality Improvement (QI) training;
b. Assessment of quality management programs at the participating clinics;
c. Performance measurement (at six-month intervals) on selected core indicators;
d. Ongoing QI coaching at participating sites;
e. Promotion of consumer engagement in HIV care;
f. Regular conference calls with the US-based team;
g. Development and dissemination of QI related user guide and IEC materials including the HIVQUAL International Newsletter.

HIVQUAL provides a framework for health services staff and individual health care providers to engage in a participatory process of quality improvement based on evidence and data collected locally. Using the HIVQUAL model, health units, districts, regions and the MOHSS are able to gauge the quality of clinical HIV services at increasingly higher levels using indicators based on national guidelines. The HIVQUAL project will support capacity building for quality improvement for health facilities managed by 4 organizations, namely MOHSS, Catholic Health Services, Lutheran Health Services and Anglican Health Services. Improved quality of care at these facilities is expected to benefit an estimated 71,900 adult patients on ART and another 140,000 patients receiving care by March 2010.

Specific activities for FY 2009 COP include:

a. Training of trainers workshops to enable decentralization of QI trainings throughout Namibia and to support the expanded national quality program;
b. Study tour to New York by a combined MOHSS and CDC/Namibia team to learn from best practices of teams which have implemented QI for a long time;
c. Development of localized QI tools for specific use in Namibia;
d. Further expansion of indicators to focus on pediatric and PMTCT care.

Activities will strengthen the provision of quality care and the documentation of key strategic information in health care facilities. An important emphasis of this approach is to develop providers' skills for collecting and using performance data within their own organizations to improve their systems of care. Use of facility-level data derived from the national health information system for the purpose of improving quality is an important goal of HIVQUAL.

The HIVQUAL methodology is facility- and region-specific. At the clinic level, QI methods can be adapted to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used and it measures both the growth of quality management activities as well as guides the coaching interventions. Aggregated facility-specific data can provide population-level performance data that indicate priorities for national quality improvement activities and campaigns. Any publication and dissemination of these data will be done under the auspices of the MOHSS.

The concept of quality improvement using the HIVQUAL model is still relatively new in Namibia. Consequently, significant advocacy and training will be done to increase awareness and buy-in of the initiative by health care providers. Advocacy material for quality improvement will be printed and disseminated to health care facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18825

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18825	18825.08	HHS/Health Resources Services Administration	US Health Resources and Services Administration	7393	3132.08	HIVQUAL	$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $18,750

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1068.09

Mechanism: Cooperative Agreement U62/CCU024084

Prime Partner: Ministry of Health and Social Services, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3877.24327.09

Planned Funds: $56,250

Activity System ID: 24327

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity includes nominal support to the Ministry of Health and Social Services (MOHSS) for gaps in equipment and supplies for established and future delivery points for ART and palliative care services.

The MOHSS is responsible for national coordination, resource mobilization, monitoring and evaluation, training, and policy development in support of all HIV and TB related services. The MOHSS manages a network of more than 300 health facilities spread out over a vast geographic area in 13 health regions and 34 health districts. MOHSS leadership and implementation for facility-based palliative care for adult persons living with HIV and AIDS (PLHWA) is within the framework of WHO's Integrated Management of Adolescent and Adult Illness (IMAI) program. The IMAI Guidelines for Namibia have been approved, and rollout of IMAI is continuing. The five IMAI modules include: (1) acute care; (2) chronic HIV care with ART; (3) general principles of good chronic care; (4) palliative care; and (5) the caregiver booklet.

Taking on tasks previously provided by physicians, nurses will increasingly provide palliative care, managing clients who are not yet eligible for ART as well as clients who have completed their first six months of ART without incident. In COP09, CDC will recruit and hire a Namibian locally employed staff (LES) as a palliative care technical advisor who will work alongside MOHSS counterparts in both the Directorate of Special Programmes and the Directorate of Primary Health Care. The advisor will provide continued technical support in COP09, especially to nurses who are supporting IMAI rollout in all 13 regions of the country.

The majority of costs to support MOHSS' adult and pediatric care programming are reflected under CDC (technical advisor), I-TECH (pre- and in-service training), Potentia (supplemental staff), HIVQUAL (continuous quality assurance), and DAPP (linking persons in need to facility services). MOHSS care and treatment activities are inextricable linked because the point of entry for accessing care services for many HIV-impacted clients is during their routine ART clinic visits.

Funding under this activity supports procurement of equipment necessary to provide essential HIV-related clinical care, including tools to improve clinical monitoring. In an effort to address barriers to proper care of HIV-infected women, equipment will also be procured to improve gynecological screening and care of HIV-positive women to more adequately address HIV-related conditions such as cervical dysplasia and reproductive tract infections. Funding will further be used to replace outdated equipment in existing IMAI sites as well as to procure new equipment for new sites joining the IMAI network. This includes office supplies and tools essential for IMAI palliative care rollout, including printing of IMAI patient cards and files, as well as scales, examination tables, lamps, and other standard clinical equipment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16153

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16153	3877.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$280,329
7331	3877.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$266,980
3877	3877.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$165,250

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 599.09

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 19154.25935.09

Planned Funds: $320,000

Activity System ID: 25935

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Palliative Care (HBHC) Activities:
Peace Corps Volunteers in both education and health PCVs will continue to emphasize HBHC support activities under PEPFAR in FY09. To provide HBHC assistance, Peace Corps will emphasize training for community home-based care providers, psycho-social support for caregivers, prevention messages, life skills training, income generating activities, and alternative and sustainable energy technologies (ASET) to help offset the burdens of HIV/AIDS. PCV activities involve linking PLWHA with services and establishing HIV/AIDS support groups. Technical and cross cultural training will be provided to PCTs, PCVs and their counterparts to strengthen the effectiveness of their efforts in the field.

5 PCVs
Five (5) PCVs will support institutional capacity building for HBHC. PCVs work directly with host agencies and counterparts to identify community needs and priorities and to promote local services and community-based action. For example, PCVs are assigned to health care facilities to strengthen their outreach to communities, with special emphasis on improving nutrition and family economics, raising awareness through the promotion of voluntary counseling and testing, and reducing stigma and discrimination. PCVs also work with local organizations and community groups to build capacity in home based care, prevention outreach programs and the development and distribution of local Information, Education and Communication (IEC) materials, and related available service options for those infected and affected by the disease. In accordance with each organization's scope of activity, PCVs will collaborate with organizations such as Catholic AIDS Action, DAPP and Catholic Health Services to apply their skills to strengthen operational capacity in care activities for affected populations and People Living with HIV/AIDS (PLWHA). PEPFAR-funded PCVs will build institutional capacity through program development, proposal writing and fundraising for home based care and support.

VAST Grants
HBHC funds will be made available to PCVs and their communities and counterparts who apply for small grants to support community-based initiatives on care, support and capacity building. In accordance with VAST guidelines, planning, implementation, and counterpart funding will be required of the community for eligibility. It is expected that many of the VAST grants will be developed to promote care through activities such as HIV/AIDS support groups and clubs, community gardens, alternative transportation, solar cooking and fuel efficient stoves, community cinemas, sewing and handcrafts, and mobile community drama groups.

VAST funded projects will target people living with HIV and those affected by HIV/AIDS including discordant couples, home based care workers, and caregivers. PCVs and counterparts will be encouraged to design projects to improve the capacity of the target groups to develop safer sex practices, adopt healthy life styles and develop other coping methods that will reduce the incidence of HIV/AIDS by internalizing the values of condom use and being faithful.

Training/Technical Assistance
HBHC funds will be requested to improve the delivery of technical and training assistance related to care and support. PC/N will organize Pre-service training (PST) and In-service training (IST) for PCVs in Group 31 and their counterparts working on related issues during their two-year service. The following events will be held in FY09:

1. Trainees/Volunteers and some counterparts in FY09 will receive HBHC specific instruction during Pre-Service Training (PST) and In-Service Trainings (IST). Sessions will include cultural aspects related to HIV/AIDS, the epidemiology of HIV/AIDS in Namibia, sector responses to HIV/AIDS, gender norms, approaches to community entry and the use of assessment tools. As PCVs gain more experience in the field, additional sessions on resiliency training will focus on enhancing Volunteer support in areas of high morbidity and mortality.

2. PCVs/counterpart workshops will include topics related to HBHC such as stigma reduction, ASET, IGAs, community gardening, home based care approaches, and monitoring and reporting (M&R). These trainings will also provide a forum for obtaining systematic feedback on community norms and behaviors associated with HIV/AIDS care and support.

3. Project Design and Management (PDM) training will be conducted for volunteers and their counterparts to ensure success of projects planned and implemented to benefit local communities.

Materials/Equipment/Supplies
Training materials incorporating language and cross culture will be developed and/or acquired to enhance competencies for PCVs involved in HBHC activities. These materials will also be translated into target languages, as needed, for PCVs to use at the community level.

Peace Corps Volunteers and their counterparts, working in the area of HBHC will have a significant impact in the coming year on PLWHA, on the homebased health care workers that support them, and on their families and their communities. By assisting HIV affected families through support groups, economic activities, improved nutrition and education, the impact of the epidemic will be reduced, stigma addressed, and children will be able to continue in school, creating opportunities and hope for the future – essential ingredients for preventing the spread of the epidemic to another generation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19154

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19154	19154.08	Peace Corps	US Peace Corps	7394	599.08		$137,500

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $39,238

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1065.09
Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 3841.23985.09
Planned Funds: $565,042
Activity System ID: 23985

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

I-TECH will be supporting the same activities with the following modifications:

• I-TECH, in collaboration with the MOHSS, will develop a new prevention curriculum for a training which will integrate PwP, STI, post-exposure prophylaxis, isoniazid preventive therapy, male circumcision, and cervical cancer screening.
• I-TECH will assist the Ministry of Health and Social Services to develop a Five- Year Nutrition Strategy
• I-TECH will provide technical assistance on child growth monitoring promotion.

Please review the COP08 narrative:

This activity continues from COP07 and includes technical support for four elements: (1) Integrated Management of Integrated Management of Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI) for facility-based palliative care for persons living with HIV/AIDS, (2) Strengthening the integration of prevention strategies into HIV/AIDS training, (3) Clinical management of opportunistic infections, and (4) Integration of nutrition efforts

(1) IMAI and IMCI. National leadership and implementation for facility-based palliative care for PLWHA is outlined in Namibia's IMAI and IMCI Guidelines, which are based on the WHO IMAI and IMCI frameworks. In COP 2007, I-TECH and APCA supported the Ministry of Health and Social Services (MOHSS) with further development of the IMAI palliative care module to reflect the Namibian context and integration of palliative care expertise from other African countries. Implementation and training will likely begin in COP2008. This will include training of trainers (TOT) for nurses; adapting HIV-care related patient education materials for use in facilities and communities; in-service and regional trainings that target the IMAI roll-out sites; and on-site support visits to IMAI sites from Potentia staff.

Technical training and technical support will also be provided to health providers in the private sector in partnership with the MOHSS and the HIV Clinicians' Society. Results will include nurse provision of palliative care services at facility levels and improved linkages to community-based palliative care services, including management of clients who are not yet eligible for ART and clients who have received their first six months of ART at hospital-based Communicable Disease Clinics (CDCs).

Technical advancement for pediatric care will continue to be provided by the MOHSS pediatric care and treatment training program and the MOHSS IMCI program. In combination with the other IMAI modules and pediatric curricula, health care workers (HCWs) will be able to address key elements of the preventive care package for adults and children (cotrimaxole prophylaxis, TB screening and INH prophylaxis, integrated CT, HIV child survival interventions, clinical nutrition, HIV prevention strategies), other OI management, ART adherence, routine clinical monitoring and systematic pain and symptom management. Costs associated with the IMAI program are shared with I-TECH activities.

(2) Strengthened Integration of Prevention Strategies into HIV/AIDS Training. This component builds on current efforts to strengthen HCWs ability to employ prevention strategies for HIV-infected adults and children such as integrating simplified, age-appropriate messages on prevention, family planning, alcohol reduction, STI care, and referrals to other health and social services.

HCWs play a key role in helping clients to reduce HIV risk behavior and are willing to address prevention strategies for HIV-infected persons, but they are often constrained by a lack of information, training and clarity on messaging. ART sites lack comprehensive guidelines/protocols and educational materials, as well as a formal referral system for family planning, among other services. Sexually transmitted infections (STI) remained a major challenge in Namibia; according to government reports more than 7.5% of Namibians contract an STI each year and a total of 67,414 new STI cases were reported in 2006. STIs are syndromically managed and surveillance is entirely paper-based, so these figures are unable to paint the true picture of the STI burden in Namibia.

While the MOHSS established an STI control intervention for syndromic management, this program receives relatively limited support from partners and little progress has been made in reducing the burden of STIs in recent years. In addition, existing STI guidelines (which are currently being revised for an anticipated 2008 release) and training modules lack appropriate prevention messaging, family planning and guidance on support for disclosure of STIs, including HIV status. With COP08 funds, I-TECH is collaborating with the MOHSS STI division to update its training to include appropriate information and guidance on prevention messaging, disclosure, reduction in alcohol use and gender-based violence.

With COP 2008 funds, to update HCWs' knowledge and skills to reduce the burden of STI in Namibia, I-TECH will use the updated training to conduct 20 ToTs and seven regional trainings, resulting in 260 trained HCWs from 13 regions. In addition, with COP2008 funds I-TECH will "Namibianize" and disseminate Information Education and Communication (IEC) materials developed by other sources. I-TECH has also partnered with MOHSS' Primary Health Care Division to develop a family planning/HIV training module and related IEC materials that will be incorporated in the PMTCT and ART guidelines training. This work will be expanded in COP 2008 to include training of 50+ HCWs on prevention for HIV-infected persons and the provision of FP and STI care for PLWHA. These "Prevention with Positives" (PwP) trainings have been developed using materials from CDC's PwP Initiative.

(3) Clinical management of Opportunistic Infections. Clinical management of OIs is essential to the well-being of clients living with HIV/AIDS. In COP2007, I-TECH trained 90 government physicians and pharmacists in clinical management of opportunistic infections and 55 private practitioners will also have received such training by the end of COP2008. I-TECH will also participate in the MOHSS revision of the National Guidelines for the Clinical Management of HIV and AIDS. With COP2008 funds, I-TECH will provide training for an additional 75 government physicians and pharmacists and 40 private practitioners

Activity Narrative: based on the new MOHSS guidelines.

(4) Nutrition: Routine nutrition counseling, assessment and monitoring of malnourished PLWHA and children affected by HIV continue to be a challenge in Namibia. There is a critical need to build Namibian capacity as there are very few public sector nutritionists and only one dietician in the country. Through PEPFAR funding, I-TECH has placed a nutrition advisor in the MOHSS who has developed and implemented a four day training program on HIV/AIDS and clinical nutrition for HCWs. Results to date include 217 trained HCWs who recognize nutrition as a key component in delivering effective HIV treatment, care, and support services. I-TECH also integrated clinical nutrition into several other HIV curricula, including ART, management of opportunistic infections, dried blood spot PCR testing for early infant diagnosis, TB training for nurses, pediatric HIV training for physicians, and PMTCT.

In COP 2008, I-TECH will continue support for the nutrition advisor who will support the MOHSS in oversight of training and skills development in HIV/AIDS nutrition management, safe infant and young child feeding, and improved technical support and monitoring of trained HCWs. The advisor will ensure implementation of the monitoring tools and IEC materials developed in partnership with the Food and Nutrition Technical Assistance (FANTA) Project in FY 2007 as well as ensure procurement of training materials and anthropometric monitoring equipment for ART sites. The advisor will also support appropriate implementation of the MOHSS and Red Cross nutrition program which includes referrals for nutritional supplementation for adults and children on ART.

To enhance regional nutrition expertise, I-TECH will recruit and deploy two regional nutrition mentors via Potentia. Under the supervision of the MOHSS and the nutrition advisor, the mentors will guide initial and follow-up training, provide on-site clinical support and follow up visits and serve as key technical assistance (TA) for the many community-based food and nutrition projects. To ensure sustainability, regional nutrition mentors will be absorbed into MOHSS staff. Continuation of the four-day training for health workers is essential and COP 2008 funds will support training for additional 175 health workers from the 13 regions.

With funding from the Clinton Foundation for ready-to-use therapeutic feeding (RUTF) and roll-out of a pilot program in COP2007, I-TECH will also support five regional trainings for HCWs to identify and treat severe acute malnutrition (SAM) in HIV-infected children. The goals are to improve early detection of HIV status, timely management of (SAM) with leveraged RUTF food support, entrance to pediatric ART, and referrals and treatment of HIV-related conditions in HIV infected children.

As part of a USG-supported partnership between I-TECH, MOHSS and the FANTA Follow-On Project, an extended nutrition and HIV course will be developed in COP2008 to equip at least 13 regional HCWs to strengthen and supervise clinical nutrition in ART sites. These workers will focus on supervising clinical nutrition assessment, improving counseling on safe infant and young child feeding, expanding education on managing HIV symptoms and effective nutritional management with ART. Development of the course will begin in COP2008.

For the newly funded certificate program in nutrition at the University of Namibia (UNAM) I-TECH will provide a trainer to facilitate the short-course, materials and secure training venue; the FANTA Follow-On Project will provide TA for development of the course. The certificate program will result in a longer-term cadre of Namibian professionals with a high level of nutritional knowledge who will fulfill the consistent clinical nutrition human resource gaps for the MOHSS and other line Ministries, NGO and private sector partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16218

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16218	3841.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$697,852
7349	3841.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$638,515
3841	3841.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$381,037

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $565,042

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3894.23950.09

Planned Funds: $2,028,075

Activity System ID: 23950

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes provision of a portion of the salaries and other benefits for the following cadres outsourced through Potentia and seconded to the MOHSS: (1) 243 health care workers, including physicians, nurses, pharmacists, and pharmacy assistants, (2) 34 district health supervisors, (3) 34 case managers, and (4) 3 trainers who work collaboratively with MOHSS' National Health Training Center and I-TECH.

Because these Health Care Workers and Health Supervisors are not exclusively providing HBHC services, a portion of the funding to support their positions are also reflected in MTCT, HVTX, PDTX, PDCS, HVTB, and OHSS. Funding for Case Managers is also reflected in HVAB, HVOP, PDCS, HVCT, and HTXS. Funding for training staff is also reflected in PDCS.

1. Health Care Workers. 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 and pharmacists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and quality that is required for continued rollout of ARV and palliative care services. The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country. In 2007, the vacancy rate in the MOHSS was 35% for doctors, 22% for registered nurses, 26% for enrolled nurses, and 41% for pharmacists.

Since 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel though Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS. These personnel will be gradually absorbed into the MOHSS workforce. Absorption of USG-supported clinical staff is a cornerstone of the sustainability efforts to be outlined in the Partnership Compact between the US and Namibian governments. By the end of 2007, 18 Potentia staff members had transitioned into permanent MOHSS positions, both at the clinical and administrative level.

This human resource strategy has been central to Namibia's success with meeting its prevention, care and treatment targets. Potentia has a rapid personnel recruitment, deployment and management system. In 2007, the MOHSS engaged in a costing exercise supported by the European Commission and the USG that projected a need for 76 physicians, 191 nurses, 44 pharmacists, and 40 pharmacy assistants to ensure full rollout of Integrated Management of Adult Illness (IMAI) by the end of 2009.

The MOHSS is gradually shifting tasks from physicians to nurses, with nurses beginning to provide palliative care, managing clients not yet eligible for ART, and clients who have received their first six months of ART at hospital communicable disease clinics. Key priorities in palliative care service delivery by Potentia-supported health care workers will include:
• Provision of the preventive care package for adults and children
• Management of opportunistic infections
• Adherence counseling for HIV/TB
• Routine clinical monitoring
• Symptom and pain management.

Closer partnerships with districts and communities will allow increased opportunities to expand safe water, hygiene strategies and access to malaria prevention for persons living with HIV/AIDS (PLWHA) and their families.

Even with expansion of IMAI and task-shifting, the MOHSS will not have the capacity to fully support the costs for the projected number of staff persons needed in 2009/2010. FY 2009 COP levels supported by PEPFAR represented approximately 69% of the human resource needs, with the remainder of staff supported by the MOHSS, the Global Fund, and other development partners. Together, these colleagues work together under the supervision of the MOHSS to manage 85% of the patients receiving care and treatment services in Namibia.

Because of the reduced FY 2009 COP budget and the need to identify new resources for rollout of outreach -based services and expansion of the bursary system, the FY 2009 COP funding for this effort is level.

Therefore, the request is to continue to support the following positions:
• 65 physicians
• 79 registered nurses
• 46 enrolled nurses
• 28 pharmacists
• 25 pharmacy assistants.

Both the MOHSS and CDC will continue to collaborate in refining scopes of work and selecting health personnel who are supervised by the MOHSS, and receive training and on-the-job support from TECH, CDC, and the MOHSS. As noted above, these personnel are managed and compensated commensurate with MOHSS staff, and are to be gradually be absorbed into the MOHSS workforce as funding allows.

2. District Health Supervisors. In an ongoing activity, USG funds will provide salary and benefits for 34 nurses who report to the national-level supervisory public health nurse. These district supervisors are placed in high-burden districts and assist with coordination and supportive supervision of ART, TB and palliative care activities. These positions were added in response to priority needs identified in 2006 during the MOHSS' annual supervisory support assessment.

3. Case Managers. FY 2009 COP will also continue to support 34 case managers who commit 30% of their time to adult and pediatric palliative care activities. Potentia was first funded to recruit and hire 34

Activity Narrative: clinical case managers with FY 2008 COP. Case managers fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. Some, but not all, of the duties of the case managers include:
• Counseling patients on adherence, prevention with positives, and disclosure/partner referral
• Tracing patients who "slip through the cracks"
• Facilitating support groups
• Referring patients to other health and social services, including counseling for drug/alcohol treatment and domestic violence
• Encouraging men to seek services and to support their partners and children in doing the same.

Some delays have occurred in start-up of this activity in 2008 and thus the case managers are funded at 0.83 FTE in 2009; carryover funds will be used to make up the remaining 0.17 FTE. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to others with HIV/AIDS, including accessing facility- and community-based services, adherence, and disclosure. The newly envisioned case management program will have these expert patients working alongside case managers with backgrounds in psychology or social work. Case managers and expert patients will be trained by I-TECH.

4. Trainers. In FY 2006, Potentia also began supporting technical and administrative staff involved in this activity previously funded through I-TECH to streamline administration and reduce indirect costs. This activity will continue to support the provision of training personnel to the MOHSS' National Health Training Center, the Regional Health Training Centers, and I-TECH. The training centers do not have sufficient human capacity to provide IMAI training due to competing priorities. This activity will cover:
• 0.5 FTE of an I-TECH curriculum development expert to develop Namibian capacity in this area
• STI trainer
• Nurse trainer
• Training manager
• Transportation costs for tutors to travel to clinical sites for follow-up after IMAI training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16192

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16192	3894.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$2,750,000
7340	3894.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$2,387,182
3894	3894.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$1,008,283

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $2,028,075

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	1058.09	**Mechanism:**	Cooperative Agreement U62/CCU025166
Prime Partner:	Development Aid People to People, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	3929.24317.09	**Planned Funds:**	$98,458
Activity System ID:	24317		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: support for Development Aid from People to People's (DAPP) Total Control of the Epidemic (TCE) Program to educate community members on HIV prevention and to link these individuals to appropriate prevention, care, and treatment services.

DAPP leverages basic care resources to support TCE Field Officers (FOs) to provide education about HIV prevention, care (including TB) and treatment and to make referrals to available services. DAPP's sister interventions in Zimbabwe and Botswana have been evaluated and the findings from both countries showed that TCE program exposure was positively associated with better HIV-related knowledge, less stigmatizing attitudes, and HIV testing.

In COP09, this activity will expand to:
1. Create more support groups for people living with HIV and AIDS (PLWHA) which incorporate psycho-social support and small income-generating projects (e.g. community gardens and poultry farming);
2. Strengthen the technical capacity of FOs to educate and refer families for preventive care services; and
3. Integrate TCE activities with other PEPFAR-funded activities to strengthen the quality of services.

DAPP funding is in four other areas: HVAB, HVOP, PDCS, and HVCT. The TCE program is a highly organized house-to-house mobilization strategy that aims to educate and empower members of a community to reduce the risk of HIV, address stigma, and improve access to HIV and TB services. The TCE program was initiated in northern Namibia in 2005 with support from the Global Fund and PEPFAR. Global Fund supported the program in the regions of Omusati, Oshana, and parts of Ohangwena and Oshikoto; PEPFAR supported the program in Kavango Region, the remaining parts of Ohangwena and Oshikoto Regions, and parts of Khomas and Caprivi Regions.

In 2008, Global Fund support for DAPP temporarily ended in three regions. As a result, DAPP activities were suspended until the next successful Global Fund application. In each region, the TCE program provides essential information and referrals on prevention, care and treatment services. The TCE program is highly valued by Regional AIDS Coordinating Committees (RACOCs), Constituency AIDS Coordinating Committees (CACOCs), local leaders, and other government and nongovernmental organizations; these same bodies periodically tap TCE FOs to deliver messages about upcoming health events (e.g. National Immunization Days) or to distribute bed nets as they make their daily visits. If TCE activities had ended in the regions, the trained and skilled cadre of FOs would have been lost before the program could continue with future Global Fund support. Government officials requested that PEPFAR provide temporary "bridge" funding in order to maintain the continuation of services in the three regions. In response to the government's request, PEPFAR has provided the interim funding.

PEPFAR is committed to the continual support and enhancement of the TCE program and further intends to utilize the DAPP field officers for delivery of new activities related to prevention with PLWHA (PwP), responsible drinking, and male circumcision education. Funding from PEPFAR will support a total of 408 FOs, including 128 previously supported through GF. Both GF and PEPFAR will continue to provide technical support to DAPP.

Despite PEPFAR's interim support for the TCE activities in GF-supported regions, overall PEPFAR funding for DAPP in COP09 has been reduced and expansion into new regions and activities has been put on hold to sharpen the focus of DAPP's efforts. Both PEPFAR- and GF-supported assessments of the TCE program conducted by CDC technical advisors identified that efforts must be more targeted to impact behavior change and linking individuals to services. With COP09 funds, CDC/Namibia and CDC/Atlanta will continue to work closely with DAPP to begin an impact assessment of the TCE program, revise and harmonize the TCE curricula and produce relevant job aids. The assessment and refined curricula should also allow DAPP to improve linkages to community- and facility-based services, and expand their efforts to mobilize at-risk persons to access services at both health facilities and community sites. Furthermore, DAPP and its large cadre of field officers are poised to be trained to deliver the community component of the Prevention for Persons Living with HIV/AIDS (PWP) Initiative when that initiative is rolled out in the near future.

The FOs further provide simplified preventive care messages for families regarding the importance of cotrimoxizole prophylaxis; use of long-lasting insecticide impregnated nets for HIV-positive pregnant women and children under five (leveraged by Global Fund); safe water; personal hygiene; and good nutrition and proper care for HIV-infected children. Simplified messaging also includes ART adherence support and screening for pain and other symptoms. From October 2007 through September 2008, FOs linked 927 individuals to home-based health care, established 836 TRIOs (treatment support groups), and recruited 981 individuals for PLWHA support groups. There are 53 support groups throughout the country. FOs register each member of a household in their catchment area to avoid duplicate counting.

Where possible, the FOs will coordinate with government and community-based service delivery points to provide critical transportation support to rural persons in need of essential services. In COP09, DAPP will continue to work with I-TECH and the multi-national NGO PACT to strengthen community-level training in TB care which will result in improved integration of TB screening and referrals in the DAPP and PACT community programs. DAPP will also strengthen the integration of their HIV/AIDS program with their efforts in community TB DOTS.

TCE volunteers are key partners with the FOs, communities, and health care facilities. From October 2007 through September 2008, FOs have recruited 55,862 active "passionates" – community volunteers who assist with delivery of health messages and referrals. TCE also coordinates with volunteers supported by PACT with PEPFAR funds to refer individuals for palliative care and OVC services. Supportive supervision of all community caregivers is provided by TCE Special Forces Officers, CDC nurse mentors, and primary health care nurses from nearby facilities.

Activity Narrative: COP09 will continue to support ongoing delivery of the TCE program and strengthen technical implementation through training, supervision, transportation support, and partnership-building. TCE will work closely with PLWHA organizations, the organizations represented within the RACOCs and CACOCs, local Ministry of Health and Social Services (MOHSS) officials, and other stakeholders to recruit PLWHAs (especially members of minority groups, including the San) as FOs. Recruitment of PLWHA will foster the development of effective HIV-related community support groups and strengthen ties to service delivery sites. In addition to support groups and the activities noted above, DAPP will continue to initiate community gardens and other income-generating activities in areas identified by community leaders.

DAPP activities address gender issues through the provision of equitable services for both male and female PLWHA, support for disclosing HIV status, and improved male involvement in the program (e.g. improved male participation, male responsibility in care-giving and support for female caregivers). DAPP is a partner in the Male Norms Initiative begun in Namibia in 2007, which seeks to address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, destructive “inheritance” practices imposed on widows by male family members, multiple sex partners, transactional and trans-generational sex, power inequities between males and females, and alcohol abuse.

The TCE Program continues to be an entry point for building human resource capacity within Namibia, as a proportion of FOs, all of whom are Namibian, are able to parlay their experiences into promotional opportunities as community counselors within MOHSS facilities and New Start Centers. This strengthens the community-based career ladder and the capacity of counselors and clinic facilities, as well as builds the technical capacity and communication skills of FOs. Not only will FOs become employed as MOHSS-certified counselors, but they are anticipated to build community awareness into facilities and further strengthen the continuum of care between facilities and community partners who deliver HIV-related services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16121

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16121	3929.08	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	7356	1058.08	Cooperative Agreement U62/CCU025166	$105,303
7326	3929.07	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	4382	1058.07	Cooperative Agreement U62/CCU025166	$100,288
3929	3929.06	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	3150	1058.06	DAPP	$96,146

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $98,458

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	1157.09	**Mechanism:**	N/A
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	24345.09	**Planned Funds:**	$75,000
Activity System ID:	24345		

Activity Narrative: NEW/REPLACEMENT NARRATIVE
The funds from this activity cover 75% of salary and personnel-related costs for a Palliative Care Technical Advisor to the Ministry of Health and Social Services (MOHSS). The remaining funds are reflected in the Pediatric Care and Support (PDCS) program area.

The MOHSS is gradually shifting tasks from physicians to nurses, enabling nurses to provide palliative care, and to manage clients not yet eligible for ART and those who have received their first six months of ART at hospital communicable disease clinics. This transition is part of MOHSS' decentralization plans to support comprehensive HIV/AIDS care for Namibian communities, as outlined in the Integrated Management of Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI) guidelines, which are based on standards set forth by the World Health Organization (WHO). The IMAI and IMCI guidelines set forth a framework for decentralized HIV/AIDS training, service delivery standards, and task shifting of care to district and community levels. Namibia's 13 regions are anticipated to complete the roll-out of IMAI to selected health centers and clinics in their catchment areas by 2009.

As a result of continued training and roll-out of IMAI and IMCI in Namibia, expertise in provision of care services is improving. In FY 2006 COP, the USG and its partners, including the MOHSS, began receiving technical assistance from the African Palliative Care Association (APCA) and a USAID Regional Technical Advisor for HIV/AIDS Palliative Care. Support from APCA will continue in FY 2009 COP. While significant program accomplishments are underway with this technical support, there remains a critical need to have an in-country, experienced, full-time palliative care technical advisor who is dedicated to development, decentralization, monitoring and evaluation of HIV-related palliative care in Namibia. The technical advisor will assist with continued roll-out and quality assurance of HIV-related adult and pediatric care services, including support for the national IMAI and IMCI programs. The position was first approved in FY 2007 COP through the CTSGlobal/Comforce mechanism. In FY 2009 COP, this position will be converted to a locally employed staff (LES) position for a qualified Namibian.

In this position, the technical advisor will:
1. Directly support MOHSS care programming at facility levels, including support for implementation and monitoring of IMAI and IMCI.
2. Support the current MOHSS Coordinator for Palliative Care and Opportunistic Services in the Directorate of Special Programs to develop that individual's expertise and leadership.
3. Serve as a liaison to the MOHSS Case Management Unit's implementation efforts; CDC's HIVQUAL Coordinator; the extensive I-TECH trainings and mentorship programs; the IMAI site nurses and their referring district ART doctors.
4. Collaborate closely with the MOHSS Family Health Division, which is responsible for community-based palliative care, clinical nutrition and family planning/HIV integration, as well as USG partners to address other critical program gaps. This includes partnering with:
a. MOHSS' Nutrition Subdivision and I-TECH's Nutrition Advisor to ensure that developments in clinical nutrition are well integrated into HIV/AIDS palliative care programs;
b. MOHSS' Family Health Division in the Primary Health Care Services Directorate and the Global Fund to strengthen the delivery of community-home based care and the integration of palliative care at home and community levels;
c. MOHSS ART sites, Central Medical Stores, and SCMS to address gaps in procurement and supply chain management for home based care kits and essential palliative care medications.

The technical advisor will emphasize key palliative care priorities across program areas and will include the provision of the preventive care package for adults and children which includes:
a. Cotrimoxizole prophylaxis for Stage III, IV disease or CD4<300 and for HIV-exposed/infected children,
b. TB screening and the "three Is" (infection control, isoniazid preventive therapy, and intensified case finding),
c. Integrated counseling and testing,
d. Infant feeding counseling for HIV-positive mothers,
e. Child survival interventions for HIV-positive children,
f. Growth monitoring and immunizations,
g. Clinical nutrition counseling,
h. Anthropometric measurement, monitoring, referral, micronutrient supplementation and targeted nutrition supplementation for severely malnourished people living with HIV and AIDS (PLWHA) who are on ART,
i. Prevention strategies which include balanced ABC prevention messaging, condoms, support for disclosure of status, referral for PMTCT services, reduction in alcohol use and gender-based violence including assistance as needed through government centers for abused women and children.

Key palliative care priorities also include other opportunistic infection management, ART adherence, routine clinical monitoring, and systematic pain and symptom management. Closer partnerships with districts and communities will allow increased opportunities to expand safe water and hygiene strategies as well as to expand access to malaria prevention for PLWHA and their families. It is also anticipated that a complete roll-out of IMAI task-shifting will ultimately result in MOHSS' development of a national palliative care policy that allows nurses to prescribe narcotics and symptom-relieving medications. Technical support from APCA (#8043) will support this activity.

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

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	6169.09	**Mechanism:**	DOD/I-TECH/U. of Washington
Prime Partner:	University of Washington	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	4471.25859.09	**Planned Funds:**	$180,000
Activity System ID:	25859		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This is an ongoing activity from COP2007 and supports the care component of the Namibian Ministry of Defense's HIV/AIDS Military Action and Prevention Program (MAPP).

The activity is focused on providing basic elements of clinical care, community and home-based care, psychosocial care and stigma reduction to military members living with HIV, as well as for any military family members who are HIV-positive.

Clinical palliative care will be provided to HIV positive military members and their immediate family members who are also HIV-positive at the two Namibian military hospital ART sites in Windhoek and in Grootfontein. Services include prevention and treatment of OIs (including provision of cotrimoxizole prophylaxis), provision of isoniazid preventive therapy (INH) for eligible clients, screening and care for sexually transmitted infections (STIs), and screening and alleviation of HIV-related symptoms and pain. It is estimated that in COP 2008 up to 1900 clients will be given cotrimoxazole prophylaxis; this number includes the 1600 patients on ARVs and an estimated further 300 who will be eligible for cotrimoxazole but not yet for receiving ARVs. An estimated 500 HIV-positive clients will be treated with INH in COP2008. To support technical implementation of clinical care, fifty Ministry of Defense health care workers will be trained in proper prophylaxis and management of OIs including tuberculosis. Adherence to antiretroviral therapy (ART) is regarded as the most important factor affecting success of antiretroviral treatment.
In order to improve health provider support for effective ARV adherence, I-TECH will provide training in adherence counseling for 40 military health workers from the two ART sites and at least three sickbays.

I-TECH, in collaboration with the MoHSS nutrition division and the ITECH nutrition program, will offer a routine nutritional assessment, counseling and monitoring of nutritional status at the two ART sites, with provision of short-term therapeutic feeding for clinically malnourished patients according to the MoHSS entry and exit criteria. It is currently estimated that 300 (20%) of clients will require short-term nutritional support. All patients registered at the ART clinic will receive routine daily micronutrient supplementation.

I-TECH will support 30 outreach nurses from the two ART sites and other sickbays to provide home-based palliative care for chronically and terminally ill military and family members who require home support. Each outreach nurse will receive training and technical support in community and home-based palliative care (CHBC), as well as receive the standardized home based care kit which is recommended by the MoHSS to enable them to carry out more effective and quality homecare visits. Services provided by in the home will include physical care (wound care, cleaning, bathing), psychological care and symptom screening, relief and referrals to the nearby facility for additional services. It is anticipated that a minimum of 60 patients living with HIV may need home visits in COP 2008. I-TECH will also provide training and technical support to health care providers at Oshakati military base so they may scale up their home based palliative care program in the north-west of Namibia, which currently have more than 100 soldiers placed on home-based palliative care. In COP2008, the USG will explore opportunities to partner ITECH with the African Palliative Care Association in order to strengthen the palliation care skills of the nurses in the overall Ministry of Defense care program.

This initiative will also integrate referrals and linkages to care services withing the MAPP prevention program. ITECH will partner with the MAPP program, improve awareness of basic care services and integrate referrals for psychosocial, spiritual and social support for military members living with HIV. The program will support the establishment of an HIV support group of HIV positive military members at the two military ART sites.

In order to tackle stigma and discrimination within health system, I-TECH will collaborate with a local non-governmental organization in the military catchment areas to conduct a 3-day workshop on a program called 'HIV and me' for 46 military health workers. This workshop is facilitated by people living with HIV and aims to assist health workers to confront actions associated with stigma and discrimination against HIV-positive patients. At all levels, attention will be given to increasing the gender equity in accessing HIV and AIDS programs. I-TECH will ensure equitable access to services for both men and women, encouraging the participation of men and boys and their responsibility in care giving and support for female caregivers, as well as addressing stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16225

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16225	4471.08	Department of Defense	University of Washington	7385	6169.08	DOD/I-TECH/U. of Washington	$200,000
7895	4471.07	Department of Defense	University of Washington	6169	6169.07	DOD/I-TECH/U. of Washington	$30,000
4471	4471.06	Department of Defense	Social Marketing Association/Population Services International	3105	3105.06	Military Action and Prevention Program (MAPP)	$0

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$31,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7656.09	**Mechanism:**	PACT TBD Leader with Associates Cooperative Agreement
Prime Partner:	Pact, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	4727.26986.09	**Planned Funds:**	$2,358,029
Activity System ID:	26986		

Activity Narrative: Motivated by the overwhelming needs of persons living with HIV/AIDS (PLWHA) and their families, Namibia's strong faith-based sector continues to mobilize communities. Churches claim membership among 75% of Namibians and organize almost all community-level care, especially the majority Lutheran and Catholic denominations. During COP07 and COP08, USG continued its home based community care and support (HBHC) program through PACT, an umbrella NGO that integrates capacity building of local faith-based organizations (FBOs) and NGOs, including targeted technical assistance (TA), into a grants management cycle. PACT develops local ownership and provides capacity building in financial and programmatic accountability, including M&E and financial management, while providing support and guidance to improve the overall quality of programs. PACT will source and/or network experienced TA to subgrantees and foster networking through communities of practice to address and resolve bottlenecks in implementation. PACT efforts through PEPFAR extend beyond PEPFAR-funded programs to create sustainable, high-capacity organizations by addressing gaps in leadership, management, governance, and strategic direction.

National level, in COP09, PACT will work closely with the Ministry of Health and Human Services (MOHSS), the African Palliative Care Association (APCA), subgrantees and other stakeholders to further develop and test the National HBHC training materials. PACT supported the MoHSS to initiate this process in COP07 through a literature review, the development of standards, and draft training curriculum integrating best practices in adult learning. In COP08 Pact intends to support a pilot training of the curriculum and a TOT for building the capacity of grantees to carry out modules from the training. COP09, Pact will support the MOHSS to seek local training institutions and assist with accreditation of the training materials. When approved by the government, Pact will assist the MOHSS to define a new cadre of community care worker to be supported by the MOHSS. Pact will also support the MOHSS to develop and test an action-based field manual for use by the HBHC providers with a low level of literacy. PACT will engage subgrantees in using national level materials while also supporting the enhancement of tools and methods to measure outcomes. PACT will work with grantees to ensure clinical prioritization of needed care into services.

COP08, PACT worked with grantees to identify and strengthen existing activities according to the new national standards on CHBC. All grantees have recognized improving treatment adherence as a priority. Pact will continue to strengthen the 5 service delivery areas of CHBC, focusing particularly on sensitizing grantees on clinical service delivery with emphasis on symptom screening, referrals, and cotrimoxizole use. PACT also worked with grantees on adopting structured supervision of caregivers and quality improvement.

Based on gaps identified with subgrantees, focus areas for targeted TA with COP09 resources include:
1) addressing volunteer retention, incentives, supervision, and impacts of pending labor law changes;
2) expanding male involvement, particularly among volunteers and volunteer partners;
3) addressing needs of caregivers "Caring for Caregivers";
4) improving delivery of psychosocial support at the community level; and talking to children
5) greater involvement of PLWHA in quality improvement of services;
6) food and nutrition counseling;
7) improving bi-directional referrals, referral follow-up and formal linkages with facilities through the network model;
8) addressing barriers to transportation;
9) addressing M&E challenges of monitoring community based services; and
10) further improvements in delivering services within the preventive care package that are feasible and appropriate to community care, including: referrals to VCT; referrals to/from facilities for care and medications; adherence to ARVs; TB drugs (including IPT); cotrimoxizole; safe water; ITNs in malarial areas; nutrition; and specific integrated prevention messages, especially among people living with HIV/AIDS.

COP08 resources will continue to support these specific activities:
1) With COP07 funds, Sam Nujoma Multipurpose Centre (SNMPC) expanded activities to include a community home-based care initiative. Targeting communities in 2 northern regions, SNMPC will expand the number of HBC volunteers reaching clients and families in need. HBC services focus on symptom diagnosis and relief, ART and OI prophylaxis adherence, psychological support, social support, integrated prevention messages, referrals to government health services, and identification and referral of OVC to the OVC program. PACT will ensure SNMPC has access to improved training opportunities for HBC caregivers. SNMPC currently operates a support group of 50 with plans to expand to more groups targeting 120 PLWHA. In addition to supporting ARV adherence, SNMPC will encourage more involvement of men through a PLWHA support group for "professionals" to address the shared challenges.
2) Within 40 communities in 4 regions, the CBO TKMOAMS will provide refresher training to existing volunteers providing physical (wound care, cleaning, and bathing), treatment adherence, and psychological and spiritual care to PLWHA and their families. TKMOAMS will strengthen its documented referrals. It strengthens elements of the preventive care package, including bed nets. It will continue supporting support groups for PLWHA, focusing on psychological support, prevention with positives (PWP), professional development opportunities, and income-generation.
3) Apostolic Faith Mission AIDS Action (AFM) implements a family-centered HBC intervention in its network of congregations in four under-served northern rural regions targeting clients and family members. Support twice a week includes adherence counseling, physical support, spiritual counseling, and referrals and/or transport to hospital. With FY 2010 resources, AFM will use a locally recognized HBC curriculum to increase its volunteers from 100 to 150 (60 additional volunteers are supported by other funding). AFM will focus on incorporating treatment adherence as well as preventive messages with positives while moving more toward providing appropriate services in a comprehensive preventive care package.
4) The Evangelical Lutheran Church of the Republic of Namibia's (ELCRN) AIDS program (ELCAP) uses it church's wide network to improve the quality of life of PLWHAs and their families through volunteers. With a strong counseling program in place, ELCAP's HBC program will focus on increasing quality of service delivery, with particular attention on improving treatment adherence (including the relationship between alcohol abuse and treatment adherence), stigma reduction, improved referrals and integrated PWP. Support groups will encourage positive living, develop buddy programs, provide adherence support, and initiate income generating activities. ELCAP will expand a pilot program of Men's Leagues into its existing HBC program by empowering local male leaders to participate in caring for PLWHA in communities. ELCAP will work with CAA and RAP to coordinate activities in similar areas.
5) COP07, Walvis Bay Multi-Purpose Centre (WBMPC) expanded into HBHC. WBMPC will provide PLWHA

Activity Narrative: support group members with care and support through trained caregivers linked to the HAART clinic. WBMPC will continue to target clinic clients with adherence messages through informational sessions run by PLWHA as part of their greater involvement of PLWHA in programming.

6) As the predominant caregivers of PLWHA and OVC, programs that help women develop important economic skills and self-determination are important to strengthening communities' ability to care for those affected by HIV/AIDS. The goal of the Pact WORTH program is to strengthen women's ability to care for the PLWHA (and OVCs) in their own households and in the community through economic empowerment and income generation. WORTH is a unique, sustainable income-generating training program of women helping women. It fosters grassroots development, increases family income, and develops local control of resources through community-run village banks. WORTH combines literacy, enterprise development and savings and loan activities. Literacy education combines practical stories about transparent group formation and management, good business and marketing practices, creating both interest and enthusiasm among the women to read the material even if they are literate. WORTH groups also receive regular training and support from program empowerment workers.

7) With a target of 2000 volunteers for FY2009 resources, CAA is the largest FBO network, providing HBHC services for 7,500 adult and pediatric clients and their families. Approximately 18% (1,350) HIV+ clients are children and 6,150 are adults. This integrated family-centered program involves the assessment of PLWHA, family needs, provision of family-based health education, advocacy & referral, stigma reduction, counseling & emotional support, spiritual care, practical care, emergency material assistance, and referrals to CAA services for OVC. In FY09, CAA will continue incorporation of a comprehensive prevention package into HBC services, including: education, VCT and PMTCT referrals, mobilization for cotrimoxizole prophylaxis and isoniazid preventive therapy, improved ART adherence, safe water, hygiene, malaria prevention and treatment, TB screening and referrals, promotion of good nutrition practices for adults and children, promotion of child immunizations, and referral for family planning services. CAA volunteers and staff help resolve challenges with access to either cotrimoxizole or isoniazid treatment. Early referral and retention in CAA HBHC programs is achieved through 2,000 community volunteers from a structure of over 300 parishes and missions, the volunteers' constant community mobilization and education, and CAA's reputation for quality services.

CAA provides volunteer groups with micro-funding for emergency assistance to the neediest clients. The community volunteer group is empowered to allocate this resource, frequently used for funeral expenses, food, and shelter.

A national office staff member is charged with providing capacity building and training for staff and volunteers on nutrition as well as the development of micro-enterprise activities to increase food security. The volunteers are the target for this intervention with indirect beneficiaries including adult and pediatric HIV+ clients and OVC. CAA provides neediest clients with supplemental nutrition in the form of e-pap.

CAA is developing PWP activities in collaboration with partner NGO's including Positive Vibes. Center- and community-based support groups empower clients to protect their health against infections as well as prevent HIV transmission to others.

Collaboration with the MoHSS and the Social Marketing Association allows CAA staff and volunteers to distribute insecticide-treated nets for HBHC clients. Home care kits are replenished to each volunteer on a monthly basis during supervision by CAA staff. In some areas, GRN facilities provide both the kit and the replenished supplies. In others, PEPFAR funding is used to replenish non-pharmaceutical supplies such as skin lotion and disinfectant. CAA provides medical supplies and equipment for the nurse supervisor with PEPFAR funding.

CAA will expand its nurse-supervised home based palliative care services from 7 regional offices in FY09 to 10 offices in FY10. In collaboration with the African Palliative Care Association (APCA) and the MoHSS, CAA will offer direct clinical services through staff/volunteers supervised by trained nurses. CAA will continue to work with the MoHSS to strengthen referral mechanisms to and from the community and facility. Palliative care-trained volunteers, supervised by nurses, improve the quality of life of people living with HIV through the prevention and relief of suffering by means of early identification of HIV infection and opportunistic infections and the assessment and treatment of psychosocial, spiritual, and physical pain. Care is provided throughout the disease continuum from diagnosis to bereavement support for families and loved ones. Program quality is monitored through frequent supervision by CAA staff, monthly data collection, as well as the APCA palliative care outcome scale. CAA is active in the Namibian Palliative Care Task Force that advocates for increased access and quality of palliative care services, including access to opioids.

CAA will enhance the quality of its home based palliative care services by mainstreaming the involvement of at least 500 men, male partners of existing home based palliative care volunteers and male community leaders. With the technical assistance of Engender Health, a community workshop curriculum has been developed to clarify how cultural values play a key role in determining attitudes and behaviors related to gender and HIV infection. These workshops assist participants to redefine masculinity and develop new models for healthier individuals, families and communities. The workshops help men understand how they need to be involved in transforming culture to address key issues in HIV transmission and plan for greater involvement of men in HIV prevention, care, and treatment.

During routine home visits, CAA volunteers remind families and caregivers of the importance of boiling water, safe water storage and basic hygiene to reduce the burden of diarrhea on the nutritional and health status of HIV infected clients.

CAA volunteers provide extensive community mobilization and education to decrease stigma and discrimination and increase uptake of clinical services including VCT, PMTCT, ART and treatment for TB. Regular monthly supervision and an annual retreat for staff and volunteers, as well as materials from the southern African region on "caring for caregivers" will ensure HIV services for infected caregivers and emotional and spiritual care for all volunteers to renew and sustain caregiver motivation. CAA will also target HIV+ volunteers and provide a small transport subsidy to ensure access to ARV treatment to those that need it.

PACT will ensure linkages with interventions in other program areas, such as male involvement across all program areas, identification of OVC in households and referral to OVC programs, community prevention focusing on risk reduction including alcohol abuse, screening for violence against women and children and referrals to Women and Child Protection Units and improved integrated screening and referral for TB (ITECH/TB; TB CAP). Pact works closely with both EngenderHealth for male involvement as well as C-CHANGE for BCC support.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16179

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16179	4727.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$2,994,256
7412	4727.07	U.S. Agency for International Development	Pact, Inc.	4409	4072.07	Community REACH	$1,861,153
4727	4727.06	U.S. Agency for International Development	Pact, Inc.	4072	4072.06	Community REACH	$926,644

Emphasis Areas
Gender
* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion
Health-related Wraparound Programs
* Child Survival Activities
* Safe Motherhood
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$1,673,624

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$10,253

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$45,000

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$372,000

Education

Water	
Estimated amount of funding that is planned for Water	$2,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	4420.09	**Mechanism:**	SCMS
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	7967.26992.09	**Planned Funds:**	$338,525
Activity System ID:	26992		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY 2009 COP SCMS will continue their main activities and, in addition, provide support to the HBC logistics system designed in FY 2008 COP. SCMS will monitor this system performance as well as develop a Logistic Management Information System (LMIS) capable of reporting logistics data and an Inventory Control System to ensure maintenance of appropriate quantities of HBC kits at all levels of the system. Standard Operating Procedures (SOP) will be developed that provide guidelines for inventory management, quantification, reporting and ordering, monitoring and supervision. Trainings will be conducted to enable the end users of the system to adhere to the system principles and SOPs, conduct annual quantification for HBC and procurement planning, and support monitoring and supervision of HBC kits utilization. In FY 2009 COP, in liaison with DOD/I-TECH, SCMS will procure 100 HBC kits for 522 patients on ART under the DOD/I-TECH support. USG, through SCMS, will also support the replenishment and distribution of an estimated 8600 HBC kits (Public Sector GFATM procured-6500; PEPFAR funded-2000; DOD/ITECH-100).

Please review narrative from COP08:

This activity has two components: support for the Home Based Care(HBC) Kit logistics systems and procurement and replenishment of HBC kits for PEPFAR funded faith based organizations (FBOs), NGOs and community-based organizations (CBOs). The main focus is to continue to provide support to the Primary Health Care Directorate of the Ministry of Health and Social Services (MoHSS-PHC) to ensure that HBC Kits are in sufficient supply, and moving through a supply chain that ensures that the kits are available in the right quantities, at the right places, at the right time. HBC Kit contents include both consumable and non-consumable supplies to provide basic nursing and personal hygiene care, wound care, gloves to ensure universal precautions, multi micronutrient tablets and Step I analgesics (panadol) for chronic and terminally ill people living with HIV/AIDS (PLWHA) who are visited at home by community and home-based care (CHBC) providers. It is anticipated that supportive and clinical supervision of providers will be strengthened as the supply chain of HBC kit improves (related to HBHC PACT and MoHSS)

In COP 2007, the Supply Chain Management System (SCMS) supported the MOHSS-PHC Directorate by conducting an assessment of the distribution and logistics information management system for HBC kits in Namibia, whose public sector HBC Kits are funded by the Global Fund. SCMS also provided support to facilitate the distribution of about 6,500 HBC kits to partners across the country, leveraging the Global Fund funding.

In COP 2008, SCMS will continue support to the MOHSS-PHC with technical assistance for procurement and distribution of HBC Kits. SCMS will also support the development of reporting and monitoring systems for this commodity and strengthened logistics training of the MOHSS PHC Directorate with the goal improving the MoHSS supply chain management for HBC Kits. SCMS will also work with the MOHSS-PHC Directorate to create a system of HBC kit replenishment for consumable portions of the kit (gloves, bandages, panadol, multi micronutrient tablest, etc) which is currently non-existent. Proposed activities will ensure that there is an uninterrupted supply of HBC kits to support the scale-up of palliative care services within home-based care settings in Namibia. HBC Kits are procured mainly with funding from the Global Fund. SCMS in COP2008 will leverage this funding and provide support for the distribution of an estimated 8,000 HBC Kits throughout Namibia.

Additionally, the USG through SCMS, will also support the replenishment and distribution of 1,500 kits for PEPFAR-funded FBOs and NGOs in collaboration with PACT subgrantees. This includes technical assistance and support for development of reporting and monitoring systems for HBC Kits by PACT grantees and a system of HBC kit replenishment for consumable items such as gloves for universal precautions, bandages for wound care, etc. The goal of this activity is to develop an uninterrupted supply of HBC kit consumables for USG-supported home-based care sites.

To ensure long-term sustainability of interventions, SCMS will assist in improving national capacity through training and skills transfer to MoHSS-PHC staff, and will ensure that the interventions are consistent with the vision and capacity of the MoHSS-PHC. This component will provide support to one MoHSS division, and training for about 10 personnel.

The main emphasis area for the activity is logistics with commodity procurement, local organization capacity building, and training as minor emphasis areas. The target population is mainly policy makers and other MoHSS staff.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16185

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16185	7967.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7373	4420.08	SCMS	$466,500
7967	7967.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$285,159

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $57,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 4735.26958.09

Planned Funds: $605,213

Activity System ID: 26958

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is an ongoing activity and includes six elements: (1) clinical care; (2) spiritual care; (3) psychological and social care; (4) integration with other services; (5) addressing challenges to referrals; and (6) improved nutritional care.

1. Clinical Care: Capacity is supporting implementation of the clinical components of the preventive care package and clinical treatment in the five Faith Based Facilities (FBF) and six health centers/clinics in Namibia. In COP09, support will be provided to continue implementation of the following elements of clinical palliative care in FBF facilities: prevention and treatment of OIs (CTX prophylaxis for eligible HIV positive clients and HIV exposed infants and TB screening); INH prophylaxis (on eligibility criteria with increasing number since mid FY 2007); pain and symptoms management (including opioids), nutritional assessment and multi micronutrient supplementation; and screening, treatment referral for other conditions such as malaria and diarrheal disease. CAPACITY staff are active members of the National Palliative Care Task Force. The Task Force will continue to advocate for increased availability and use of opioids and promote the use of pediatric formulations at different health facilities. While access is available in select areas the lack of awareness and training on opioid use is inhibiting rollout of pain control. The program will continue working with the Task Force for scale up of sensitization, training, clinical mentoring and supportive supervision for wider expansion of pain management.

2. Spiritual Care: During COP09, spiritual care for PLWHA through trained clergy will continue to allow PLWHA to express their feelings and spirituality in order to alleviate psychological burden and improve coping capabilities. End of life care, including hospice care, will also be reinforced through skills update with I-TECH as they update their training module on palliative care with help from the African Palliative Care Association (APCA) and the National Palliative Care Task Force. CAPACITY will continue supporting the TOT training of clergy (with APCA materials) to ensure a qualified pool of clergy who will be equipped (communication skills and appropriate messaging) to support the spiritual component of palliative care for the HIV clients, their families and care-givers. Prior to this training, a baseline KAP study will determine the training needs amongst clergy and will be used to assess the impact of the intervention.

3. Psychological and Social Care: CAPACITY and its partners will work through the referral network to ensure a proper and strengthened referral system that enables referral of PLWHA and families to the providers of governmental social services and NGOs such as CAA, ELCIN, and ELCAP, among others for psychological and social support (social grants, community-based programs and food security programs).

4. Integration with Other Services: During COP09, clients and their families will continue to be provided with high quality counseling and testing (CT), mainly through provider-initiated prevention counseling. Topics include encouraging family enrollment into HIV services and behavioral counseling through ongoing prevention messages (safer sex, reduction of partners and risky behavior) that are integrated into care and treatment settings as well as referral for support groups’ activities (3 of 5 districts have functional support groups). Family planning counseling, STI screening and treatment will form part of the PwP approach as every client registered in care will be offered this service at every visit in the same integrated approach, as for TB screening. The new ART client monitoring tool endorsed by the MoHSS captures data on family members and partners (tested or not) that will help in providing clients and their families with the basic preventive package in a family-focused approach. In addition, this tool allows registration of all diagnosed HIV+ clients in what is called a pre-ART register that includes elements of clinical palliative care, provides opportunities for routine clinical and immunological follow ups, and lays ground work for optimal time of ART initiations. Pregnant women enrolled in the PMTCT program are also targeted for PC services. They are provided with the same basic preventive care package as described earlier, with emphasis on couple counseling, and safer sex (including during pregnancy and breast-feeding). In general, entry to care for women is facilitated through PMTCT. Use of TB, STI clinics and possibly male circumcision services will be likely to canvass for more men and increase their participation.

5. Addressing Challenges to Referrals: During COP09, CAPACITY will work with the USAID to evaluate the outcome of transport vouchers piloted during COP08. In COP09, CAPACITY is focusing on improving the bi -directional referral to ensure the continuum of care in the FBF. This activity will be continued in COP09 to ensure increased collaboration with all CBOs, maintenance of directory of district home-based palliative care service providers, provision of a platform to discuss referral mechanisms and education of missed opportunities. Where applicable, DAPP will be engaged to explore areas of strengthening care services through its Total Control of the Epidemic (TCE) program.

6. Improved Clinical Nutrition: During COP09, CAPACITY will support its partners in reviewing progress of the Kitchen Corner Initiative which was piloted in two FBF in 07. Without decentralized nutrition/HIV expertise in Namibia to address nutritional and dietary aspects of HIV/AIDS, this initiative is aimed at providing nutritional counseling and assessment, follow up of growth monitoring of HIV exposed babies, education and demonstration, and promotion of safe food and hygiene practices for clients enrolled in care and treatment. Capacity Namibia will reinforce nutritional messages (including safe infant and young child feeding strategies), promote use of local food, ensure all IEC materials are available and conduct in-service training on nutrition and HIV. Technical support in nutrition and HIV will be provided by the ITECH Nutrition Advisor and the MoHSS.

Building on COP07 and COP08 success, CAPACITY will continue to collaborate with the MoHSS, other USG partners (CDC/ITECH) and the HIV Clinicians Society (HCS) in facilitating palliative care training (~75 HCW during COP09) with special emphasis on pain assessment and management. An opportunity to improve overall palliative care practice in the private sector is provided through engaging private practitioners during these trainings.

Based on a catchment population of about 390,000 for all FBF across 5 regions, and with an average HIV prevalence rate of 20%, it is estimated that about 39,000 adults are living with HIV/AIDS. By the end of COP09, FBF will be providing clinical palliative care to 19,360 (~50%) while 17,056 (43%) will be receiving

Activity Narrative: HAART. CAPACITY will continue to ensure provision of high quality service through the use of information provided by the ART patient monitoring system, regular supportive supervision, and site visits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16133

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16133	4735.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$762,015
7404	4735.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$641,265
4735	4735.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$592,228

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $48,418

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $6,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1376.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17442.27009.09

Planned Funds: $303,925

Activity System ID: 27009

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Continued funding is requested to support a Care and Nutrition Advisor that ensures long term support for the USG care portfolio and helps to improve interventions at facility, community, and caregiver levels.

The Advisor will work with USG care partners to implement elements of the preventive care package, integrate care efforts with prevention and treatment, and support the implementation of activities in accordance with the revised national guidelines for community care.

The Advisor will participate in the OGAC Care and Support, as well as Food and Nutrition technical working group to share best practices and approaches in Namibia.

In COP 09, the need for an in-country USG person to focus on community care, lend support to the existing USG OVC Advisor, and also monitor nutrition, TB, and palliative care interventions and their integration at a community, facility, and caregiver level across the USG portfolio will continue.

Funding for this care and nutrition advisor will be split (85% HBHC, 15% PDCS) to reflect time spent by the advisor focusing on getting children as well as adults to access care and support interventions.

In addition to the care technical advisor, funding will continue to support a program assistant that closely assists the Care and Nutrition Advisor with management of the USAID care portfolio. The program assistant position is split between HBHC and HKID, since the program assistant will also support the USG OVC Advisor and OVC program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17442

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17442	17442.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$316,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7658.09

Mechanism: FANTA Follow On TBD

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17528.26941.09

Planned Funds: $259,675

Activity System ID: 26941

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$259,675 FUNDING CHANGE FROM TBD TO AED**

Under COP 2007 FANTA worked with the Ministry of Health and Social Services (MOHSS) Food and Nutrition Sub-division to assess the food and nutrition needs of PLHIV in Namibia and develop nutrition and HIV assessment and counseling job aids and IEC materials, a 2-day skills-based nutrition assessment and counseling training module, and operational guidelines for food supplementation for people with HIV. Under COP 2008 FANTA-2 is supporting the MOHSS in operationalizing a FBP program integrated into HIV service provision, finalizing and printing nutrition and HIV materials developed under COP 2007, developing a nutrition and HIV course for regional health workers who will supervise clinical health providers working with ART clients, and developing a system to collect nutrition data on PLHIV.

Under COP 2009 FANTA-2 will continue this support to the MOHSS and PEPFAR implementing partners in integrating food and nutrition into HIV services through the following components:

1. Continued technical support for FBP coordination. FANTA-2 will provide ongoing technical assistance to the MOHSS to support coordination of the FBP program that will begin in COP 2008. FANTA-2 will continue to support the MOHSS in monitoring program components, facilitating coordination among partners (government facilities, supporting NGOs, private sector food manufacturers, community support groups), identifying needed refinements in interventions, and sharing lessons, experience, and evidence from other countries and stakeholders. A FANTA-2 consultant based in Windhoek will take the lead in providing this support, with support from the larger FANTA-2 team.

2. Technical support for FBP training and supervision. Service provider capacity is essential to the success of FBP, and participating providers require specific knowledge and skills to implement the FBP protocol effectively. FANTA-2 will design and support a training of trainers (TOT) on the protocol for providing specialized food products to malnourished clients. The protocol will include anthropometric entry and graduation criteria for ART and pre-ART, PMTCT, and pediatric HIV and OVC clients; cutoffs for classifying nutritional status (severely malnourished, moderately/mildly malnourished, or not malnourished); an appropriate food package using a combination of ready-to-use therapeutic food (RUTF) and fortified blended food (FBF) based on client status; food handling and logistics; monitoring and evaluation; and linkages to clinical services. The trained trainers will then train service providers at the FBP sites. This training will complement the national MOHSS/I-TECH training of service providers in nutrition and HIV, including nutrition counseling and assessment. FANTA-2 will also work with the MOHSS and I-TECH to implement an effective supervisory system for MOHSS regional staff who supervise health care providers.

3. Technical support for M&E strengthening. FANTA-2 will work with the MOHSS and PEPFAR IPs to strengthen M&E systems for the FBP program to ensure they meet PEPFAR reporting requirements and feed into the national M&E system. This component follows from the COP 2008 activity of working with the MOHSS to develop a system to collect nutrition data on PLHIV in ART sites. The FBP program generates important results for the national government and for PEPFAR, and the program M&E system needs to capture this information and feeding it into the larger reporting mechanisms. Drawing from M&E experience in other countries and programs, FANTA-2 will work with the MOHSS and PEPFAR IPs to refine indicators, reporting mechanisms, information links with other institutions; and training and support for people collecting and analyzing the data. FANTA-2 also will support the MOHSS in ensuring harmonization of M&E tools with PEPFAR requirements and national systems.

4. Process review. As the FBP program expands in COP 2009, FANTA-2 will work with the MOHSS and partners to review the approaches and initial results to inform refinement and improvement of activities. The review will cover FBP processes, efficiencies, challenges, participant perceptions, acceptability of food products, and initial outcomes. Findings of the review, including promising approaches, gaps, and opportunities for improvement, will be disseminated to stakeholders through a 1-day workshop. A recent review by FANTA of the Kenya FBP program can serve as a starting point for the review.

5. Technical support for national nutrition and HIV training. As I-TECH and the MOHSS roll out the national training in nutrition and HIV, FANTA-2 will provide technical input as needed into the content to ensure it is consistent with the latest evidence base, relevant to the Namibian nutrition context, and refined based on feedback from initial implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17528	17528.08	U.S. Agency for International Development	To Be Determined	7658	7658.08	FANTA Follow On TBD	■

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $259,675

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7648.09

Mechanism: Nawa Life Trust Cooperative Agreement

Prime Partner: Nawa Life Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 7464.26977.09

Planned Funds: $222,635

Activity System ID: 26977

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In COP FY 2009, NLT will scale back its involvement in HBHC-related activities in order to finalize a long planned consolidation of NLT programming around prevention activities. However, it is anticipated that the growth of indigenous organizations specializing in HIV related care and support such as Positive Vibes and Tusano, in communications/messaging during COP FY 2008 will enable these stakeholders to build sufficient capacity by COP FY 2009 to fill the needs of this program area.

After completing an updated PwP/Treatment Literacy package, equipping all referral hospitals with informational points and the development of a related brand in COP FY 2008, NLT will no longer remain active in further materials production in this program area.

NLT will continue to support the PLWHA-produced “Wings of Life” radio program. If the results of the initial evaluation, available by end of FY 08, are positive, NLT will expand this program to Southern Namibia in COP FY 2009 due to the capacity that has been raised in Keetmanshoop (trained support groups through Positive Vibes and a local Community Radio Station) to broadcast these shows. The Wings of Life program will reach an estimated 141,750 individuals 15 years and above with palliative care mass media messages. 60 people will be trained in the Wings of Life program in COP FY 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16142	7464.08	U.S. Agency for International Development	Nawa Life Trust	7648	7648.08	Nawa Life Trust Cooperative Agreement	$509,324
7464	7464.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$301,211

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3475.09

Mechanism: South Africa-Regional Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29196.09

Planned Funds: $173,094

Activity System ID: 29196

Activity Narrative: PUBLIC HEALTH EVALUATION FOR PALLIATIVE CARE IN NAMIBIA (PHE tracking # = NA.09.0252)

A review of palliative care provision in sub-Saharan Africa in 2005 found a wealth of experience but a lack of evidence, and that a priority for the field should be a focused evaluation focus to: (1) capture lessons learned, (2) prove the effectiveness of facilities, and (3) move forward on expansion of quality palliative care with maximum coverage (Harding & Higginson 2005). This lack of evidence, and lack of documented lessons learned, hampers informed priority setting and decision making on the part of national and subnational programs, and of local service providers.

Although palliative care improves some outcomes for those living with HIV disease (Harding et al 2005), the evidence base is largely absent in Africa. A survey of end-of-life HIV care providers in Africa has identified the reasons for this absence of evidence. African practitioners reported the need for the skills and tools to evaluate and audit palliative care (Harding et al 2003).

With funding from PEPFAR, two public health evaluations (PHE) of palliative care in Kenya and Uganda were commenced in 2007 and both are set to be completed by the end of 2008. The evaluation design consists of an observational longitudinal evaluation of existing care, and focuses on the outcomes of palliative care. An additional cost analysis component will also compare outcomes with their associated costs.

The African Palliative Care Association (APCA) is proposing that a similar public health evaluation be undertaken in Namibia. This evaluation will follow on from the rapid situational analysis of palliative care that was undertaken by the MoHSS in conjunction with APCA in 2008, and the results of this situational analysis will also be taken into account when finalising the protocol for the Namibia public health evaluation.

The findings from this public health evaluation are intended to inform practical guidelines for scaling up palliative care provision in Namibia and making mid-course corrections for the programme.

The specific aims of this Palliative Care PHE are as follows:

• To evaluate how program components and costs are related to health outcomes
• To disseminate “lessons learned”, best practices and to provide recommendations for scale-up and mid-course corrections identified from the evaluation

PHEs are undertaken in order to understand rapidly the effectiveness of programs of interest to countries, so that mid-course corrections and adjustments can be appropriately applied based on the study's findings. We envisage that the multiple data sources could be used to guide future care by providing information on the following:

- detailed description of the processes and outputs of care provided cross-sectionally and over time by home based care providers providing palliative care, including methods of working, assessment systems, drugs provided, methods of detection and management of opportunistic infections, symptoms and psychological problems, nutrition, primary prevention, family care, measurement methods and continuity, follow-up and defaulting rates;
- detailed description of the outcomes and impacts of care achieved over time by palliative care service providers, including change in symptoms and symptom relief, change in quality of life, health status and psychological needs, and family support;
- linkage of input and components of care, cost, process, outcome and impact data to determine which models of care provide optimal outcomes for whom and in what circumstances;
- suggestions to guide the optimal future investment in palliative care, utilising integration of outcome and qualitative data to examine associations between components of care and patient clinical and non-clinical outcomes;
- The purpose of capturing costs associated with different care models and their outcomes is to estimate, compare and evaluate their strategic value within the overall study. Costs are a critical component of any PHE because they inform resource-allocation decisions during the initiation, scale-up, and maturation of sites providing palliative care.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $173,094

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3475.09

Mechanism: South Africa-Regional Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 4797.26982.09

Planned Funds: $379,669

Activity System ID: 26982

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The African Palliative Care Association (APCA) is dedicated to applying lessons learned from other African countries to scale-up cost-effective, culturally-appropriate palliative care for Namibian persons living with HIV/AIDS (PLWHA) and their families. This continuation from FY 2007 AND 2008 COP relates to other Basic Care services: USAID, MOHSS, I-TECH and PACT grantee links.

Palliative care technical expertise in Namibia is increasing and has expanded beyond the cancer center to doctors, nurses and community volunteers through palliative care training provided in COP 2006 and COP 2007. The development and expansion of palliative care has been limited by the lack of expertise to support not only provision of palliative care but efforts to advance programs. In COP 2006 and 2007, the USG and its partners, including the Ministry of Health and Human Services (MoHSS) received technical assistance from APCA and its members. This included support for the Catholic AIDS Action (CAA) community and home-based care (CHBC) program to pilot a program to integrate key palliative care strategies and training into their efforts within Anamulenge & Rehebooth. Sensitization of the MoHSS, other key stakeholders and USG care and treatment partners about the palliative approach to HIV/AIDS care and effective bi-directional referrals has also been carried out. Initial work has begun in conjunction with I-TECH to review the Namibian adaptation of the IMAI palliative care module, along with I-TECHS HIV/AIDS modules for the University of Namibia School of Nursing. Integration of palliative care into pre-service curricula is key and APCA will work alongside training schools to introduce palliative care and integrate into their curriculum. The long-term education strategy for palliative care in Namibia is to build in-country expertise that can be used in trainings and for supervision and mentorship, thus APCA plans to support selected healthcare workers to pursue specialist training in palliative care. Mobilization for Namibian leadership in palliative care training, service delivery and policy development has been key through the initial development of a National Task Force for Palliative Care and the later establishment of a Namibian Palliative Care Association.

While significant program accomplishments are underway, continued technical support is needed to build on program successes, address existing gaps and develop dedicated in-country expertise. In FY 2009 COP, APCA will support the MoHSS, USG partners and other stakeholders to roll out HIV-related palliative care services, including continued support for the national Integrated Management of Adult Illnesses (IMAI) palliative care program and the development and piloting of a national palliative care training program for in-service training, training of trainers (ToT) and supportive supervision. In 2009, the IMAI palliative care module will be completed and implementation will begin in selected health centers and clinics. APCA will support the MoHSS and ITECH with implementation through ongoing review of training materials and essential drug lists, and technical assistance with the current policy environment for ensuring availability and accessibility of essential palliative care drugs. While initial work during COP 2007 resulted in palliative care being included in the national policy on HIV/AIDS, APCA will advocate and support the MoHSS in the development of further palliative care policies and guidelines; the development and implementation of standards of care; monitoring and evaluation of palliative care and movement towards the development of a national palliative care policy that allows nurses to prescribe narcotics and other symptom-relieving medications. Technical assistance will follow for nurse training and the possible integration of this topic into the University of Namibia's Advanced Nursing Diploma. Building on successes to date of APCAs Regional Drug Availability Workshops in Entebbe (2006) and Accra (2007), APCA works with the National Palliative Care Task Force to ensure Namibian follow-through on the work plan that was developed by Namibian stakeholders at the drug availability meeting in Windhoek in February 2008.

During COP 2007 APCA supported the National Palliative Care Task Force and the MoHSS to develop a detailed plan for palliative care leadership and integration at policy, service delivery and education/training levels. This was informed through a study tour for key MoHSS and NGO personnel to share lessons learned and best practices across Africa. In FY 2009 COP APCA will support the development of a functional national palliative care association out of the task force, with clear terms of reference, strategic plan and work plan. APCA will also support key personnel from Namibia to attend their regional palliative care conference to be held in Namibia in September 2010.

The CAA/APCA pilot program to integrate palliative care into select sites in the CAA home-based care program was completed in COP 2007 and lessons learned along with implementation challenges are being disseminated. In FY 2009 COP, this program will be expanded to additional sites selected in partnership with the MoHSS and CAA. APCA will train a further 20 health care professionals to receive ToT in palliative care and also directly train up to 180 community volunteers. APCA will also provide refresher training and on-going support and mentorship for persons previously trained. APCA will ensure gender-sensitive approaches, including equitable training and support of male and female health care workers with the goal of equitable access to HIV/AIDS services for PLWHA and their families throughout USG-supported programs. APCA will also build upon its programs in other countries looking at men as caregivers for PLWHA and will integrate the lessons learned into its program in Namibia.

The USG supports a tremendous range of palliative care activities in Namibia. Some palliative care is provided by partners and sub-partners 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. More information is needed on the range, levels and quality of activities being supported. In FY 2006/2007 APCA conducted a palliative care public health evaluation (PHE) in Kenya and Uganda. During COP 2008, lessons learned from this PHE were disseminated and applied to the Namibian context. APCA will conduct a similar PHE in Namibia and a separate PHE in COP 09 form has been submitted. The results will build upon the situational analysis undertaken with the MoHSS in FY 2007/8 and will help develop: 1) an inventory of 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 palliative care partners in a specified geographic area including an appraisal on implementation of elements of the preventive care package, and

Activity Narrative: strategies that support treatment adherence and management of symptoms and pain. The results will be used to inform program planning by the Namibian Government, expand palliative care service delivery in underserved areas, and identify priorities for monitoring and evaluation. The results will also help APCA support the MoHSS to develop a framework for palliative care monitoring and evaluation for Namibia and APCA will provide technical assistance in developing tools for ongoing monitoring and evaluation of palliative care. This activity will be undertaken in consultation with the MoHSS.

APCA will also undertake an assessment of priorities and preferences in end-of-life care in Namibia. This will be part of a larger multi-country assessment that APCA is undertaking across the region to identify priorities and preferences for end-of-life care. To date it has been assumed that individuals would prefer to die at home, yet they are often rushed into the clinic at the last minute. This assessment will seek to ascertain priorities and will help to shape the overall policy development for palliative care and training within Namibia and the region.

Throughout FY 2009 COP the work of APCA in Namibia will be coordinated by an in-country project coordinator with the support of an administrator and technical support and supervision from the Southern Africa Regional Office under the direction of the Southern Africa Regional Coordinator. Oversight of the program will remain with the APCA head office and other APCA staff will provide technical assistance as required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16183

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16183	4797.08	U.S. Agency for International Development	Pact, Inc.	7372	3475.08	South Africa-Regional Associate Award	$471,669
8043	4797.07	U.S. Agency for International Development	Pact, Inc.	4672	3475.07	South Africa-Regional Associate Award	$293,373
4797	4797.06	U.S. Agency for International Development	Pact, Inc.	3475	3475.06	South Africa-Regional Associate Award	$203,051

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $206,669

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11384.09

Mechanism: Catholic AIDS Action (CAA)

Prime Partner: Catholic AIDS Action, Namibia

USG Agency: U.S. Agency for International Development

Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	27406.09	**Planned Funds:**	$0
Activity System ID:	27406		

Activity Narrative: APRIL 2009: This activity was reprogrammed under Pact (4727.26986.09) when CAA did not pass its audit to become a prime partner. In COP09 CAA remains a sub-partner to Pact (and Intrahealth for HVCT).

Catholic AIDS Action (CAA), an indigenous Namibian organization, is receiving direct PEPFAR funding as a prime partner for the first time this year. In previous years, they were a primary sub-partner under PACT to build organizational and technical capacity.

CAA is the largest FBO network in Namibia, with a target of 2,000 volunteers for FY 2009 resources, providing community based palliative care services for 7,500 adult and pediatric clients and their families. Approximately 6,150 HIV+ clients are adults.
CAA provides an integrated family-centered program that involves the assessment of PLWHA, family needs, provision of family-based health education, advocacy and referral, stigma reduction, counseling and emotional support, spiritual care, practical care, emergency material assistance, and referrals to CAA services for OVC (see CAA HKID, CAA HVTB, CAA HVAB, CAA HVCT, and CAA PDCS).

In FY09, a comprehensive prevention package will continue to be incorporated into HBHC services covering education, referrals for VCT and PMTCT, mobilization for cotrimoxizole prophylaxis and isoniazid preventive therapy, improved ART adherence, safe water, hygiene, malaria prevention and treatment, TB preliminary screening and referrals, promotion of good nutrition practices for adults and children, promotion of child immunizations, and referral for family planning services. If there are any challenges with access to either cotrimoxizole or isoniazid treatment, CAA volunteers and staff can coordinate and communicate this directly to local GRN health facilities.

Additionally, CAA will expand its nurse-supervised home based palliative care services from 7 regional offices in FY08 to 10 regional offices in FY09. In collaboration with the African Palliative Care Association (APCA) and the MoHSS, CAA will offer direct clinical services, including pain management, through staff/volunteers supervised by trained nurses. CAA will continue to work with the MoHSS to develop and strengthen referal mechanisms to and from the community and facility. Palliative care trained volunteers, supervised by trained nurses, will improve the quality of life of people living with HIV through the prevention and relief of suffering by means of early identification of HIV infection and opportunistic infections, and the impeccable assessment and treatment of psychosocial, spiritual, and physical pain. Care will be provided throughout the disease continuum from diagnosis to bereavement support for families and loved ones. Program quality will be monitored through frequent supervision by CAA staff, monthly data collection, as well as the APCA palliative care outcome scale. CAA is active in the Namibian Palliative Care Task Force that advocates for increased access and quality of palliative care services, including access to opioids.

Early referral and retention in CAA home based palliative care programs will be achieved through an extensive network of 2,000 community volunteers, the structure of over 300 parishes and missions, the volunteer's constant community mobilization and education, and the CAA reputation for quality, caring services.

Monitoring and evaluation begins with volunteer documenting service provision on individual forms, collating this data with other volunteers from the same group (service site) and submitting data during monthly supervision to the CAA Regional Coordinator. Data from individual volunteer groups are then assembled by each regional office and submitted to the CAA Regional Manager. These Regional Managers then submit data on a monthly basis to the CAA national office where the information is further checked and collated and made available to Namibian governmental offices, donors, and for program monitoring and evaluation. CAA M&E data are subjected to both internal and external audits.

Each volunteer group is provided with a small amount of funding for emergency assistance to the neediest clients. The local community volunteer group is empowered to make decisions regarding the allocation of this resource. It is frequently used for funeral and burial expenses, food, and shelter. Food security remains a priority issue for the HBC volunteers and their clients. A national office staff member is charged with providing capacity building and training for staff and volunteers in food and nutrition as well as the development of small micro-enterprise activities to increase food security. The volunteers are the targets for this intervention so that indirect beneficiaries include adult and pediatric HIV+ clients as well as OVC. These projects assist volunteers and clients providing sustainability at a community level. In addition, the poorest and most needy clients are provided with supplemental nutrition in the form of e-pap.

Activities targeting prevention with positives are being developed through collaboration and coordination with other partner NGO's including Positive Vibes. Center-based and community based support groups empower clients to protect their own health against infection with other strands of HIV as well as to prevent the further spread of the virus to others.

During routine home visits, CAA volunteers remind families and caregivers of the importance of boiling water, safe water storage, and basic hygiene to reduce the burden of diarrhea on the nutritional and health status of HIV infected clients.

CAA volunteers also provide extensive community mobilization and education to decrease stigma and discrimination and increase uptake of clinical services including VCT, PMTCT, ART and treatment for TB. Regular monthly supervision and an annual retreat for staff and volunteers, as well as materials from the southern African region on "caring for caregivers" will ensure HIV services for infected caregivers and emotional and spiritual care for all volunteers to renew and sustain caregiver motivation.

CAA will also target HIV+ volunteers and provide those that need it, a small transport subsidy to ensure accessibility to ARV treatment.

CAA will enhance the quality of its home based palliative care services by mainstreaming the involvement of

Activity Narrative: at least 500 men, male partners of existing home based palliative care volunteers and male community leaders. With the technical assistance of Engender Health, a community workshop curriculum has been developed to clarify how cultural values play a key role in determining attitudes and behaviors related to gender and HIV infection. These workshops assist participants to redefine masculinity and develop new models for healthier individuals, families and communities. The workshops help men understand how they need to be involved in transforming culture to address key issues in HIV transmission and plan for greater involvement of men in HIV prevention, care, and treatment.

Collaboration with the MoHSS and the Social Marketing Association, through Global Fund Resources, will allow CAA staff and volunteers to distribute insecticide-treated nets for home based palliative care clients. Home care kits are replenished to each volunteer on a monthly basis during supervision by CAA staff. In some areas, GRN facilities provide both the kit and the replenished supplies. However this is not consistent. PEPFAR funding is used to replenish non-pharmaceutical supplies such as skin lotion and disinfectant. Other private donations from Action Medior (Germany) are used to replenish home care kits with over-the-counter analgesics, multi-vitamin tablets, and protective equipment. Medical supplies and equipment for the nurse supervisor are provided both through PEPFAR funding and private donations.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $18,318,500

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11681.09

Mechanism: Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 21266.28580.09

Planned Funds: $0

Activity System ID: 28580

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This PHE activity, Evaluation of the impact of adherence interventions, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is NA.08.0098.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21266

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21266	21266.08	U.S. Agency for International Development	Management Sciences for Health	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	$50,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11681.09

Mechanism: Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 21265.28581.09

Planned Funds: $110,000

Activity System ID: 28581

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This PHE activity, Compliance to treatment guidelines and evaluation of medicines prescriptions, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is NA.08.0097.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21265

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21265	21265.08	U.S. Agency for International Development	Management Sciences for Health	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	$10,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $110,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29213.09

Planned Funds: $376,519

Activity System ID: 29213

Activity Narrative: PHE: Improving Clinical Outcomes Through Patient Education

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	$376,519
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4737.26962.09

Planned Funds: $1,788,697

Activity System ID: 26962

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Under treatment, care and support, the Capacity Project supports six ART service outlets run by the Catholic Health Services (CHS), the Lutheran Medical Services (LMS) and Angelican Medical Services (AMS), in rural and semi-urban settings, managing both adult and pediatrics patients, and aiming to expand access to all persons who need ART services. These services are integrated with VCT and PMTCT in a model of care allowing close collaboration and strong linkages. An ART pharmacy is on site at each location. Through September 2008, 14,779 patients were started on treatment in these facilities; 3030 (20.5%) were children and 10429 (70.5%) were females. To increase male participation during FY08, CP supported sites to use community mobilization campaigns including male conferences, PMTCT invitations and repeated messages addressing male norms

By the end of September 2008, data indicate that 80% of patients starting HAART in the 5 Faith Based Hospitals (FBH) were still receiving it (11,831 out of 14,779), leading productive lives, their health status having improved. To keep pace with change, CP will train all ART staff in the revised guidelines for viral load testing at six months for all starting patients and later on based on clinical and immunological criteria. Smooth cooperation with local Namibia Institute of Pathology (NIP) for specimen collection will be ensured. Furthermore, CP will partner with MSH to pilot adherence monitoring tools in all FBH to deal promptly with poorly adherent patients while also increasing efforts in active defaulter tracing using all available resources. ARV drug resistance monitoring will be done by NIP in collaboration with WHO and other USG partners. CP-supported sites will offer their collaboration and advocate to be part of selected sites.

Given the changes and complexity in ART provision, training and continued medical education remain a cornerstone in achieving high quality. Based on the updated guideline, CP will collaborate with its implementing partners to strengthen and update the standard operating procedures (SOPs) to ensure adherence to quality. As part of its continued Public Private Partnership (PPP) initiative, CP will continue to ensure that private clinicians and private pharmacists, whom we reach through professional interest organizations, are adequately trained and updated on the national ART guidelines to provide high quality HIV care in the private sector. During COP FY 2009, 183 health care workers (HCW) are expected to be trained. CP staff and its partners will continue to be involved in the Technical Advisory Committee activities for continuous review of the ART guidelines and will also assist as facilitators in most of the training sessions across the country for both private and public HCWs.

During COP FY 2009, this activity will increase access to HIV chronic care and maintain rapid scale-up of effective ART and prevention services. All service delivery points in the facilities will continue to be made aware of active rather than passive case findings and referral mechanism for in-patients, TB patients, STI patients, PMTCT mothers, young children from MCH services with signs and symptoms or HIV exposed infants. HCW will continue to be updated in provider-initiated HIV testing and counseling (PITC) approach. The continuum of care will be facilitated by ensuring effective referral mechanism with community health care providers.

In the CP supported standalone VCT sites (ten in eight regions across Namibia), referral mechanism will continue to be strengthened to ensure all HIV + clients are enrolled into care and treatment services through confidential rather than anonymous referral.

Capacity of the ART sites to receive and manage referral from standalone VCT facilities will be enhanced by designating case managers who will guide the patients through the process. The case managers will also track and give feedback to the referring units. The referred HIV+ patients will continue to be offered ongoing adherence counseling; clinical assessment; CD4 testing; opportunistic infection (OI) prophylaxis and treatment, screening for TB, palliative care i.e. pain control, hospice care (terminal care), etc; nutritional assessment as well as assessment of ART eligibility. A facility-based prevention with positives (PwP) initiative involving interventions to reduce the spread of HIV to sexual partners (consistent and correct condoms use especially for discordant couples, and partner reduction, FP counseling and STI screening and treatment) and to children (PMTCT, family planning), disclosure, comprehensive individual and family care that addresses the physical, and psychological well being of HIV infected person will be officially initiated during FY 2008 in FBH treatment sites and further, CP will support the MOHSS' national roll-out. The PwP also includes the Brief Motivational Interviewing which is being piloted in Rehoboth ART site and Oshikuku during FY07 with the aim to reduce risky alcohol drinking among patients in HIV related services. To ensure successful implementation of the PwP initiative and support MOHSS' efforts in strengthening prevention and treatment responses, CP recruited prevention director will continue working with MoHSS, USG partners and Capacity partners to ensure that age appropriate prevention messages are offered to PLWHA and their families and care-givers.

All HIV+ patients not eligible yet for ART will be followed on a regular basis (at least every 6 months) to ensure they continue to receive a comprehensive care package and ART as needed in a timely way. The quality of care will be assured through the above mentioned ART system that comprises the pre-ART and the ART registers. The pre-ART register (care register) is intended to register in continuous care all HIV+ from diagnosis to treatment initiation aiming at routine clinical and immunological monitoring and provision of basic health care package. The system is also designed to generate a monthly cohort analysis that can be used locally, regionally and at the national level for effective patient and program monitoring with feedback to all sites. Platforms such as the national review meeting initiated by MOHSS and individual partner review meeting such as FBH review meetings will serve to share lessons learned and disseminate best practices.

In addition, all patients enrolled in the care program will receive support and referral for other needs not provided in the care package, such as income generating activities, spiritual support, psychological support, community based palliative care services and OVC as per identified needs.

Once eligible for HAART initiation, patients are provided with HAART as per the national guidelines, transferred in the ART register and followed up accordingly. During COP FY 2009, the national

Activity Narrative: decentralization of ART service is expected to gain more momentum. CP will support the referral systems whereby the clinically stable patients will be cared for through satellite health facilities by Integrated Management of Adults & Adolescents Illness (IMAI) trained staffs. FBH staff will continue to support and transfer knowledge to other HCW from satellite facilities while training, supervision and clinical mentoring will be assured through performance improvement approaches. In view of the growing number of patients enrolled in care, consultations with MOHSS will continue to consider piloting task-shifting, whereby nurses in the ART sites will be empowered to fully care for stable patients prescribing refills under the supervision of the ART medical officers.

All CP supported partners will continue community awareness, mobilization and education to create demand for the available ART services under the supervision of the Capacity prevention director with collaboration with Nawa-Life Trust. This will involve other stakeholders such as community-based and faith-based organization, traditional leaders and healers, church leaders, teachers, youth groups, support groups as well as members of the regional and constituency aids committees.

The program sustainability will be ensured through continuous training of indigenous HCW and the technical support provided to the MOHSS Human Resource Information System (see OHSS area).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16136	4737.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$2,178,394
7406	4737.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$1,743,477
4737	4737.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$1,718,268

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $143,096

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	7650.09	**Mechanism:**	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	3769.26970.09	**Planned Funds:**	$2,101,308
Activity System ID:	26970		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Management Science for Health's project Strengthening Pharmaceuticals Systems (MSH/SPS) will enhance access to ART for adults in Namibia through the following activities:

1. Provide dispensing equipment to 15 health centers and clinics.
Success in the Ministry of Health and Social Services (MoHSS) ART programs since 2002 had resulted in 55,000 patients on ART in 35 facilities. However, the number of patients now overburdens care providers, compromising quality of care. In FY 2009 COP the MSH/SPS project will build on FY 2008 COP efforts on activity ID 3769.08 to work closely with MoHSS to continue to scale-up ART services and to ensure that decentralization is adequately supported. MSH/SPS will continue to strengthen storage and inventory and dispensing practices to support the scale up of referral and outreach programs in 15 Integrated Management of Adult and Adolescent Infection (IMAI) sites across Namibia. MSH/SPS will provide dispensing and related equipment to enhance efficient delivery of pharmaceutical services to the increasing numbers of patients in order to reduce waiting time and enhance adherence. This activity will support services at the static ART sites which have increased from 35 in FY 2007 COP, to 50 in FY 2008 COP and are projected to reach 65 in FY 2009 COP.

2. Provide basic pharmaceutical management training.
This is a follow on to activity ID 3769.08. To support MoHSS IMAI and decentralization strategies and in an effort to provide necessary capacity for task-shifting, MSH/SPS will use the basic pharmaceutical management curriculum developed in FY08 to provide training to 30 non-professional pharmacy staff and nurses. Overall, the objective is to shift basic pharmaceutical duties to other workers in these new facilities. MSH/SPS will work closely with regional and district pharmacists on this activity to ensure sustainability. Also in FY08 MSH/SPS expanded the contents of the HIV/AIDS pharmaceutical management training materials to topics on rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines. In FY 2009 COP MSH/SPS will provide trainings to 120 HCWs on these key topics. To facilitate sustainability, MSH/SPS will collaborate with NHTC to ensure that the trainings are subsequently taken up by the continuous training program of the institution.

3. Provide support through Potentia for selected positions.
In FY 2009 COP MSH/SPS will continue to provide funding through Potentia for ongoing salaries of seconded staffs and recruitment of other critical positions as identified by the MoHSS. This is a follow on to FY 2008 COP activity ID 3769.08. A total of 15 old and new staffs including pharmacists and other pharmaceutical staffs will be funded with FY 2009 COP funds.

4. Strengthen regional pharmacists' routine monitoring and supervision activities. Since FY 2007 COP MSH/SPS has worked with MoHSS to provide support to regional pharmacists to enhance the supportive supervisory activities, this is a follow on to FY 2008 COP activity ID 3769.08. In FY 2009 COP MSH/SPS will continue to strengthen routine monitoring and supervision of district hospitals, health centers and clinics by regional pharmacists to enhance delivery of pharmaceutical services through supportive supervisory activities by providing technical assistance and support for the conduct of 30 supportive supervisory visits and activities

5. Improve access to palliative care medicines.
Following on FY 2008 COP activities and as a continuation of activity ID 17259.08 SPS in FY 2009 COP will work with MoHSS to ensure sustainable availability and rational use of morphine and other palliative care medicines for PLWHA. MSH/SPS will provide support to home based care organizations and volunteers in 5 regions to ensure that the increased availability of morphine in the facilities is adequately utilized and monitored when indicated by home based care providers in the communities.

6. Provide technical assistance to the essential medicines selection system.
In FY 2009 COP MSH/SPS will provide technical assistance and support for the strengthening of the essential medicines management system. The purpose of this support is to ensure that a sustainable, efficient, rigorous and transparent essential medicines selection system is established in the country. MSH/SPS will provide support to MoHSS for the revision, updating and publication of the next edition of the Namibia essential medicines list (Nemlist).

7. Support Therapeutics Committees (TC) to improve rational use and mitigate antimicrobial resistance (AMR).
This is an expansion of FY 2008 COP activity ID 3769.08 to improve quality, reduce antimicrobial resistance and secure durability of current ART regimens. Since 2005 the RPM Plus followed by the MSH/SPS program, have been supporting Therapeutic Committees (TCs) to address issues related to rational use of medicines in health facilities. Irrational use of medicines has many consequences. In addition to wastage of resources, it is a health risk to the public especially due to an increased incidence of Adverse Drug Reactions (ADRs) and is a major underlying factor for the development and spread of antimicrobial resistance. In Namibia, TCs have been identified as the appropriate vehicles for addressing the problem of irrational use of medicines at the facilities. However, most of the TCs in the country have either been functioning sub-optimally or not at all and MSH/SPS has been providing TA to MoHSS to reactivate and support these committees. In FY 2009 COP, a key component of this activity will include support for the establishment of a system for both internal and external monitoring and evaluation of the functionality of TCs, using indicators developed in FY 2008 COP. For TCs identified to be functioning sub-optimally, interventions will be developed and implemented to strengthen them. TCs will also be assisted in applying both quantitative and qualitative methods of investigating medicine use, especially ARVs and TB medicines, and ABC/VEN analyses and the DDD methodology. MSH/SPS will implement interventions to address any medicine use problems identified.

8. Implement evidence-based strategies for HIV Drug Resistance surveillance activities.
The widespread and inappropriate use of antimicrobial agents in health care facilities has resulted in the emergence of Antimicrobial Resistance (AMR) bacteria. Individual and public health consequences are

Activity Narrative: enormous in terms of increased morbidity and mortality, prolonged periods of infectiousness with increased risk of transmission of the resistant pathogen to others, and increased direct and indirect costs. With increasing number of patients on ART in Namibia, HIV Drug Resistance (HIV DR) posses an urgent and imperative risk to the delivery of ART. In FY 2009 COP, MSH/SPS will provide TA which incorporates WHO strategies/protocols to develop a system to identify the challenges and implement evidence-based strategies for HIV DR surveillance activities throughout the country. MSH/SPS will provide technical assistance for AMR capacity building. MSH/SPS will provide training for 30 prescribers and dispensers in AMR. MSH/SPS will also provide support for developing and updating ART and antimicrobial guidelines, and policies to improve compliance with guidelines. MSH/SPS will continue to work with WHO Namibia and WHO Geneva to ensure a system of on-going monitoring of HIVDR Early Warning Indicator (EWI).

9. Support implementation of infection control strategies.
Since FY08 MSH/SPS has collaborated with the University Research Company (URC) and the MoHSS Quality Assurance unit to strengthen national and facility level Infection Control (IC) activities and improve awareness and behavior for good IC practices. The spread of infectious diseases in hospitals amongst patients and staff is a serious problem worldwide. These hospital-acquired infections (nosocomial infections) cause serious risk to immunocompromised individuals including HIV/AIDS patients and contribute to morbidity and mortality in hospitals and health care facilities and increase costs significantly. There is clear evidence that IC programs are effective in decreasing the rates of infection, morbidity, and mortality, as well as in decreasing costs associated with managing infections. The entire health care community is responsible for developing and following procedures to prevent infections, and the TC bears much of the responsibility. The development of drug and antiseptic resistant microbes is a critical risk to not only PLWHA but to the entire delivery of health care. In FY 2009 COP MSH/SPS will expand on FY 2008 COP activity ID 3769.08 by implementing 3 components of this activity; 1) by ensuring MoHSS staff at regional and facility level avail IC commodities in all the 34 hospitals in Namibia, 2) MSH/SPS through working and strengthening Therapeutic Committees (TCs) will ensure that in all the 13 regions implement and monitor infection control practices, and 3) simple strategies for prevention of nosocomial infections. These activities will leverage and complement URC principal focus on safe injection practices and contribute to efforts in improving infection control in Namibia.

10. Conduct PHEs approved in COP08.
In FY 2008 COP MSH/SPS received approval to conduct 2 PHEs: 1) evaluation of adherence to treatment guidelines and 2) Drug Utilization Review (DUR). In FY 2009 COP MSH/SPS will continue to implement activities as proposed in the PHE. This is a follow on to FY 2008 COP activity ID 3769.08

11. Implementation of adherence interventions in adults.
This is a continuation of FY 2008 COP activity ID 3769.08. Poor ART adherence is recognized as a major contributing factor to the development of AMR leading to therapeutic failure. In FY 2009 COP MSH/SPS will expand earlier efforts at piloting adherence intervention activities to a nationwide scale-up. MSH/SPS work with partners to implement strategies to improve adherence in 35 ART facilities nationwide.

12. Improve Private Public Partnerships and the quality of ART services in the private sector.
This is a continuation of FY 2008 COP activity ID 3769.08 In FY 2009 COP MSH/SPS will continue to collaborate with partners to implement interventions to lower cost and access and quality of ART services in the private sector. MSH/SPS will improve private sector practitioners' compliance to National ART guidelines by 5% and reduce cost of provision of ARVs to 25% of private patients by 10%.

13. Strengthen environmental compliance towards safe disposal on pharmaceutical wastes.
Improper disposal of expired medicines is a major problem that occurs in many countries including Namibia. The risks associated with improper disposal of expired medicines include the environmental pollution or contamination which is potentially harmful to the health of the community and the fact that these medicines can potentially be diverted for reuse or resale posing a major health threat. In FY 2009 COP MSH/SPS in collaboration with URC will build on FY 2008 COP activities in environment compliance. MSH/SPS will provide support to MoHSS and other stakeholders to provide policies and standard procedures for managing pharmaceutical waste.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17358

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17358	3769.08	U.S. Agency for International Development	Management Sciences for Health	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A -00-07-00002-00	$2,733,364
7136	3769.07	U.S. Agency for International Development	Management Sciences for Health	4315	1149.07	Rational Pharmaceutical Management, Plus	$3,090,198
3769	3769.06	U.S. Agency for International Development	Management Sciences for Health	3062	1149.06	Rational Pharmaceutical Management, Plus	$1,644,495

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $550,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1376.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8017.27012.09

Planned Funds: $334,853

Activity System ID: 27012

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The HIV/AIDS Treatment Advisor and Manager of Clinical Services 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 will have a medical degree (MD), at least 10 years of international experience, and knowledge of public health and HIV/AIDS clinical services in Africa.

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 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 encourages 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 treatment partners.

The Advisor also performs the functions of activity manager or CTO for several USAID implementing partners.

The Advisor will also support clinical work being implemented by USAID partners. USAID will continue to use the services of the advisor in 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16235

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16235	8017.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$250,000
8017	8017.07	U.S. Agency for International Development	US Agency for International Development	4402	1376.07		$72,365

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	6169.09	**Mechanism:**	DOD/I-TECH/U. of Washington
Prime Partner:	University of Washington	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	4489.25861.09	**Planned Funds:**	$587,000
Activity System ID:	25861		

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

FY 2008 funding will support the scaling up of HIV and AIDS treatment within the Namibian Ministry of Defense/ Namibian Defense Force (MOD/NDF). According to studies conducted in other countries, indicated that the HIV prevalence rate in the military is higher than the national average. The 2006 antenatal sentinel survey showed a prevalence rate of 19.9% in Namibia. There are estimated 14,000 -15,000 personnel in the MOD/NDF and inline with the national prevalence rate assumptions are that there are about 3,000 HIV-positive military members. Through FY 2008 funds, I-TECH in collaboration with the Military Action & Prevention Program (MAPP) prevention partner will support the MOD/NDF to conduct a HIV sero-prevalence survey in order to confirm the estimated prevalence rate among military personnel.

With FY 2007 funds, one ARV treatment center has been identified in Windhoek and is being renovated. With the FY 2008 funds an additional ARV center will be established and renovated in Gootfontein army hospital. In order to ensure appropriate and quality care and treatment services within the military health facilities, the Ministry of Health and Social Services (MOHSS) ART guidelines will be followed in all aspects, including ART initiation and patient follow up. To ensure that HIV positive military personnel and/or their family members have access to sustainable quality care and treatment services, HIV-positive personnel who were referred to the MOHSS communicable disease clinics for ART, will be referred back to the MOD/NDF medical services. With FY 2008 funds, I-TECH will build the capacity of surrounding military sickbay facilities to promote effective HIV-positive patient referral systems. It is expected that 1600 military personnel, including their family members, will be on ART by the end of FY 2008.

The military has a shortage of medical doctors, and has addressed this in the long term by sponsoring some students in medical training. This program will bridge the gap and hire a minimum of two full time doctors to directly support the ARV treatment program, one working in each military hospital. There are approximately 120 nurses and pharmaceutical staff in various health facilities in the MOD/NDF as well as four laboratory technicians who are currently practicing at the Namibia Institute of Pathology (NIP). In order to ensure sustainable capacity building within the military health services I-TECH will train and utilize the existing military personnel in the provision of ART services including, patient management, adherence counseling, pharmaceutical, laboratory, data entry, and analysis services at care and treatment sites within the military hospitals. This approach allows the military to maintain their confidentiality requirements and also ensures sustainability of the program.

Thus far I-TECH has trained 27 MOD/NDF health workers, selected from 23 military sickbays, in ART and opportunistic infections including tuberculosis during FY 2007. An additional 45 healthcare workers from the military will be trained in these areas including adherence counseling in FY 2007.

To continue with capacity building, 50 MOD/NDF health care workers from the 23 military camps/bases will be trained in different HIV-related areas including the provision and management of ART, adherence counseling, couples counseling, prevention with positives, PMTCT, and the newly introduced Integrated Management of Adult and Adolescent Illnesses (IMAI) with FY 2008 funds. In addition, I-TECH in close collaboration with the MOD/NDF will continue to build the capacity of military personnel to ensure appropriate program monitoring and evaluation, by training military health care workers to monitor and evaluate the program activities. Further collaboration with the MOHSS in the area of M&E will be maintained in order to ensure integration of the military ART M&E program with the national health information system.

Adherence is the most important determinant of response to ART. In addition to strengthening adherence counseling, I-TECH will sensitise health care workers at all 23 military sickbays on the important role of treatment supporters. Tracking of clients who miss appointments will be enhanced through strengthening of linkages with the treatment supporters. Furthermore, to track clients who are due for follow-up, I-TECH will sensitize health care workers to utilise the Health Management Information System (HMIS).

Three MOD/NDF health care workers and the I-TECH project coordinator will attend the US Department of Defense HIV/AIDS Prevention Program (DHAPP) annual training specifically targeted for the military in either Uganda or San Diego to ensure that the particular needs and challenges of the military are taken into account.

The number of female soldiers in the MOD/NDF is limited and delivery services are not available within military health care facilities. As a consequence, I-TECH will maintain a referral system with the public hospitals for pregnant soldiers.

In order to increase the uptake of ART services within military settings, I-TECH will develop military specific information, education and communication (IEC) materials (leaflets, flyers, brochures) and possibly translate some in local languages. This will further be enhanced through a close collaboration with the MAPP prevention partner by ensuring that IEC materials are disseminated to all military counseling and testing centers. Materials will include information on condom availability at all health facilities, family planning, prevention with positives, alcohol abuse, and adherence to medication, living positively with HIV, nutritional issues, and addressing gender issues. In collaboration with the MAPP prevention partner, I-TECH will continue to promote the messages of faithfulness and proper and consistent use of condoms, especially amongst military members who have tested positive.

In line with the national ART guidelines, standard operating procedures for clinical care and treatment of HIV-infected adults and children will be established including procedures for identifying HIV-exposed and at-risk children, providing cotrimoxazole and isoniazid for all eligible HIV-infected persons, ensuring linkages across programmatic areas, promoting adherence and rapidly identifying those lost to follow-up, providing laboratory services, monitoring and evaluation, including on-site supervision, and managing drug and health commodities.

In order to ensure linkage of nutrition into ART care, as part of the basic palliative care activities I-TECH will assess the dietary and nutritional requirements of the HIV-positive military personnel on ART and provide

Activity Narrative: support in close collaboration with the MOD/NDF. Close linkages will be kept with the MOHSS and NIP to ensure that the program is being implemented within the framework of national policies and guidelines. At all levels, efforts will be made to ensure close linkages with the MAPP prevention program.

This program will be managed by the Defense Attaché Office (DAO) PEPFAR Program Manager through I-TECH-Namibia; an experienced HIV/AIDS contractor based at the University of Washington (UW) Center for AIDS and STD (a WHO collaborating center) and is a collaborative effort between the UW and the University of California San Francisco. At all levels attention will be given to increasing the gender equity in accessing HIV and AIDS programs and addressing stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16227

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16227	4489.08	Department of Defense	University of Washington	7385	6169.08	DOD/I-TECH/U. of Washington	$587,000
7889	4489.07	Department of Defense	University of Washington	6169	6169.07	DOD/I-TECH/U. of Washington	$370,000
4489	4489.06	Department of Defense	University of Washington	3363	3363.06	I-Tech/MoD Treatment, Training, and Oversight	$225,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $147,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1068.09

Mechanism: Cooperative Agreement U62/CCU024084

Prime Partner: Ministry of Health and Social Services, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3876.24332.09

Planned Funds: $5,070,311

Activity System ID: 24332

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In FY 2009 COP, this continuing activity will support five primary components: 1) routine bioclinical monitoring tests; 2) community counselors initiative; 3) support to severely malnourished persons living with HIV/AIDS (PLWHA); 4) equipment and supplies for ART sites; and 5) mobile clinical services.

The Ministry of Health and Social Services (MOHSS) health care network comprises 31 district hospitals, four referral hospitals, 35 health centers, and >240 clinics within hospital catchments. As of September 2008 the MOHSS reported that ART services were being provided in a total of 62 service points (36 static sites and 26 outreach points). However, a recent pharmacy survey report conducted in May 2008 showed that the total ART sites (static and outreach) was 101. The difference is explained by the fact that some outreach service points do not yet have their own data capturing system and, as a result, their patients are formally recorded and reported by the parent ART site.

According to the MOHSS electronic Program Monitoring System (ePMS), by the end of September 2008, a total of 53,474 adult and pediatric patients were receiving treatment. Recent targets set by the MOHSS in the “Estimates and Projections of the Impact of HIV/AIDS in Namibia” report released in June 2008 project 65,900 adults on treatment by the end of March 2010. Historical estimates suggest that approximately 85% of these would be the charge of the public sector network.

1. Routine bioclinical monitoring tests. Funding will support MOHSS and mission-managed facilities for routine bioclinical monitoring tests (CD4, viral loads, full blood counts, liver function tests, syphilis and Hepatitis B screening, renal function tests, and other tests depending on regimen) performed by the Namibia Institute of Pathology (NIP) for the anticipated 71,900 patients on ART in the 2010 calendar year. Funding will also support CD4 monitoring of non-ART patients enrolled in palliative care at communicable disease clinics (CDCs) and current and future IMAI sites. The Guidelines for ART Therapy in Namibia stipulate which tests are to be performed.

These funds, which ultimately are used to reimburse NIP, are included in the MOHSS’ Cooperative Agreement rather than NIP’s to increase the MOHSS’ ownership and oversight of bioclinical monitoring expenditures. The forthcoming Partnership Compact between the US Government and the Government of the Republic of Namibia (GRN) will outline a timeline for GRN absorption of recurrent prevention, care and treatment costs, including bioclinical monitoring tests.

Related to this component will be support for the MOHSS Technical Advisory Committee (TAC) to revise and print the ARV treatment guidelines in line with adjustments in treatment recommendations over time. The TAC has recommended the threshold for starting treatment be changed from the current CD4 cut-off of 200 cells in adults and 250 cells in pregnant women to a cut-off of 350 cells for all adults including pregnant women. If formally adopted by the MOHSS top management, this is likely to greatly increase the number of new patients eligible for treatment. Quantification of this increased patient load is still being done but it is projected to have a substantial impact on laboratory and drug costs.

Given the high prevalence of HPV infection and cervical cancer among HIV positive women, a pilot cervical cancer screening in HIV-positive women receiving care within treatment settings is proposed. Using I-TECH funds, the MOHSS and I-TECH will collaborate to develop a concise, practical, on-site training course for nurses and doctors to enhance their skills in doing PAP smears for cervical cancer screening. Clinical Mentors and Nurse Tutors in the regions will pilot the training in three sites, training six nurses/doctors per site. Following the pilot training, training will be done in six additional sites for six participants at each site (36 participants total). Laboratory capacity will need to be strengthened to enable quick turnaround of screening results.

While the MOHSS has indicated that it will be assuming the cost of all ARV drugs over time, increases in laboratory costs will need to covered by PEPFAR for the time being until these recurrent costs can also be assumed by the MOHSS. The Guidelines for the Clinical Management of HIV/AIDS are currently under review and this process is now almost complete. The completion and adoption of these guidelines might also see the MOHSS recommending Hepatitis B vaccination for HIV-infected adult patients who are found to be Hepatitis B surface antigen negative who are also found to be non-immune to Hepatitis B.

The updated guidelines will also support the integration of the Prevention with Persons Living with HIV/AIDS (PwP) Initiative within treatment and care settings.

Related to this specific activity, the MOHSS recently launched the guidelines for outreach and mobile HIV counseling and testing (CT) protocol. Combined with the annual National HIV Testing Day (NTD) as well as Provider Initiated Testing and Counseling (PITC) initiatives launched in May 2008, there is likely to be an increase the demand for ARV services as a result of increased uptake of CT.

2. Community Counselors Initiative. PEPFAR funding for the “Community Counselor package” includes: salaries for the 650 community counselors (CCs) who are deployed in public health sites, including correctional facilities as well as 13 regional coordinators; a national coordinator; and an assistant national coordinator. The CC Initiative is implemented through MOHSS in partnership with the Namibian Red Cross Society. The Initiative further includes refresher training implemented by MOHSS through a local training partner; supervisory visits by MOHSS staff persons who directly supervise the CCs; and support for planning meetings and annual retreat for CCs. In FY2009 COP the salaries for community counselors, which have been held constant since the Initiative began at approximately US $230 per month, will be increased by 35%.

In FY2009 COP, 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 (MOHSS) activities: PMTCT (9%), Abstinence and Be Faithful (49%), Other Prevention (13%), HIV/TB (8%), Counseling and Testing (12%), and HIV Treatment Services (9%).

Activity Narrative: By end of September 2008, a total of 495 CCs were deployed and working in MOHSS health facilities, reflecting a retention rate of 95%. Priority sites for deployment include ANC, TB clinics, ART clinics, and outpatient departments (where nearly all STI cases are seen). With FY 2008 COP support, an additional 155 CCs will be trained and deployed to give a cumulative total of 650 by September 2009. The additional CCs will accommodate loss through attrition, enhance provision of outreach-based CT, initiate CT services within correctional facilities and expand PwP efforts. With FY2009 COP funding, 300 deployed CCs will also receive refresher training in rapid HIV testing, couples counseling, PwP, preventive care counseling for children, and PITC in clinical settings. In addition, the IntraHealth supported New Start Counselors will receive refresher training through the MOHSS- supported mechanism. This refresher training will include training on prevention with persons living with HIV and AIDS. Namibia is participating in the centrally funded PWP initiative. As part of this initiative, there is a week long training course on PWP for community counselors. The training course and corresponding materials will be modified for Namibia, and incorporated into community counselor training. The community counselor PWP training materials will complement the PWP training materials that will be developed by I-TECH that are targeted towards doctors and nurses.

All activities will incorporate gender messaging in compliance with Namibia's male norms initiative which seeks to address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse.

3. Activities to address severely malnourished PLWHA who are on ART, including children. While MOHSS policy does not support the provision of food parcels to outpatients within health care settings, it welcomed a pilot with the Clinton Foundation/UNITAID to provide ready to use therapeutic feeding (RUTF) for malnourished pediatric ART patients. The MOHSS is further partnering with the Namibian Red Cross Society (NRCS) to refer PLWHA on ART for micronutrient supplementation and minimal targeted nutrition supplementation referred by the Communicable Disease Clinics.

NRCS assigns USG-funded community counselors to Communicable Disease Clinics to provide CT and they will link patients with NRCS nutrition 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 supplement for either severely malnourished persons living with HIV on or eligible for ART as well as for any pregnant or lactating woman on or eligible for ART. From the 2008 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 six-month supply of a nutrition supplement. Based on these estimates, the program seeks to target approximately 2,500 PLWHA. PEPFAR will support the NRCS to carry out procurement, supply logistics, storage, monitoring, and distribution of the supplements. NRCS and MOHSS will also collaborate to link recipients of the nutrition supplement with sustainable nutrition and income generating strategies such as gardening projects in their communities.

4. Procurement of basic clinical equipment. Many of the existing and future ART facilities are ill-equipped in terms of basic furniture and medical equipment such as examination beds; ear, nose and throat sets; glucometers; hemoglobinometers; stadiometers; weighing scales; and filing cabinets. In FY 2009 COP, the activity will continue to support the purchase of equipment and basic furniture with the specific goal of supporting the decentralization of treatment services to new sites. In addition, as part of the roll out of PWP activities in Namibia, based on lessons learned from the pilot implementation, we anticipate the need to purchase equipment, furniture, and supplies to ensure the roll out of PWP activities in Namibia. This can include, but is not limited to privacy screens, examination lights, specula, lithony stands, and the proper beds, to conduct female examinations. In addition, there may be the need to purchase penile and pelvic models, as well as educational materials for patient education.

5. Mobile HIV services. In a new high-priority effort in FY 2009 COP, funding will support the implementation of three outreach teams that will deliver prevention counseling, CT services, and ART services to remote areas of Namibia. The other two outreach teams are reflected in MOHSS' efforts in the HVOP and HVCT program areas. Despite MOHSS' impressive success in rolling out prevention, care and treatment services throughout the country, there are many people who simply cannot reach the nearest health facility. The May 2008 National Testing Day event clearly demonstrated that Namibians are eager to access outreach services.

Each mobile team will consist of a camper van, two community counselors for testing, two community counselors for mobilization, a nurse, and a driver. Using data and input from regional stakeholders, the teams will develop a monthly schedule of visits to remote communities. The teams will be required to make the date of their visits consistent (e.g. the first Thursday of each month). Teams will work in conjunction with DAPP field officers, community leaders, and local radio stations to promote each outreach visit.

CT services will be implemented first. A regimented monitoring and evaluation program will be put in place to determine cost per client, success in reaching first-time testers, ability to link positive clients to treatment, and community receptiveness. Once CT services are successfully implemented, ART will be phased in, one team at a time. If the outreach teams are able to effectively deliver these aforementioned services, other components may be added, including TB screening and DOTs, PMTCT, case management, and alcohol counseling and referrals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16158	3876.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$6,373,370
7330	3876.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$5,122,031
3876	3876.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$3,950,056

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $100,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3132.09

Mechanism: HIVQUAL

Prime Partner: US Health Resources and Services Administration

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3865.23963.09

Planned Funds: $75,601

Activity System ID: 23963

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity funds the US-based HIVQUAL team for technical support to Namibia's HIVQUAL program. Funding for HIVQUAL is split between HTXS, PDTX, HBHC and PDCS because the program focuses on quality improvement of clinical services in all four areas.

This activity expands on the HIVQUAL work which began in Namibia in FY 2007 COP at 16 ART sites. In FY 2008 COP, the program will roll out to all 34 districts of Namibia, and will also target at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. In FY 2009 COP, the program will focus mainly on transferring knowledge and skills to local technical advisors in the Ministry of Health and Social Services (MOHSS) and CDC/Namibia with the ultimate goal of ensuring sustainability of the program in the long term. The USG HIVQUAL team will continue to focus on building quality improvement coaching skills among MOHSS staff and providers in Namibia and provide advanced level trainings for sites, as well as basic training for new participants. The training activities will be done in collaboration with I-TECH. Mentoring of Namibia-based staff will continue throughout the activity.

In FY 2009 COP, the activity will be conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC/Namibia and the US-based HIVQUAL team for technical support. Continuing activities include:

a. Quality Improvement (QI) training;
b. Assessment of quality management programs at the participating clinics;
c. Performance measurement (at six-month intervals) on selected core indicators;
d. Ongoing QI coaching at participating sites;
e. Promotion of consumer engagement in HIV care;
f. Regular conference calls with the US-based team;
g. Development and dissemination of QI related user guide and IEC materials including the HIVQUAL International Newsletter.

HIVQUAL provides a framework for health services staff and individual health care providers to engage in a participatory process of quality improvement based on evidence and data collected locally. Using the HIVQUAL model, health units, districts, regions and the MOHSS are able to gauge the quality of clinical HIV services at increasingly higher levels using indicators based on national guidelines. The HIVQUAL project will support capacity building for quality improvement for health facilities managed by four organizations, namely MOHSS, Catholic Health Services, Lutheran Health Services and Anglican Health Services. Improved quality of care at these facilities is expected to benefit an estimated 71,900 adult patients on ART by March 2010.

Specific activities for FY2009COP include:

a. Training of trainers workshops to enable decentralization of QI trainings throughout Namibia and to support the expanded national quality program;
b. Study tour to New York by a combined MOHSS and CDC Namibia team to learn from best practices of teams which have implemented QI for a long time;
c. Development of localized QI tools for specific use in Namibia;
d. Further expansion of indicators to focus on pediatric and PMTCT care.

Activities will strengthen the provision of quality care and the documentation of key strategic information in health care facilities. An important emphasis of this approach is to develop providers' skills for collecting and using performance data within their own organizations to improve their systems of care. Use of facility-level data derived from the national health information system for the purpose of improving quality is an important goal of HIVQUAL.

The HIVQUAL methodology is facility- and region-specific. At the clinic level, QI methods can be adapted to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used and it measures both the growth of quality management activities as well as guides the coaching interventions. Aggregated facility-specific data can provide population-level performance data that indicate priorities for national quality improvement activities and campaigns. Any publication and dissemination of these data will be done under the auspices of the MOHSS.

The concept of quality improvement using the HIVQUAL model is still relatively new in Namibia. Consequently, significant advocacy and training will be done to increase awareness and buy-in of the initiative by health care providers. Advocacy material for quality improvement will be printed and disseminated to health care facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16249

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16249	3865.08	HHS/Health Resources Services Administration	US Health Resources and Services Administration	7393	3132.08	HIVQUAL	$100,500
3865	3865.06	HHS/Health Resources Services Administration	US Health Resources and Services Administration	3132	3132.06		$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,601

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3866.23989.09

Planned Funds: $1,408,949

Activity System ID: 23989

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

I-TECH will support the same activities with the following modifications:

• I-TECH, in collaboration with the Ministry of Health and Social Services, will develop a new curriculum for a comprehensive prevention training which will integrate PwP, STI, post-exposure prophylaxis, isoniazid preventive therapy, and male circumcision into one course. This course will be used to roll-out prevention with persons living with HIV and AIDS throughout Namibia. Namibia is participating in the centrally-funded PWP initiative. The curriculum and job aids used in this initiative will be modified and adapted for this new course.
• I-TECH will develop a concise practical on-site training course for nurses and doctors to enhance their skills in doing PAP smears for cervical cancer screening. Clinical Mentors and Nurses Tutors in the regions will pilot the training in three sites, training six nurses/doctors per site. Following the pilot training, training will be done in six further sites, six participants per site.

Please review the COP08 narrative:

This area includes the following components: (1) Training of health care workers, (2) Support for I-TECH clinical mentors, (3) Training for public and private physicians and pharmacists, and (4) Support for task-shifting and continued rollout of Namibia's Integrated Management and Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI) Guidelines.

1) Training of health care workers. Capacity building of doctors, nurses and pharmacists in ART is an essential component to providing quality management of patients with HIV and it forms part of the package offered by the International Training and Education Center on HIV (I-TECH) in collaboration with the Ministry of Health and Social Services (MOHSS) and funded by the USG. Through 2007, I-TECH has trained more than 6,300 health care workers (HCWs) in various HIV and AIDS topics. This number includes nearly 2,000 physicians, pharmacists and nurses trained in ART, comprehensive pediatric HIV care, tuberculosis (TB) and other opportunistic infections (OIs), and integrated management of adult and adolescent illnesses (IMAI).

I-TECH provides in and pre-service training on HIV and AIDS for HCWs both in private and public settings. It also provides MOHSS with curriculum and training material development experts and with development of monitoring and evaluation systems for training in Namibia. In addition,
I-TECH provides MOHSS with technical advisors and clinical mentors (CMs) to provide on-site capacity building and quality improvement for ART care through supportive supervision. With COP07 funds, I-TECH supported four experienced HIV physicians as CMs in the major ART sites in four regions (Khomas, Otjozondjupa, Oshana, Kavango). These CMs also provide mentorship in Ohangwena, Caprivi and Omusati ART sites.

2) Support for I-TECH clinical mentors (CMs). In collaboration with MOHSS and the USG team, I-TECH will second a fifth CM with COP08 funds. This CM will be assigned to Ohangwena region, home to 12.5% of Namibia's population with an HIV prevalence rate of 27% and >3,200 HIV patients on ARVs. CMs provide on-site clinical supervision and mentoring to ART sites by reviewing challenging cases with local doctors and identifying aspects of the guidelines which are not operationalized by the local ART doctors. The CMs then ensure appropriate guideline utilization and follow-up.

To ensure skills transfer and sustainability, CMs train recently qualified Namibian doctors to become ART providers. CMs also assess training needs, and routinely provide didactic and hands-on training to address knowledge and skills gaps. CMs review clinics to improve systems including rational patient flow to reduce patient waiting time. They also promote a multi-disciplinary approach to HIV care, and support ART pharmacists and nurses in their provision of ART services.

One recent achievement of the CM program is the systematic implementation of Isoniazid Preventive Therapy (IPT) for eligible patients within the ART clinics, which resulted in >2,500 HIV-positive persons starting IPT for TB. In COP08, the CM program will continue serving the initial seven regions. CMs will continue to assist in HIV-related national physician training and to contribute to the development and revision of HIV-related guidelines and training manuals. Moreover, as per MOHSS request, a sixth clinical mentor will be recruited and deployed in Karas Region's major ART site, supporting ART sites in all its districts. Karas Region has a population of 69,329 and an HIV prevalence rate of 23%.

3) Training courses for public and private physicians and pharmacists. To increase ART training capacity of local physicians, I-TECH initiated one physician TOT course for 14 doctors with FY 2007 funds. This activity will continue in COP08 with two physician TOT courses, one for 14 state doctors and one for 14 private doctors. With COP07 funds, I-TECH also updated the ART curriculum to be in line with the new treatment guidelines. I-TECH will have carried out four ART in-service training courses, training 150 government physicians by the end of FY 2007.

With COP08 funds I-TECH will conduct four sessions of the four-day ART course for 120 government physicians and pharmacists, and will also develop a curriculum for two-day advanced refresher course for government doctors and pharmacists who have already taken the basic course. This curriculum will be operationalized by conducting two refresher courses, each for 20 physicians and pharmacists.

Many working Namibians belong to medical aid schemes and some receive ART care from private doctors. The regulation of the ART prescribing practices of private doctors is not yet well-established in Namibia. In addition, private pharmacists often lack the appropriate training and knowledge to advise private doctors in order to ensure appropriate ARV provision in line with the national guidelines. To overcome this challenge and to ensure quality and unified ART service provision in both public and private settings, I-TECH has provided training to 112 private doctors and pharmacists in collaboration with the Namibia HIV Clinicians'

Activity Narrative: Society.

With COP08 funds, I-TECH will, in collaboration with the MOHSS and the HIV Clinicians Society, develop a basic ART training curriculum with pre- and post- test assessments targeting private doctors and will train 60 private doctors using this curriculum. I-TECH will further develop an advanced ART course for private doctors and this course will be given to 40 private doctors and pharmacists. I-TECH will collaborate with a USG-funded partner (Capacity Project) to implement this activity.

Program data at the end of March 2007 showed that 13% (ART-HIS) of patients on ART were children. A variation between sites exists; in some sites only 3% of patients on ART were children. Anecdotal reports from different sites suggested that some doctors were not comfortable treating children with ART. Thus there is a need to train more health workers on this subject. With COP07 funds, in collaboration with local pediatric experts, I-TECH has developed a comprehensive pediatric HIV care curriculum; to date 71 doctors have been trained. With COP08 funds I-TECH will conduct four pediatric HIV care courses for 75 government doctors. I-TECH will develop a curriculum targeting private doctors and 25 private doctors will receive this training. In addition, I-TECH's clinical team will provide supportive supervision for the newly trained doctors with on-site technical assistance.

3) Rollout of task-shifting, IMAI and IMCI. With COP07 funds I-TECH assisted the MOHSS to adapt World Health Organization (WHO) IMAI and IMCI guidelines, training manuals and information education and communication (IEC) materials to support and expand the decentralization of ART services in Namibia.

The IMAI and IMCI programs support the delivery of ART within the context of primary health care, based at first-level health facilities. This strategy entails task shifting from specialized to less specialized health care workers, from doctors to nurses and from nurses to community counselors. Thus far I-TECH has trained 24 district managers, 20 trainers of trainers, 32 service providers, and 13 expert patient trainers, all of whom will be deployed within four pilot health facilities in four regions. Expert patients are PLWHA on HAART, who are trained to portray patients in role plays and to give feedback to health workers on their skills. With COP08 funds, I-TECH will conduct eight IMAI/IMCI regional training courses for 125 HCWs.

I-TECH has recruited a nurse mentor who will provide technical assistance for IMAI/IMCI implementing sites and four additional nurse mentors will be recruited and deployed in the roll-out sites in FY 2008. Furthermore, I-TECH will integrate IMAI/IMCI content within National Health Training Center and University of Namibia pre-service curricula. Patient adherence to treatment is known to be the most important factor determining the clinical outcome of ART. With COP07 funds, I-TECH supported an update of the adherence counseling curriculum as well as conducted one TOT and five regional training courses, training a total of 120 HCWs. With COP08, I-TECH will continue to provide support to MOHSS in Adherence Counseling, covering the costs of ongoing review of the curriculum and one TOT plus five regional trainings for 145 HCWs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16221

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16221	3866.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$1,872,980
7350	3866.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$1,503,562
3866	3866.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$666,287

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,408,949

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	1064.09	**Mechanism:**	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	3893.23954.09	**Planned Funds:**	$5,497,439
Activity System ID:	23954		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes provision of a portion of the salaries and other benefits for the following cadres outsourced through Potentia and seconded to the MOHSS: (1) 243 health care workers, including physicians, nurses, pharmacists, and pharmacy assistants, (2) 34 district health supervisors, and (3) 34 case managers

Because these Health Care Workers and District Health Supervisors are not exclusively providing HVTX services, a portion of the funding to support their positions are also reflected in MTCT, PDTX, HBHC, PDCS, HVTB, and OHSS. Funding for Case Managers is also reflected in HVAB, HVOP, HBHC, PDCS, PDTX, and HVCT.

1. Health Care Workers. 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 and pharmacists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and quality that is required for continued rollout of ARV and palliative care services. The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country. In 2007, the vacancy rate in the MOHSS was 35% for doctors, 22% for
registered nurses, 26% for enrolled nurses, and 41% for pharmacists

Since 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel though Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS. These personnel will be gradually absorbed into the MOHSS workforce. Absorption of USG-supported clinical staff is a cornerstone of the sustainability efforts to be outlined in the Partnership Compact between the US and Namibian governments. By the end of 2007, 18 Potentia staff members had transitioned into permanent MOHSS positions, both at the clinical and administrative level.

This human resource strategy has been central to Namibia's success with meeting its prevention, care and treatment targets. Potentia has a rapid personnel recruitment, deployment and management system. In 2007, the MOHSS engaged in a costing exercise supported by the European Commission and the USG that projected a need for 76 physicians, 191 nurses, 44 pharmacists, and 40 pharmacy assistants to manage 66,854 patients projected to be receiving treatment services in the public sector by 2010.

Even with continued expansion of IMAI and task-shifting, the MOHSS will not have the capacity to fully support the costs for the projected number of staff persons needed in 2009/2010. FY 2008 COP levels supported by PEPFAR represented approximately 69% of the human resource needs, with the remainder of staff supported by the MOHSS, the Global Fund, and other development partners.

Because of the reduced FY 2009 COP budget and the need to identify new resources for rollout of outreach -based services and expansion of the bursary system, the FY 2009 COP funding for this effort is level.

Therefore, the request is to continue to support the following positions:
• 65 physicians
• 79 registered nurses
• 46 enrolled nurses
• 28 pharmacists
• 25 pharmacy assistants.

Both the MOHSS and CDC will continue to collaborate in refining scopes of work and selecting health personnel who are supervised by the MOHSS, and receive training and on-the-job support from TECH, CDC, and the MOHSS. As noted above, these personnel are managed and compensated commensurate with MOHSS staff, and are to be gradually be absorbed into the MOHSS workforce as funding allows.

2. District Health Supervisors. In an ongoing activity, USG funds will provide salary and benefits for 34 nurses who report to the national-level supervisory public health nurse. These district supervisors are placed in high-burden districts and assist with coordination and supportive supervision of ART, TB and palliative care activities. These positions were added in response to priority needs identified in 2006 during the MOHSS' annual supervisory support assessment. A chief benefit of these new positions will be more hands-on and frequent personnel management and quality assurance in the outlying areas. Currently, supportive supervision visits are infrequent because of the logistics and expense of traveling from Windhoek to distant facilities throughout the country.

3. Case Managers. FY 2009 COP will also continue to support 34 case managers who commit 40% of their time to adult and pediatric treatment activities. Potentia was first funded to recruit and hire 34 clinical case managers with FY 2008 COP. Case managers fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. Some, but not all, of the duties of the case managers include:
• Counseling patients on adherence, prevention with positives, and disclosure/partner referral
• Tracing patients who "slip through the cracks"
• Facilitating support groups
• Referring patients to other health and social services, including counseling for drug/alcohol treatment and domestic violence
• Encouraging men to seek services and to support their partners and children in doing the same.

Some delays have occurred in start-up of this activity in 2008 and thus the case managers are funded at 0.83 FTE in 2009; carryover funds will be used to make up the remaining 0.17 FTE. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to others with HIV/AIDS, including accessing facility- and

Activity Narrative: community-based services, adherence, and disclosure. The newly envisioned case management program will have these expert patients working alongside case managers with backgrounds in psychology or social work. Case managers and expert patients will be trained by I-TECH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16195

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16195	3893.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$6,627,810
7339	3893.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$4,734,262
3893	3893.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$2,294,324

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,497,439

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1404.09

Mechanism: Cooperative Agreement U62/CCU024419

Prime Partner: Namibia Institute of Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 7975.23980.09

Planned Funds: $35,000

Activity System ID: 23980

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity supports the National ART Program by providing a dedicated technologist to perform viral load tests.

The Namibia Institute of Pathology (NIP) is responsible for provision of all HIV-related testing technologies for the public sector at the national level. During February 2006, the national ART treatment guidelines were updated to include viral load testing for patients suspected to be failing treatment. With the growing number of patients on ARVs in Namibia, viral load testing has become an increasingly critical part of bio-clinical monitoring. Guidelines have included more routine measurement of HIV-1 viral load at 6 months on ART patients and screening for treatment failure. With the help of USG, NIP has equipped a state-of-the-art molecular biology lab with viral load testing capacity. Anticipating increasing demand for viral load testing, the dedicated lab technician hired and placed at NIP to perform this service will continue to be supported. It is expected that over 12,000 viral load tests will be performed in FY09 and this technologist is needed for NIP to have sufficient capacity to meet demand. This person will continue to receive technical assistance from the CDC laboratory scientist assigned to NIP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16166	7975.08	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	7367	1404.08	Cooperative Agreement U62/CCU024419	$35,000
7975	7975.07	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	4384	1404.07	Cooperative Agreement U62/CCU024419	$40,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $35,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17364.23968.09

Planned Funds: $444,073

Activity System ID: 23968

Activity Narrative: NEW/REPLACEMENT NARRATIVE

FY 2009 COP funds will be used to support: (1) Salary and personnel-related costs for CDC's HIVQUAL Technical Advisor, and (2) a portion of the costs of general office management, travel and training related to the continued rollout of the HIVQUAL program in Namibia.

Funding for HIVQUAL is split between HTXS, PDTX, HBHC and PDCS because the program focuses on quality improvement of clinical services in all four areas.

1. HIVQUAL Technical Advisor. Funding for this activity will be specifically directed for HIVQUAL Namibia in-country activities through the CDC/Namibia office and led by the HIVQUAL Technical Advisor. This activity will expand on the HIVQUAL work which began in Namibia in FY 2007 COP to reach 16 ART sites. In FY 2009 COP the program will add new sites throughout all 13 regions to reach all 34 public and faith-based district hospitals. In addition, all health centers providing HIV care and treatment will be targeted during FY 2009 COP. These funds will be used to support salaries and benefits for the locally based HIVQUAL Technical Advisor.

Since FY 2007 COP, PEPFAR has funded a technical advisor to assist the Ministry of Health and Social Services (MOHSS) with rollout of the HIVQUAL program via a non personal services contract. By FY 2009 COP, this position will be converted to a personal services contract (PSC). While increasing costs somewhat, this conversion is necessary for two primary reasons: (1) to reflect the inherently governmental functions of these positions, and (2) to rectify the double taxation of these positions by both the US and Namibian governments. The double taxation results from the lack of a ratified bilateral agreement between the two countries that covers non-PSC positions. While reducing taxation costs, this conversion will result in increased ICASS costs.

2. HIVQUAL program administration, travel and training. FY 2009 COP funds will be used to support general administration of the HIVQUAL program, as well as in-country travel for quality improvement (QI) coaching and training costs related to rolling out the HIVQUAL program in adult treatment settings as outlined below.

In FY 2009 COP, HIVQUAL activities will be conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with the HIVQUAL Technical Advisor. The US-based HIVQUAL team will provide technical support for quality improvement specifically in adult treatment. The HIVQUAL project will support capacity building for QI for health facilities managed and supported by four local organizations, namely MOHSS, Catholic Health Services, Lutheran Health Services, and Anglican Health Services. The improved quality of care at these facilities is expected to benefit the estimated 71,900 adult patients on treatment by March 2010. These treatment estimates are obtained from the MOHSS HIV estimates report released in June 2008 based on Spectrum projections.

Specific activities will include:
a. QI training;
b. Assessment of quality management programs at the participating clinics;
c. Performance measurement (at six-month intervals) of selected core indicators;
d. Ongoing QI coaching at participating sites;
e. Promotion of consumer engagement in HIV care;
f. Regular conference calls with the US-based team;
g. Development and dissemination of QI related IEC materials including the HIVQUAL International Newsletter.

Planned activities will strengthen systems of care and documenting strategic information in health care facilities. An important emphasis of this approach is to develop providers' skills for collecting and using performance data within their own organizations to improve their systems of care. Use of facility-level data derived from the national health information system for the purpose of improving quality is an important goal of HIVQUAL.

HIVQUAL is uniquely facility- and region-specific. At the clinic level, QI methods can be adapted to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used which not only measures the growth of quality management activities but also guides the coaching interventions. Aggregate facility-specific data can provide population -level performance data that indicate priorities for national quality improvement activities and campaigns. Publication and dissemination of these data will be done under the auspices of the MOHSS.

Regionally, networks of providers who are engaging in quality improvement activities can work together to address problems that are unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies as well as adherence to care services. QI training will be conducted for groups of providers. The project will work in partnership with all treatment partners who will help disseminate QI improvement strategies and activities throughout their networks.

The concept of QI using the HIVQUAL model is still relatively new in Namibia. Consequently, a great deal of in-person advocacy and training will be required to increase awareness and buy-in of the initiative by health care providers at peripheral sites. Advocacy material for QI will be printed and disseminated to health care facilities.

Effective leadership in quality and safety in health care means having access to the most recent information and practical experience. The sharing of best practices is necessary to learn from each other's experiences and promote quality improvement. The national coordinators of HIVQUAL under the Case Management Unit of the MOHSS will thus participate in QI conferences to learn from others and share experiences.

Special Note: While not directly funded in this program area, CDC's Deputy Director of Programs will

Activity Narrative: further support the MOHSS' adult treatment activities. This position is funded under systems strengthening and is currently vacant. The Deputy Director of Programs position will be held by a medical officer who will spend most of his or her time working with the MOHSS Directorates of Special Programmes and Primary Health Care to establish and rollout guidelines and policies as well as to provide field support and technical assistance in the areas of PMTCT, VCT, TB/HIV, medical prevention, and adult and pediatric care and treatment services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17364

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17364	17364.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7390	1157.08		$171,968

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $444,073

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2321.09

Mechanism: N/A

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3842.23959.09

Planned Funds: $488,750

Activity System ID: 23959

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one component: renovation of an ART and antenatal clinic to expand capacity to care for HIV-impacted clients and to build infrastructure.

Because this activity will impact both adult and pediatric treatment, the funding amount of $488,750 represents 85% of renovation costs; the remaining 15% ($86,250) is reflected in the PDTX program area.

The Regional Procurement Support Office (RPSO) in Frankfurt will continue to assist USG Namibia by providing high quality technical guidance and required contracting authorities mandatory by USG regulation. Through RPSO, the USG secures the services of local construction contractors to effect renovations at select Ministry of Health and Social Services (MOHSS) sites throughout Namibia in the implementation of HIV prevention, care and treatment services.

Facility renovation in Namibia is crucial for both provision of ART and PMTCT as well as training of future ART providers. Many MOHSS 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 tuberculosis wards and operating theatres. With FY 2009 COP, CDC/Namibia will seek to secure a full-time infection control technical advisor who will have, among other duties, the responsibility of ensuring that all future renovations maximize structural interventions that can prevent transmission of TB. Even when not the principal funder of a renovation or construction project, CDC/Namibia frequently provides equipment, supplies and technical assistance and is called in by the GRN to serve on the planning committees for such projects.

The USG will continue to collaborate with the MOHSS, the Ministry of Works, the Global Fund, and other donors to determine priority sites for renovation and the appropriate funding source for each. Renovation of ART sites may not always result in more patients on ART, but will result in improved quality of services, improved infection control, and reduced waiting times.

The Government of the Republic of Namibia recognizes that investing in building of health facility infrastructure should increasingly be its responsibility, and not that of donors. To that end, PEPFAR will decrease its commitment to facility renovations over the coming years. FY 2007 COP funds supported five renovations, FY 2008 COP funds will support two renovations, and FY 2009 COP funds will only support one renovation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16209

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16209	3842.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7378	2321.08		$1,000,000
8088	3842.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4690	2321.07		$1,515,090
3842	3842.06	HHS/Centers for Disease Control & Prevention	Regional Procurement Support Office/Frankfurt	3119	2321.06		$703,435

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $2,845,454

Program Area Narrative:

In FY 08, the projected number of HIV-infected children less than 15 years of age in Namibia was 10,414. Of this number, 3,337 are in chronic HIV care and 7,077 are on ART; just under 13% (7,077/56,054) of all clients on ART are children. Namibia was one of the first countries to implement an early infant diagnosis (EID) program, rolling out HIV DNA PCR testing in early 2006 to test exposed infants at 6 weeks. The use of antibody testing is encouraged for older children from the age of 12 months; by this age, most HIV-exposed children will have lost transplacentally acquired maternal anti-HIV antibodies. If these children have not been breastfed in the preceding 3 months, a negative result will reliably exclude HIV infection. The EID algorithm for Namibia is being revised to lower the age to offer an HIV antibody test from 12 to 9 months, in line with WHO recommendations.

Training of health care workers in Dried Blood Spot (DBS) collection technique has been rolled out with PEPFAR support. DBS training is provided by I-TECH in collaboration with the MOHSS National Health Training Center (NHTC); I-TECH and NHTC conducts most HIV-related training on behalf of the MOHSS. With USG support, the Namibia Institute of Pathology (NIP), a fee-for-service parastatal, provides lab services to the MOHSS for all diagnostic and bio-clinical monitoring tests associated with providing care and treatment to HIV infected adults and children. NIP supports DNA PCR testing testing of all exposed children. With PEPFAR funds, the molecular lab at NIP was renovated and operational in 2005. PEPFAR also support the cost of a lab technician to perform the HIV DNA PCR tests, as well as a CDC lab scientist who provides training and technical assistance for quality DNA PCR testing. Since the beginning of the EID program, 17,870 of HIV DNA PCR tests were performed, and of these, 11.1% of first tests were positive. In FY08, 8,835 DNA PCR tests were performed; 10.6% of these tests were positive. Namibian women overwhelmingly practice breastfeeding, with most HIV positive women (at least 90%) in labor wards expressing a desire to breastfeed. As a result, the majority of infants who test HIV negative on a PCR at 6 weeks or during any subsequent period while still breastfeeding are subjected to a second DNA PCR test at least 2 months after their last breastfeeding.

Linking children from EID to care and treatment has been a challenge. The program will intensify follow-up of HIV-exposed children identified through PMTCT. The program will intensify provider initiated testing and counseling (PITC) for all children presenting to outpatient and inpatient departments, utilizing immunization services and growth monitoring in under-5 clinics. With the PITC approach, all mothers of unknown status bringing their children to health facilities will be offered rapid testing to determine their own status as well as the HIV-exposure status of their babies. When the mother does not wish to take the HIV test, a rapid test will be offered to determine the child’s status. If the child is under 18 months of age and positive, a DNA PCR test can then be performed to definitively determine HIV infection. In support of early identification of HIV-exposed children needing care, the MOHSS’ Directorate of Primary Health Care leveraged UNICEF support to revise the Child Health Passport and include PMTCT information. Detailed PMTCT documentation in the Passport will support identification of children needing CTX prophylaxis as well early HIV DNA PCR testing; this will greatly improve the early referral of infected children to care and treatment.

Namibia’s ART program started in 2003 and since its inception, provision of pediatric ART has been an integral component of the program. To date, 12.6% (7,077/56,054) of all patients on ART are children, ranging from 5% in Erongo Region to 21% in Oshikoto Region. However, due to the unavailability of pediatricians in most facilities, most pediatric treatment is provided by non-specialists. ART is currently being provided in 62 facilities; a recent pharmacy survey indicates there could be as many as 101

sites currently providing ART. The complexities of pediatric care, coupled with a lack of confidence among health care workers, results in pediatric care being rendered disproportionately at higher level facilities. Nawa Life Trust will support communications interventions to ensure that parents and communities understand how to access available pediatric care and support, and link OI prophylaxis and treatment services to children.

Namibia developed a pediatric curriculum taught to clinicians who have some experience managing ART patients. This training is administered through I-TECH and the NHTC; 78 clinicians have been trained. In FY08, I-TECH trained 697 health workers in delivery of ART services according to national standards; this included a pediatric ART component. However, some sites continue to reflect low %s of pediatric patients. This is related to the complexity of treating HIV-infected children and points to an area to be addressed in COP 09. COP 09 will support internships in a pediatric centre of excellence to provide experienced pediatric ART mentorship to clinical teams and promote stronger understanding of the challenges of providing care and treatment services to children. APCA will work with ITECH and the MOHSS on the national palliative care training program for in-service training, training of trainers, and supportive supervision - which includes pediatric palliative care. APCA will also support ongoing review of training materials and the essential medicines list, to target technical support in policies that increase availability and accessibility of palliative care medicines for children.

All HIV-positive infants less than 12 months who have had prior maternal or neonatal exposure to an NNRTI-containing regimen are initiated on d4T/3TC/LPV/r. Infants who have had no prior maternal or neonatal exposure to an NNRTI are initiated on d4T/3TC/NVP. This decision is in recognition of the reduced efficacy of an NNRTI-based regimen if prescribed too soon after exposure to an NNRTI used for PMTCT when there are high levels of resistant virus in circulation. As resistance is thought to wane with time, the recommendations for treating children older than 12 months will be to initiate an NNRTI-based regimen, which for Namibia is d4T/3TC/NVP. At the inception of the ART roll-out in Namibia, the first line regimen for children was AZT/3TC/NVP. Children were initiated on ART if they had a CD% of less than 20%, or had WHO clinical stage 3 or 4 disease. At the time, the first -line regimen was AZT/3TC/NVP. When the guidelines were revised in 2007, this regimen was changed to d4T/3TC/NVP. This decision was made in light of the two-year donation to Namibia by the Clinton Foundation/UNITAID of d4T-based FDCs. Using FDCs greatly simplifies medicine administration and eliminates the need to carry excessive volumes of syrups, ultimately improving adherence. At the time, AZT FDCs were not yet available, and d4T-based FDCs had “first to market” advantage. Since the revision of the ART guidelines in 2007, AZT-based FDCs have become available, and as d4T is falling out of favor with many ART providers due to its side effect profile, the MOHSS is considering reverting back to an AZT-based first line regime. Guidance is waited from the Technical Advisory Committee (TAC) of the MOHSS that advises on changes to clinical practice guidelines as well as other HIV care and treatment decisions.

The immunological criteria for initiating ART were revised in 2006 for young children less than 18 months who were initiated on HAART if their CD% was less than 25%. This decision was due to the increased risk of early morbidity and mortality in HIV-infected infants. In July 2008, Namibia adopted WHO treatment guidelines, mirroring WHO recommendations for initiating ART in infants and including the policy of initiating HAART in all-HIV infected infants under 12 months, irrespective of their clinical and/or immunological criteria. Children between 12 and 18 months are started on ART if their CD4% is less than 25%. Children older than 18 months start on ART if their CD4 is less than 20% or they have WHO stage 3 or 4 disease. WHO’s adult criteria of less than 350 cells/mm3 or WHO clinical stage 3 or 4 disease will apply for all children older than five years. This strategy has been shown to reduce pediatric HIV-related mortality by as much as 76%.

Namibia started implementing the Integrated Management of Childhood Illnesses (IMCI) strategy in early 2000. Shortly thereafter, the MOHSS integrated identification of the HIV-infected child into the IMCI algorithms. With Clinton Foundation support to PHC, the IMCI algorithms were revised in 2007 to include PMTCT, the identification of HIV-exposed children, and the provision of Pediatric ART. Through training of health care workers (HCWs) in IMCI, more HCWs at lower levels of care will be able to identify HIV-exposed children and appropriately initiate CTX prophylaxis and HIV DNA PCR testing from as early as 6 weeks of age. The provision of a complete preventive care package that includes the provision of CTX prophylaxis from the age of 6 weeks has long been adopted as a standard of care for all HIV-exposed and infected children; the former receive CTX until HIV infection has been ruled out. Other components of prevention need further strengthening, including malaria prophylaxis and treatment, provision of impregnated bednets to children under 5, as well as screening and treatment of TB, and the provision of TB Isoniazid Preventive Therapy (IPT) where active TB disease has been excluded. Organizations such as Pact and Catholic AIDS Action will focus on incorporating pediatric home based palliative care services into programs. Nutritional assessment and treatment of malnourished children, as well as the provision of therapeutic and supplementary feeding will be stepped up as malnourished children have poor treatment outcomes and higher mortality. FANTA-2 will provide support to PEPFAR implementing partners to develop models for linking pediatric HIV clients to community-based nutrition, food assistance, and livelihood services. The links developed will also support screening and referral of malnourished or vulnerable pediatric HIV clients and other OVC to facility-based clinical services.

Similarly, bi-directional linkages will be formalized between the health care facilities and community based organizations looking after OVCs and those providing home based care. To ensure continuity of care, these young people will need linkages to OVC service providers on an on-going basis for psychosocial, spiritual, social, and other preventive support. In addition, systems that link OVCs to the MGECW, MOE, and MOHSS Department of Social Services will be strengthened to ensure that OVCs are accessing pediatric care and treatment services. The MGECW provides a social welfare grant to those who care for orphaned children and this will need to be streamlined to ensure that OVC also access care and treatment. Children of adults who are presenting for pre-HAART and ART registration will also need to be offered testing, as they may also be unknowingly infected. The referral system will be strengthened by ongoing training and monitoring and evaluation (M&E) efforts, as well as by having regular coordination meetings between representatives from facility- and community-based service delivery points.

As increasing numbers of HIV-positive children reach adolescence in stable health, issues of disclosure of HIV status and coping with their awakening sexuality become paramount. Health workers will need to become skilled at communicating with and counseling HIV-infected children. Child-friendly services will be needed to specifically address adherence and to facilitate open

communication between patients and providers. Abstinence, safer sex practices, reproductive health messaging, and provision of condoms become important during this challenging time in a young person's life.

TB case finding and provision of TB IPT need to be scaled up for those HIV-infected children in whom active TB disease has been excluded. Importantly, children of sputum-positive contacts will need to be put on TB IPT after excluding active TB disease. More details about TB/HIV linkages are highlighted in the TB/HIV narrative. Other aspects of quality care for the HIV-infected child, such as pain and symptom control, as well as psychosocial and social support, will be provided in a holistic manner. Caregivers of HIV-infected children suffer tremendous stress and will need to be supported to help ensure adherence to treatment for the HIV-infected and affected children in their care.

MOHSS embarked on the HIVQUAL quality improvement initiative in 2007. With PEPFAR support, the MOHSS will expand on the HIVQUAL initiative which began with 16 ART sites in 2007, and was expanded in FY08 to reach all 34 districts of Namibia and further targeted to at least five health centers offering HIV care through the IMAI strategy. Initially developed for adult care and treatment, HIVQUAL will expand to include pediatric care and treatment indicators in FY09.

With the roll-out of the electronic patient management system (ePMS) adopted from WHO, data capture, analysis and transmission from central to peripheral levels will be improved. ePMS has adult and pediatric reporting indicators to meet MOHSS and OGAC requirements and the system will be central to streamlining and reinforcing HIS data collection efforts and making better use of ART data for program evaluation. All implementing partners will have regular data quality visits. Targeted M&E training will support facilities to analyze and use the data locally to inform their program. Bi-directional feedback between national and regional levels will be supported.

Within the MOHSS, the Response Monitoring and Evaluation (RME) Subdivision is responsible for program data. COP08 and COP09 funds will support the rollout of data management systems to capture and analyze EID data. RME will measure clinical outcomes by cohort analysis from data generated by ePMS and EID databases. Lessons learned will be disseminated during quarterly partners meetings in country and shared in regional and international meetings.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	3132.09	**Mechanism:**	HIVQUAL
Prime Partner:	US Health Resources and Services Administration	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	18825.23962.09	**Planned Funds:**	$6,250
Activity System ID:	23962		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity funds the US-based HIVQUAL team for technical support to Namibia's HIVQUAL program. Funding for HIVQUAL is split between HTXS, PDTX, HBHC and PDCS because the program focuses on quality improvement of clinical services in all four areas.

This activity expands on the HIVQUAL work which began in Namibia in FY 2007 COP at 16 ART sites. In FY 2008 COP, the program will roll out to all 34 districts of Namibia, and will also target at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. In FY 2009 COP, the program will focus mainly on transferring knowledge and skills to local technical advisors in the Ministry of Health and Social Services (MOHSS) and CDC/Namibia with the ultimate goal of ensuring sustainability of the program in the long term. The USG HIVQUAL team will continue to focus on building quality improvement coaching skills among MOHSS staff and providers in Namibia and provide advanced level trainings for sites, as well as basic training for new participants. The training activities will be done in collaboration with I-TECH. Mentoring of Namibia-based staff will continue throughout the activity.

In FY 2009 COP, the activity will be conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC/Namibia and the US-based HIVQUAL team for technical support for quality improvement specifically in adult treatment. The HIVQUAL project will support capacity building for quality improvement for health facilities managed by four organizations namely MOHSS, Catholic Health Services, Lutheran Health Services and Anglican Health Services. The improved quality of care at these facilities is expected to benefit an estimated 5,900 pediatric patients on ART and 7,300 pediatric patients receiving care in these facilities.

Specific activities will include:
a. Quality Improvement (QI) training;
b. Assessment of quality management programs at the participating clinics;
c. Performance measurement (at six-month intervals) on selected core indicators;
d. Ongoing QI coaching at participating sites;
e. Promotion of consumer engagement in HIV care;
f. Regular conference calls with the US-based team;
g. Development and dissemination of QI related user guide and IEC materials including the HIVQUAL International Newsletter.

Activities will strengthen systems of care and documentation of strategic information in health care facilities. An important emphasis of this approach is to develop providers' skills for collecting and using performance data within their own organizations to improve their systems of care. Use of facility-level data derived from the national health information system for the purpose of improving quality is an important goal of HIVQUAL.

The HIVQUAL methodology is facility- and region-specific. At the clinic level, QI methods can be adapted to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used and it measures both the growth of quality management activities as well as guides the coaching interventions. Aggregated facility-specific data can provide population-level performance data that indicate priorities for national quality improvement activities and campaigns. Any publication and dissemination of these data will be done under the auspices of the MOHSS.

The concept of quality improvement using the HIVQUAL model is still relatively new in Namibia. Consequently, significant advocacy and training will be done to increase awareness and buy-in of the initiative by health care providers. Advocacy material for quality improvement will be printed and disseminated to health care facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18825

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18825	18825.08	HHS/Health Resources Services Administration	US Health Resources and Services Administration	7393	3132.08	HIVQUAL	$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $6,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	1068.09	**Mechanism:**	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	3877.24328.09	**Planned Funds:**	$1,125,616
Activity System ID:	24328		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes two components: (1) support for basic clinical equipment required to provide pediatric care services, and (2) support for DNA PCR tests required by Ministry of Health and Social Services' (MOHSS) Early Infant Diagnosis Program.

HIV-infected children have been accommodated in the provision of care and treatment services since the inception of the ART program in Namibia. The proportion of children in care has grown from 13% in the early days of PEPFAR to a high of 16% in 2006. The program budget for care and support has been split to reflect the estimated amount of resources spent on adult and pediatric care, which is respectively 85% and 15%.

1. Clinical Equipment and Supplies. This continuing activity includes nominal support to the MOHSS for gaps in basic equipment and supplies for established Communicable Disease Clinics (CDCs) and the peripheral health centers and clinics that will be added to the network of ART and Integrated Management of Childhood Illnesses (IMCI) delivery sites in FY 2009 COP. Funding will be used to replace outdated pediatric equipment in existing sites as well as to procure new equipment for sites joining the network. This includes scales, examination tables, lamps, and other standard clinical equipment, as well as general office supplies and tools essential for IMCI rollout, including printing of IMCI patient cards and files.

2. HIV DNA PCR testing for early infant diagnosis. This is a continuing activity previously funded under the PMTCT program area. Namibia was one of the first countries to rollout DNA PCR in 2005 when the MOHSS with CDC support developed and field tested the diagnostic algorithm for using dried blood spots (DBS) and DNA PCR for early infant diagnosis. In 2006, the PMTCT program introduced DNA PCR for symptomatic infants and HIV-exposed infants at six weeks of age.

Since that time, PEPFAR funds have and will continue to support training of technicians and technologists from the Namibia Institute of Pathology (NIP) and other laboratories in PCR, purchase new equipment, process specimens, and further the rollout of decentralized training of health workers in the collection of DBS. In FY 2009 COP, the MOHSS will continue to receive direct funding to reimburse NIP for DNA PCR testing. Providing the funding to the MOHSS rather than paying NIP directly ensures MOHSS ownership and oversight of the program, the costs of which will be gradually absorbed by the MOHSS during the course of PEPFARII. FY 2009 COP funds will support the costs of the 20,000 diagnostic PCR tests projected to be performed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16153

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16153	3877.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$280,329
7331	3877.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$266,980
3877	3877.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$165,250

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 3841.23986.09

Planned Funds: $188,347

Activity System ID: 23986

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

I-TECH will support the same activities with the following modifications:

• I-TECH will develop a new nutrition training curricula to train Health Care Workers to effectively monitor growth of children.
• I-TECH will assist the MOHSS Primary Health Care Directorate to develop a Five-Year Plan for Nutrition.
• I-TECH will sponsor five local health care workers (physicians/nurses) to visit the Botswana pediatric center of excellence and to take part in a two-week on-site training at a high-performing pediatric clinic.
• I-TECH will procure additional pediatric textbooks and materials to assist with capacity development and training in pediatric care.

Please review the COP08 narrative:

This activity continues from COP07 and includes technical support for four elements: (1) Integrated Management of Integrated Management of Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI) for facility-based palliative care for persons living with HIV/AIDS, (2) Strengthening the integration of prevention strategies into HIV/AIDS training, (3) Clinical management of opportunistic infections, and (4) Integration of nutrition efforts

(1) IMAI and IMCI. National leadership and implementation for facility-based palliative care for PLWHA is outlined in Namibia's IMAI and IMCI Guidelines, which are based on the WHO IMAI and IMCI frameworks. In COP 2007, I-TECH and APCA supported the Ministry of Health and Social Services (MOHSS) with further development of the IMAI palliative care module to reflect the Namibian context and integration of palliative care expertise from other African countries. Implementation and training will likely begin in COP2008. This will include training of trainers (TOT) for nurses; adapting HIV-care related patient education materials for use in facilities and communities; in-service and regional trainings that target the IMAI roll-out sites; and on-site support visits to IMAI sites from Potentia staff.

Technical training and technical support will also be provided to health providers in the private sector in partnership with the MOHSS and the HIV Clinicians' Society. Results will include nurse provision of palliative care services at facility levels and improved linkages to community-based palliative care services, including management of clients who are not yet eligible for ART and clients who have received their first six months of ART at hospital-based Communicable Disease Clinics (CDCs).

Technical advancement for pediatric care will continue to be provided by the MOHSS pediatric care and treatment training program and the MOHSS IMCI program. In combination with the other IMAI modules and pediatric curricula, health care workers (HCWs) will be able to address key elements of the preventive care package for adults and children (cotrimaxole prophylaxis, TB screening and INH prophylaxis, integrated CT, HIV child survival interventions, clinical nutrition, HIV prevention strategies), other OI management, ART adherence, routine clinical monitoring and systematic pain and symptom management. Costs associated with the IMAI program are shared with I-TECH activities.

(2) Strengthened Integration of Prevention Strategies into HIV/AIDS Training. This component builds on current efforts to strengthen HCWs ability to employ prevention strategies for HIV-infected adults and children such as integrating simplified, age-appropriate messages on prevention, family planning, alcohol reduction, STI care, and referrals to other health and social services.

HCWs play a key role in helping clients to reduce HIV risk behavior and are willing to address prevention strategies for HIV-infected persons, but they are often constrained by a lack of information, training and clarity on messaging. ART sites lack comprehensive guidelines/protocols and educational materials, as well as a formal referral system for family planning, among other services. Sexually transmitted infections (STI) remained a major challenge in Namibia; according to government reports more than 7.5% of Namibians contract an STI each year and a total of 67,414 new STI cases were reported in 2006. STIs are syndromically managed and surveillance is entirely paper-based, so these figures are unable to paint the true picture of the STI burden in Namibia.

While the MOHSS established an STI control intervention for syndromic management, this program receives relatively limited support from partners and little progress has been made in reducing the burden of STIs in recent years. In addition, existing STI guidelines (which are currently being revised for an anticipated 2008 release) and training modules lack appropriate prevention messaging, family planning and guidance on support for disclosure of STIs, including HIV status. With COP08 funds, I-TECH is collaborating with the MOHSS STI division to update its training to include appropriate information and guidance on prevention messaging, disclosure, reduction in alcohol use and gender-based violence.

With COP 2008 funds, to update HCWs' knowledge and skills to reduce the burden of STI in Namibia, I-TECH will use the updated training to conduct 20 ToTs and seven regional trainings, resulting in 260 trained HCWs from 13 regions. In addition, with COP2008 funds I-TECH will "Namibianize" and disseminate Information Education and Communication (IEC) materials developed by other sources. I-TECH has also partnered with MOHSS' Primary Health Care Division to develop a family planning/HIV training module and related IEC materials that will be incorporated in the PMTCT and ART guidelines training. This work will be expanded in COP 2008 to include training of 50+ HCWs on prevention for HIV-infected persons and the provision of FP and STI care for PLWHA. These "Prevention with Positives" (PwP) trainings have been developed using materials from CDC's PwP Initiative.

(3) Clinical management of Opportunistic Infections. Clinical management of OIs is essential to the well-being of clients living with HIV/AIDS. In COP2007, I-TECH trained 90 government physicians and pharmacists in clinical management of opportunistic infections and 55 private practitioners will also have received such training by the end of COP2008. I-TECH will also participate in the MOHSS revision of the

Activity Narrative: National Guidelines for the Clinical Management of HIV and AIDS. With COP2008 funds, I-TECH will provide training for an additional 75 government physicians and pharmacists and 40 private practitioners based on the new MOHSS guidelines.

(4) Nutrition: Routine nutrition counseling, assessment and monitoring of malnourished PLWHA and children affected by HIV continue to be a challenge in Namibia. There is a critical need to build Namibian capacity as there are very few public sector nutritionists and only one dietician in the country. Through PEPFAR funding, I-TECH has placed a nutrition advisor in the MOHSS who has developed and implemented a four day training program on HIV/AIDS and clinical nutrition for HCWs. Results to date include 217 trained HCWs who recognize nutrition as a key component in delivering effective HIV treatment, care, and support services. I-TECH also integrated clinical nutrition into several other HIV curricula, including ART, management of opportunistic infections, dried blood spot PCR testing for early infant diagnosis, TB training for nurses, pediatric HIV training for physicians, and PMTCT.

In COP 2008, I-TECH will continue support for the nutrition advisor who will support the MOHSS in oversight of training and skills development in HIV/AIDS nutrition management, safe infant and young child feeding, and improved technical support and monitoring of trained HCWs. The advisor will ensure implementation of the monitoring tools and IEC materials developed in partnership with the Food and Nutrition Technical Assistance (FANTA) Project in FY 2007 as well as ensure procurement of training materials and anthropometric monitoring equipment for ART sites. The advisor will also support appropriate implementation of the MOHSS and Red Cross nutrition program which includes referrals for nutritional supplementation for adults and children on ART.

To enhance regional nutrition expertise, I-TECH will recruit and deploy two regional nutrition mentors via Potentia. Under the supervision of the MOHSS and the nutrition advisor, the mentors will guide initial and follow-up training, provide on-site clinical support and follow up visits and serve as key technical assistance (TA) for the many community-based food and nutrition projects. To ensure sustainability, regional nutrition mentors will be absorbed into MOHSS staff. Continuation of the four-day training for health workers is essential and COP 2008 funds will support training for additional 175 health workers from the 13 regions.

With funding from the Clinton Foundation for ready-to-use therapeutic feeding (RUTF) and roll-out of a pilot program in COP2007, I-TECH will also support five regional trainings for HCWs to identify and treat severe acute malnutrition (SAM) in HIV-infected children. The goals are to improve early detection of HIV status, timely management of (SAM) with leveraged RUTF food support, entrance to pediatric ART, and referrals and treatment of HIV-related conditions in HIV infected children.

As part of a USG-supported partnership between I-TECH, MOHSS and the FANTA Follow-On Project, an extended nutrition and HIV course will be developed in COP2008 to equip at least 13 regional HCWs to strengthen and supervise clinical nutrition in ART sites. These workers will focus on supervising clinical nutrition assessment, improving counseling on safe infant and young child feeding, expanding education on managing HIV symptoms and effective nutritional management with ART. Development of the course will begin in COP2008.

For the newly funded certificate program in nutrition at the University of Namibia (UNAM) I-TECH will provide a trainer to facilitate the short-course, materials and secure training venue; the FANTA Follow-On Project will provide TA for development of the course. The certificate program will result in a longer-term cadre of Namibian professionals with a high level of nutritional knowledge who will fulfill the consistent clinical nutrition human resource gaps for the MOHSS and other line Ministries, NGO and private sector partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16218

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16218	3841.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$697,852
7349	3841.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$638,515
3841	3841.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$381,037

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $188,347

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1404.09

Mechanism: Cooperative Agreement U62/CCU024419

Prime Partner: Namibia Institute of Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 7927.23977.09

Planned Funds: $35,000

Activity System ID: 23977

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is a continuing activity and provides funding for the salary of a dedicated technologist in support of early infant HIV diagnosis by PCR.

The Namibia Institute of Pathology (NIP) is responsible for provision of all HIV-related testing technologies for the public sector. During COP FY 2005, the diagnostic algorithm for using dried blood spots (DBS) and PCR for pediatric diagnosis was developed and field-tested in Namibia. During COP FY 2006, the Ministry of Health and Social Services (MOHSS) PMTCT program and NIP introduced this method for testing symptomatic infants and screening HIV-exposed infants at six weeks of age. Laboratory staff have been trained in PCR, new equipment has been procured, specimens are being processed, and the rollout of decentralized training of health workers in the collection of DBS is ongoing. It is expected that 20,000 diagnostic PCR tests will be performed in COP FY 2009 and a dedicated technologist is needed for the laboratory to have sufficient capacity in response to increasing demand. This person is being supported with technical assistance from the CDC laboratory scientist assigned to NIP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16163

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16163	7927.08	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	7367	1404.08	Cooperative Agreement U62/CCU024419	$40,000
7927	7927.07	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	4384	1404.07	Cooperative Agreement U62/CCU024419	$40,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $35,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 24346.09

Planned Funds: $25,000

Activity System ID: 24346

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The funds from this activity cover 25% of salary and personnel-related costs for a Palliative Care Technical Advisor. The remaining funds are reflected in the Adult Care and Support (HBHC) program area

The Ministry of Health and Social Services (MOHSS) is gradually shifting tasks from physicians to nurses, enabling nurses to provide palliative care, and to manage clients not yet eligible for ART and those who have received their first six months of ART at hospital communicable disease clinics. This transition is part of MOHSS' Integrated Management of Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI) guidelines, which are based on standards set forth by the World Health Organization (WHO). The IMAI and IMCI guidelines set forth a framework for decentralized HIV/AIDS training, service delivery standards, and task shifting of care to district and community levels. Namibia's 13 regions are anticipated to complete the rollout of IMAI to selected health centers and clinics in their catchment areas by 2009.

These funds will support a technical advisor to the MOHSS for continued roll-out and quality assurance of HIV-related adult and pediatric care services, including support for the national IMAI and IMCI programs. This position was first approved in FY 2007 COP through the CTSGlobal/Comforce mechanism. In FY 2009 COP, this position will be converted to a locally employed staff (LES) position for a qualified Namibian.

As a result of continued training and roll-out of IMAI and IMCI in Namibia, expertise in provision of care services is improving. In FY 2006 COP, the USG and its partners, including the MOHSS, began receiving technical assistance from the African Palliative Care Association (APCA) and a USAID Regional Technical Advisor for HIV/AIDS Palliative Care. Support from APCA will continue in FY 2009 COP. While significant program accomplishments are underway with this technical support, there remains a critical need to have an in-country, experienced, full-time palliative care technical advisor who is dedicated to development, decentralization, monitoring and evaluation of HIV-related palliative care in Namibia.

In this position, the technical advisor will:
1. Directly support MOHSS care programming at facility levels, including support for implementation and monitoring of IMAI and IMCI.
2. Support the current MOHSS Coordinator for Palliative Care and Opportunistic Services in the Directorate of Special Programs to develop that individual's expertise and leadership.
3. Serve as a liaison to the MOHSS Case Management Unit's implementation efforts; CDC's HIVQUAL Coordinator; the extensive I-TECH trainings and mentorship programs; the IMAI site nurses and their referring district ART doctors.
4. Collaborate with the MOHSS Family Health Division, which is responsible for community-based palliative care, clinical nutrition and family planning/HIV integration
5. Work with USG partners to address other critical program gaps. This includes partnering with:
a) MOHSS' Nutrition Subdivision and I-TECH's Nutrition Advisor to ensure that developments in clinical nutrition are well integrated into HIV/AIDS palliative care programs;
b) MOHSS' Family Health Division in the Primary Health Care Services Directorate and the Global Fund to strengthen the delivery of community-home based care and the integration of palliative care at home and community levels;
c) MOHSS ART sites, Central Medical Stores, and SCMS to address gaps in procurement and supply chain management for home based care kits and essential palliative care medications.

The technical advisor will emphasize key palliative care priorities across program areas and will include the provision of the preventive care package for adults and children. Elements of this package include:
a. Cotrimoxizole prophylaxis for Stage III, IV disease or CD4<300 and for HIV-exposed/infected children;
b. TB screening and the "three Is" (infection control, isoniazid preventive therapy, and intensified case finding);
c. Integrated counseling and testing;
d. Infant feeding counseling for HIV-positive mothers;
e. Child survival interventions for HIV-positive children;
f. Growth monitoring and immunizations;
g. Clinical nutrition counseling;
h. Anthropometric measurement, monitoring, referral, micronutrient supplementation and targeted nutrition supplementation for severely malnourished people living with HIV and AIDS (PLWHA) who are on ART; and
i. Prevention strategies which include balanced ABC prevention messaging, condoms, support for disclosure of status, referral for PMTCT services, reduction in alcohol use and gender-based violence including assistance as needed through government centers for abused women and children.

Key palliative care priorities also include other opportunistic infection management, ART adherence, routine clinical monitoring, and systematic pain and symptom management. Closer partnerships with districts and communities will allow increased opportunities to expand safe water and hygiene strategies as well as expand access to malaria prevention for PLWHA and their families. It is also anticipated that a complete roll -out of IMAI task-shifting will ultimately result in MOHSS' development of a national palliative care policy that allows nurses to prescribe narcotics and symptom-relieving medications. Technical assistance from APCA (#8043) will support this activity.

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

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	1064.09	**Mechanism:**	Cooperative Agreement U62/CCU025154
Prime Partner:	Potentia Namibia Recruitment Consultancy	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	3894.23951.09	**Planned Funds:**	$676,025
Activity System ID:	23951		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This area includes provision of a portion of the salaries and other benefits for the following cadres outsourced through Potentia and seconded to the MOHSS: (1) 243 health care workers, including physicians, nurses, pharmacists, and pharmacy assistants, (2) 34 district health supervisors, (3) 34 case managers, and (4) 3 trainers and 1 training support staff who work collaboratively with MOHSS' National Health Training Center and I-TECH.

Because these Health Care Workers and Health Supervisors are not exclusively providing PDCS services, a portion of the funding to support their positions are also reflected in MTCT, HVTX, PDTX, HBHC, HVTB, and OHSS. Funding for Case Managers is also reflected in HVAB, HVOP, HBHC, HVCT, and HTXS. Funding for training staff is also reflected in HBHC.

1. Health Care Workers. There is a critical human resources gap at facility levels to deliver adult and pediatric HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors and pharmacists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and quality that is required for continued rollout of ARV and palliative care services. Currently 10% (10,414/90,632) of all patients receiving care and treatment services in health facilities are pediatric patients. The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country. In 2007, the vacancy rate in the MOHSS was 35% for doctors, 22% for registered nurses, 26% for enrolled nurses, and 41% for pharmacists.

Since 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel though Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS. These personnel will be gradually absorbed into the MOHSS workforce. Absorption of USG-supported clinical staff is a cornerstone of the sustainability efforts to be outlined in the Partnership Compact between the US and Namibian governments. By the end of 2007, 18 Potentia staff members had transitioned into permanent MOHSS positions, both at the clinical and administrative level.

This human resource strategy has been central to Namibia's success with meeting its prevention, care and treatment targets. Potentia has a rapid personnel recruitment, deployment and management system. In 2007, the MOHSS engaged in a costing exercise supported by the European Commission and the USG that projected a need for 76 physicians, 191 nurses, 44 pharmacists, and 40 pharmacy assistants to ensure full rollout of Integrated Management of Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI) by the end of 2009.

The MOHSS is gradually shifting tasks from physicians to nurses, with nurses beginning to provide palliative care, managing clients not yet eligible for ART, and patients who have received their first six months of ART at hospital communicable disease clinics. Key priorities in palliative care service delivery by Potentia-supported health care workers will include:

• Provision of the preventive care package for adults and children
• Management of opportunistic infections
• Adherence counseling for HIV/TB
• Routine clinical monitoring
• Symptom and pain management.

Closer partnerships with districts and communities will allow increased opportunities to expand safe water, hygiene strategies and access to malaria prevention for persons living with HIV/AIDS (PLWHA) and their families.

Even with expansion of IMAI, IMCI and task-shifting, the MOHSS will not have the capacity to fully support the costs for the projected number of staff persons needed in 2009/2010. FY 2008 COP levels supported by PEPFAR represented approximately 69% of the human resource needs, with the remainder of staff supported by the MOHSS, the Global Fund, and other development partners. Together, these colleagues work together under the supervision of the MOHSS to manage 85% of the adult and pediatric patients receiving care and treatment services in Namibia.

Because of the reduced FY 2009 COP budget and the need to identify new resources for rollout of outreach -based services and expansion of the bursary system, the FY 2009 COP funding for this effort is level. Therefore, the 2009 request is to continue to support the following positions:

• 65 physicians
• 79 registered nurses
• 46 enrolled (licensed practical) nurses
• 28 pharmacists
• 25 pharmacy assistants.

Both the MOHSS and CDC will continue to collaborate in refining scopes of work and selecting health personnel who are supervised by the MOHSS, and receive training and on-the-job support from I-TECH, CDC, and the MOHSS. As noted above, these personnel are managed and compensated commensurate with MOHSS staff, and are to be gradually be absorbed into the MOHSS workforce as funding allows.

2. District Health Supervisors. In an ongoing activity, USG funds will provide salary and benefits for 34 nurses who report to the national-level supervisory public health nurse. These district supervisors are placed in high-burden districts and assist with coordination and supportive supervision of ART, TB and palliative care activities for both adults and children. These positions were added in response to priority needs identified in 2006 during the MOHSS' annual supervisory support assessment.

Activity Narrative: 3. Case Managers. FY 2009 COP will also continue to support 34 case managers who commit 30% of their time to adult and pediatric palliative care activities. Potentia was first funded to recruit and hire clinical case managers with FY 2008 COP. Case managers fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. The responsibility of the case managers include, but are not limited to:

- Providing adherence, prevention with positives and disclosure counseling with families
- Following up on patients who "slip through the cracks"
- Facilitating support groups
- Referring patients to other health and social services, including OVC services
- Providing information to caregivers on caring for HIV-infected and affected children
- Encouraging men to seek services and to support their partners and children in doing the same.

Some delays have occurred in start-up of this activity in 2008 and thus the case managers are funded at 0.83 FTE in 2009; carryover funds will be used to make up the remaining 0.17 FTE. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to others with HIV/AIDS, including accessing facility- and community-based services, adherence, and disclosure. The newly envisioned case management program will have these expert patients working alongside case managers with backgrounds in psychology or social work. Case managers and expert patients will be trained by I-TECH.

4. Trainers. In FY 2006, Potentia also began supporting technical and administrative staff involved in this activity previously funded through I-TECH to streamline administration and reduce indirect costs. This activity will continue to support the provision of training personnel to the MOHSS' National Health Training Center, the Regional Health Training Centers, and I-TECH. These personnel will support continued training on IMCI, IMAI and pediatric ART, among other trainings. Funds will support:

- 0.5 FTE of an I-TECH curriculum development expert to develop Namibian capacity in this area
- Nurse trainer
- Training manager
- Transportation costs to travel tutors to clinical sites for follow-up after IMAI and IMCI training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16192

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16192	3894.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$2,750,000
7340	3894.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$2,387,182
3894	3894.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$1,008,283

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $676,025

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	1058.09	**Mechanism:**	Cooperative Agreement U62/CCU025166
Prime Partner:	Development Aid People to People, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	3929.24318.09	**Planned Funds:**	$17,375
Activity System ID:	24318		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: support for Development Aid from People to People's (DAPP) Total Control of the Epidemic (TCE) Program to educate community members, including youth, on HIV prevention and to link these individuals to appropriate prevention, care, and treatment services.

DAPP leverages basic care resources to support TCE Field Officers (FOs) to provide age-appropriate education about HIV prevention, care (including TB) and treatment and to make referrals to available services. DAPP's sister interventions in Zimbabwe and Botswana have been evaluated and the findings from both countries showed that TCE program exposure was positively associated with better HIV-related knowledge, less stigmatizing attitudes, and HIV testing.

In COP09, this activity will expand to:

1. Create more support groups for people living with HIV and AIDS (PLWHA) which incorporate psycho-social support and small income-generating projects (e.g. community gardens and poultry farming). Though these support groups are primarily comprised of adults, a recurring topic of discussion is caring for HIV-impacted children.
2. Strengthen the technical capacity of FOs to educate and refer families for preventive care services.
3. Integrate TCE activities with other PEPFAR-funded activities to strengthen the quality of services.

DAPP funding is in four other areas: HVAB, HVOP, HBHC, and HVCT. The TCE program is a highly organized house-to-house mobilization strategy that aims to educate and empower all members of a community to reduce the risk of HIV and stigma and improve access to HIV-specific services. The TCE program was initiated in northern Namibia in 2005 with support from the Global Fund and PEPFAR. Global Fund supported the program in the regions of Omusati, Oshana, and parts of Ohangwena and Oshikoto; PEPFAR supported the program in Kavango Region, the remaining parts of Ohangwena and Oshikoto Regions, and parts of Khomas and Caprivi Regions.

In 2008, Global Fund support for DAPP temporarily ended in three regions. As a result DAPP activities were suspended until the next successful Global Fund application. In each region, the TCE program provides essential information and referrals on prevention, care and treatment services. The TCE program is highly valued by Regional AIDS Coordinating Committees (RACOCs) and Constituency AIDS Coordinating Committees (CACOCs), local leaders, and other government and nongovernmental organizations; these same bodies periodically tap TCE FOs to deliver messages to families about upcoming health events (e.g. National Immunization Days) or to distribute bed nets as they make their daily visits. If TCE activities had ended in the regions, the trained and skilled cadre of FOs would have been lost before the program could continue with future Global Fund support. Government officials requested that PEPFAR provide temporary "bridge" funding in order to maintain the continuation of services in the three regions. In response to the government's request, PEPFAR has provided the interim funding.

PEPFAR is committed to the continual support and enhancement of the TCE program and further intends to utilize the DAPP field officers for delivery of new activities related to prevention with PLWHA (PwP), responsible drinking, and male circumcision education. Funding from PEPFAR will support a total of 408 FOs, including 128 previously supported through GF. Both GF and PEPFAR will continue to provide technical support to DAPP.

Despite PEPFAR's interim support for the TCE activities in GF-supported regions, overall PEPFAR funding for DAPP in COP09 has been reduced and expansion into new regions and activities has been put on hold to sharpen the focus of DAPP's efforts. Both PEPFAR- and GF-supported assessments of the TCE program conducted by CDC technical advisors identified that efforts must be more targeted to impact behavior change and linking individuals to services. With COP09 funds, CDC/Namibia and CDC/Atlanta will continue to work closely with DAPP to begin an impact assessment of the TCE program, revise and harmonize the TCE curricula and produce relevant job aids. The assessment and refined curricula should also allow DAPP to improve linkages to community- and facility-based services, and expand their efforts to mobilize at-risk persons to access services for themselves and their children at both health facilities and community sites.

The FOs further provide simplified preventive care messages for families regarding the importance of cotrimoxizole prophylaxis; use of long-lasting insecticide impregnated nets for HIV-positive pregnant women and children under five (leveraged by Global Fund); safe water; personal hygiene; and good nutrition and proper care for HIV-infected children. Simplified messaging also includes ART adherence support and screening for pain and other symptoms. From October 2007 through September 2008, FOs linked 927 individuals to home-based health care, established 836 TRIOs (treatment support groups), and recruited 981 individuals for PLWHA support groups. There are a total of 53 support groups throughout the country. FOs register each member of a household in their catchment area to avoid duplicate counting.

Where possible, the FOs will coordinate with government and community-based service delivery points to provide critical transportation support to rural families in need of essential services. In COP09, DAPP will continue to work with I-TECH and the multi-national NGO Pact to strengthen community-level training in TB care which will result in improved integration of TB screening and referrals in the DAPP and Pact community programs. DAPP will also strengthen the integration of their HIV/AIDS program with their efforts in community TB DOTS.

TCE volunteers are key partners with the FOs, communities, and health care facilities. From October 2007 through September 2008, FOs have recruited 55,862 active "passionates" – community volunteers who assist with delivery of health messages and referrals. TCE also coordinates with funded volunteers supported by Pact with PEPFAR funds to refer individuals for palliative care and OVC services. Supportive supervision of all community caregivers is provided by TCE Special Forces Officers, CDC nurse mentors, and primary health care nurses from nearby facilities.

Activity Narrative: COP09 will continue to support ongoing delivery of the TCE program and strengthen technical implementation through training, supervision, transportation support, and partnership-building. TCE will work closely with PLWHA organizations, the organizations represented within the RACOCs and CACOCs, local Ministry of Health and Social Services (MOHSS) officials, and other stakeholders to recruit PLWHAs (especially members of minority groups, including the San) as FOs. Recruitment of PLWHA will foster the development of effective HIV-related community support groups and strengthen ties to service delivery sites. In addition to support groups and the activities noted above, DAPP will continue to initiate community gardens and other income-generating activities in areas identified by community leaders.

DAPP activities address gender issues through the provision of equitable services for both male and female PLWHA, support for disclosing HIV status, and improved male involvement in the program (e.g. improved male participation, male responsibility in care-giving and support for female caregivers). DAPP is a partner in the Male Norms Initiative begun in Namibia in 2007, which seeks to address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, destructive "inheritance" practices imposed on widows by male family members, multiple sex partners, transactional and trans-generational sex, power inequities between males and females, and alcohol abuse.

The TCE Program continues to be an entry point for building human resource capacity within Namibia, as a proportion of FOs, all of whom are Namibian, are able to parlay their experiences into promotional opportunities as community counselors within MOHSS facilities and New Start Centers. This strengthens the community-based career ladder and the capacity of counselors and clinic facilities, as well as builds the technical capacity and communication skills of FOs. Not only will FOs become employed as MOHSS-certified counselors, but they are anticipated to build community awareness into facilities and further strengthen the continuum of care between facilities and community partners who deliver HIV-related services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16121

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16121	3929.08	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	7356	1058.08	Cooperative Agreement U62/CCU025166	$105,303
7326	3929.07	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	4382	1058.07	Cooperative Agreement U62/CCU025166	$100,288
3929	3929.06	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	3150	1058.06	DAPP	$96,146

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $17,375

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4420.09

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 7967.26993.09

Planned Funds: $57,975

Activity System ID: 26993

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In addition to the adult HBC component, SCMS will be extending its support to the Ministry of Health and Social Services-Primary Health Care directorate to ensure adequate and appropriate pediatric HBC kit supplies at all levels of the system to match the scaling up of pediatric HIV/AIDS programs. In FY 2008 COP, SCMS assisted in determining additional pediatric formulations to include into the already existing HBC kit. The pediatric contents to be included are Oral Rehydration Salts (ORS), pediatric paracetamol suspension and Ready-to-Use Therapeutic Food (RUTF). In FY 2009 COP, SCMS will provide technical assistance to enable forecasting and quantification of pediatric formulations to be included in the HBC kits. A replenishment system will also be put in place to ensure an uninterrupted supply of these pediatrics formulations.

In FY 2009 COP, SCMS will continue support for the HBC logistics system implementation which will provide the basis for HBC commodity flow for both adult and pediatric products and monitor system performance. FY 2009 COP activities include development of a Logistic Management Information System (LMIS) capable of reporting logistics data and an Inventory Control System (ICS) to ensure maintenance of appropriate pediatrics contents and quantities in HBC kits at all levels of the system and Standard Operating Procedure (SOP) development that provide guidelines for inventory management, quantification, reporting and ordering, monitoring and supervision. SCMS will also conducting training to enable the end users of the system to adhere to the system principles and SOPs and conduct annual quantification for pediatrics HBC and procurement planning. FY 2009 COP will support SCMS to monitor and supervise HBC kits utilization and conduct a quantification for Cotrimoxazole(CTX), Ready To Use Therapeutic Food (RUTF) and OI medicines for pediatrics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16185

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16185	7967.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7373	4420.08	SCMS	$466,500
7967	7967.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$285,159

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $12,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3475.09

Mechanism: South Africa-Regional Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4797.26983.09

Planned Funds: $67,000

Activity System ID: 26983

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The African Palliative Care Association (APCA) is dedicated to applying lessons learned from other African countries to scale-up cost-effective, culturally-appropriate palliative care for Namibian persons living with HIV/AIDS (PLWHA) and their families. This continuation from FY 2007 and 2008 COP relates to other Basic Care services: USAID, MOHSS, I-TECH and PACT grantee links.

Palliative care technical expertise in Namibia is increasing and has expanded beyond the cancer centre to doctors, nurses and community volunteers through palliative care training provided in COP 2006 and COP 2007. The development and expansion of palliative has been limited by the lack of expertise to support not only provision of palliative care but efforts to advance programs. In COP 2006/2007, the USG and its partners, including the Ministry of Health and Human Services (MoHSS) received technical assistance from APCA and its members. This included support for the Catholic AIDS Action (CAA) community and home-based care (CHBC) program to pilot a program to integrate key palliative care strategies and training into their efforts within Anamulenge & Rehebooth. Sensitization of the MoHSS, other key stakeholders and USG care and treatment partners about the palliative approach to HIV/AIDS care and effective bi-directional referrals has also been carried out. Initial work has begun in conjunction with I-TECH to review the Namibian adaptation of the IMAI palliative care module, along with I-TECHS HIV/AIDS modules for the University of Namibia School of Nursing. Mobilization for Namibian leadership in palliative care training, service delivery and policy development has been key through the initial development of a National Task Force for Palliative Care and the later establishment of a Namibian Palliative Care Association.

While significant program accomplishments are underway, continued technical support is needed to build on program successes, address existing gaps, including that of pediatric palliative care, and develop dedicated in-country expertise. In FY 2009 COP, APCA will support the MoHSS, USG partners and other stakeholders in the development and piloting of a national palliative care training program for in-service training, training of trainers (ToT) and supportive supervision, which includes pediatric palliative care. In 2008, this palliative care module will be completed and implementation will begin in selected health centers and clinics. APCA will support the MoHSS and ITECH with implementation through ongoing review of training materials and essential drug lists, and technical assistance with the current policy environment for ensuring availability and accessibility of essential palliative care drugs for both adults and children. While initial work during FY 2006 resulted in palliative care being included in the national policy on HIV/AIDS, APCA will advocate and support the MoHSS in the development of further palliative care policies and guidelines which include those for children; the development and implementation of standards of care; monitoring and evaluation of palliative care provision for adults and children and movement towards the development of a national palliative care policy that allows nurses to prescribe narcotics and other symptom -relieving medications.

During FY 2007 COP, APCA supported the National Palliative Care Task Force and the MoHSS to develop a detailed plan for palliative care leadership and integration at policy, service delivery and education/training levels. This was informed through a study tour for key MoHSS and NGO personnel to share lessons learned and best practices across Africa. In FY 2008 COP APCA will support the development of a functional national palliative care association out of the task force, with clear terms of reference, strategic plan and work plan which includes an emphasis on pediatric palliative care. APCA will also be running a pediatric palliative care track at their conference in 2010 and will support key personnel from Namibia to take part in this.

It is anticipated that the Namibian palliative care PHE will highlight some of the needs of children requiring palliative care. Thus the results will be used to inform program planning by the Namibian Government, expand palliative care service delivery for children, and identify priorities for monitoring and evaluation. The results will also help APCA support the MoHSS to develop a framework for palliative care monitoring and evaluation for Namibia and APCA will provide technical assistance in the developing tools for ongoing monitoring and evaluation of palliative care such as the APCA African Pediatric Palliative Outcome Scale. This activity will be undertaken in consultation with the MoHSS.

Throughout FY 2009 COP, the work of APCA in Namibia will be coordinated by an in-country project coordinator with the support of an administrator, and technical support and supervision from the Southern Africa Regional Office under the direction of the Southern Africa Regional Coordinator. Overall oversight of the program will remain with APCA head office and other APCA staff will provide technical assistance as required.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16183

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16183	4797.08	U.S. Agency for International Development	Pact, Inc.	7372	3475.08	South Africa-Regional Associate Award	$471,669
8043	4797.07	U.S. Agency for International Development	Pact, Inc.	4672	3475.07	South Africa-Regional Associate Award	$293,373
4797	4797.06	U.S. Agency for International Development	Pact, Inc.	3475	3475.06	South Africa-Regional Associate Award	$203,051

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $67,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7656.09

Mechanism: PACT TBD Leader with Associates Cooperative Agreement

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4727.26987.09

Planned Funds: $416,122

Activity System ID: 26987

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$201,984 FUNDING CHANGE FROM CAA TO PACT**

USG continued its home based community care and support (HBHC) program through PACT, an umbrella NGO that integrates capacity building of local faith-based organizations (FBOs) and NGOs, including targeted technical assistance (TA), into a grants management cycle. PACT develops local ownership and provides capacity building in financial and programmatic accountability, including M&E and financial management, while providing support and guidance to improve the overall quality of programs. PACT will source and/or network experienced TA to subgrantees and foster networking through communities of practice to address and resolve bottlenecks in implementation. PACT efforts through PEPFAR extend beyond PEPFAR-funded programs to create sustainable, high-capacity organizations by addressing gaps in leadership, management, governance, and strategic direction.

Because currently-funded community and faith-based programs are not structured and lack capacity to provide comprehensive pediatric support with proper linkages with facilities, Pact will solicit for 1 or more subpartners in COP09 who can provide support directly to facility based programs in pediatric support in FY09. These may include existing partners. Pact will also explore the feasibility of soliciting and working with NGOs that may provide innovative approaches to catchment groups, such as liaising with foster placement programs, which take in HIV+ children (status known or not) – this would complement programs that capture pediatric cases at the facility level to assist in identifying children who may not have been born and followed up at a facility.

Beyond the solicitation, Pact will provide support to CAA, the largest Namibian FBO network. In FY09, a comprehensive prevention package continues to be incorporated into pediatric home based palliative care services covering education, referrals for VCT and PMTCT, mobilization for cotrimoxizole prophylaxis and isoniazid preventive therapy, improved ART adherence, safe water, hygiene, malaria prevention and treatment, TB preliminary screening and referrals, promotion of good nutrition practices for adults and children, promotion of child immunizations. If there are any challenges regarding either cotrimoxizole or isoniazid supplies, CAA volunteers report this to CAA staff and coordinate and communicate this with local GRN health facilities.

Additionally, CAA will expand its nurse-supervised home based palliative care services from 7 regional offices in FY08 to 10 regional offices in FY09. In collaboration with the African Palliative Care Association (APCA) and the MoHSS CAA will offer direct clinical services, including pain management, through staff/volunteers supervised by trained nurses. Palliative care trained volunteers, supervised by trained nurses improve the quality of life of children living with HIV through the prevention and relief of suffering by means of early identification of HIV infection and opportunistic infections, impeccable assessment and treatment of psychosocial, spiritual and physical pain. Care is provided throughout the disease continuum from diagnosis to bereavement support for children and their families. Program quality is monitored through the collection of basic statistical data as well as the APCA palliative care outcome scale. CAA is active in the Namibian Palliative Care Task Force that advocates for increased access to palliative care services, including access to opiods. CAA will continue to coordinate with the MoHSS to develop and strengthen referal mechanisms to and from the community and facility. These referals are key for the clinical monitoring of physical, cognitive, social, emotional and behavioral growth and development as well as facility based care and treatment when required.

CAA volunteers and staff, during regular visits of identified clients as well as during community mobilization, reinforce the importance of pediatric HIV testing and counseling. This fosters early diagnosis and treatment. Because volunteers are daily in the community, pregnant women can readily be identified and referred for the range of PMTCT interventions.

During routine home visits, CAA volunteers remind families and caregivers of the importance of boiling water, safe water storage, and basic hygiene education to reduce the burden of diarrhea on the nutritional and health satus of HIV exposed and infected children. Beginning in FY07, and continuing in FY08 and FY09, CAA has a designated national office staff person to build the capacity of regional staff and CAA volunteers for improved nutritional assessments of HIV infected children. This includes body mass index (BMI), mid-upper arm circumference (MUAC) measures, and building the capacity of staff and volunteers to assess for nutrition related symptoms (appetite, nausea, thrush, and diarrhea) and provide education on the importance of basic nutrition using locally available foodstuffs. Micronutrients are provided through a separate donor (Action Medior of Germany). Targeted nutritional support (e-Pap) for children most-at-risk following nutritional assessments is provided through PEPFAR resources and resources through the new OGAC public-private partnership development.

Collaboration with the MoHSS and the Social Marketing Association, through Global Fund Resources, allows CAA staff and volunteers to distribute insecticide-treated nets for HIV infected children. Volunteers are trained in the provision of psychosocial support for both children and their families and caregivers. CAA will work with other NGO partners, such as Positive Vibes and Family Health International to further develop and implement community based group support for children affected by HIV.

Monitoring and evaluation begins with volunteers documenting service provision on individual forms, collating this data with other volunteer group members and submitting the data during monthly supervision to the CAA regional coordinator. Data from regions is checked and collated by CAA regional managers and then submitted to the national office in Windhoek where it is further collated and made available to Namibian governmental offices, donors, and for program monitoring and evaluation.

Regular monthly supervision and an annual retreat for both staff and volunteers, as well as materials from the southern African region on "caring for caregivers" ensures HIV services for infected caregivers and emotional and spiritual care for all volunteers is renewed and sustained for continued caregiver motivation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16179

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16179	4727.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$2,994,256
7412	4727.07	U.S. Agency for International Development	Pact, Inc.	4409	4072.07	Community REACH	$1,861,153
4727	4727.06	U.S. Agency for International Development	Pact, Inc.	4072	4072.06	Community REACH	$926,644

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $187,488

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $10,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $45,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7658.09

Mechanism: FANTA Follow On TBD

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 17528.26942.09

Planned Funds: $45,825

Activity System ID: 26942

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$45,825 FUNDING CHANGE FROM TBD TO AED**

Under COP 2007 FANTA worked with the Ministry of Health and Social Services (MOHSS) Food and Nutrition Sub-division to assess the food and nutrition needs of PLHIV in Namibia and develop nutrition and HIV assessment and counseling job aids and IEC materials, a 2-day skills-based nutrition assessment and counseling training module, and operational guidelines for food supplementation for people with HIV. Under COP 2008 FANTA-2 is supporting the MOHSS in operationalizing a FBP program, finalizing and printing nutrition and HIV materials developed under COP 2007, developing a nutrition and HIV course for regional health workers who will supervise clinical health providers working with ART clients, and developing a system to collect nutrition data on PLHIV.

Under COP 2009 FANTA-2 will provide technical support to PEPFAR implementing partners (IPs) and the MOHSS to link pediatric HIV clients accessing clinical services to community-based nutrition, food assistance, and livelihood services. The links developed will also support screening and referral of malnourished or vulnerable pediatric HIV clients and OVC to facility-based clinical services. FANTA-2 will document the linkage systems and share the information with stakeholders nationally to support replication and scale-up of the approaches. This support will be provided through the following components:

1. Models for linking community- and clinic-based services

FANTA-2 will provide technical assistance to PEPFAR IPs to develop models for linking pediatric HIV clients and OVC between community-based nutrition, food security, and livelihood services and clinical food and nutrition services. Two-way referral systems will enable a) community- and home-based care providers to screen HIV-infected children for malnutrition or vulnerability to malnutrition and refer them to clinical services and b) HIV care and treatment facilities to refer pediatric HIV clients whose households are food insecure and FBP clients who need follow-up counseling, food support, or livelihood strengthening, especially after they graduate from FBP to community nutrition, food security, and livelihood support services. The linkages will also include systems for sharing client information between facility and community services, adapted from existing management information systems. Such a system is vital for pediatric HIV clients and OVC who may receive PMTCT, clinical pediatric HIV, and community-based OVC services. Client information from one set of services is not always available to the other set. PEPFAR IPs can play a key role in establishing links among information systems. This information support improved monitoring and reporting of program results, including client-level impacts. FANTA-2 will facilitate planning meetings with the MOHSS and PEPFAR IPs to identify approaches and mechanisms for these linkages, provide technical input to the MOHSS and partners on the design of the systems, and support targeted visits to sites.

2. Documentation of lessons learned

FANTA-2 will document the process, challenges, and initial outcomes of the referral and information systems described above and disseminate the findings to stakeholders, including the MOHSS, PEPFAR and its IPs, UNICEF, the Clinton HIV/AIDS Initiative, and other partners working in (nutrition and) HIV.

FANTA-2 will draw on similar activities it is supporting in other countries under COP 2008 and adapt this experience to the Namibia context. These activities are closely linked to the PEPFAR-supported FBP program because facilities implementing the program will be linked to community services for screening, follow-up, and longer-term sustainability. The activities are also closely linked to PEPFAR-supported community-based services for OVC and PLHIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17528	17528.08	U.S. Agency for International Development	To Be Determined	7658	7658.08	FANTA Follow On TBD	■

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$45,825

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1376.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 17442.27010.09

Planned Funds: $49,208

Activity System ID: 27010

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Continued funding is requested to support a Care and Nutrition Advisor that ensures long term support for the USG care portfolio and helps to improve interventions at facility, community, and caregiver levels.

The Advisor will work with USG care partners to implement elements of the preventive care package, integrate care efforts with prevention and treatment, and support the implementation of activities in accordance with the revised national guidelines for community care.

The Advisor will participate in the OGAC Care and Support, as well as Food and Nutrition technical working group to share best practices and approaches in Namibia.

In COP 09, the need for an in-country USG person to focus on community care, lend support to the existing USG OVC Advisor, and also monitor nutrition, TB, and palliative care interventions and their integration at a community, facility, and caregiver level across the USG portfolio will continue.

Funding for this care and nutrition advisor will be split (85% HBHC, 15% PDCS) to reflect time spent by the advisor focusing on getting children as well as adults to access care and support interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17442

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17442	17442.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$316,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	3078.09	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	4735.26959.09	**Planned Funds:**	$106,802
Activity System ID:	26959		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is an ongoing activity and includes seven elements: (1) clinical care; (2) spiritual care; (3) expansion of pediatric care; (4) psychological and social care; (5) integration with other services; (6) addressing challenges to referrals; and (7) improving nutritional care.

1. Clinical Care: By the end of COP FY 2008, Capacity Project (CP) will have supported the implementation of the clinical components of the preventive care package and clinical treatment in the five Faith Based Facilities (FBF) and eight health centers/clinics in Namibia. The following elements of clinical palliative care are delivered in Capacity supported facilities: prevention and treatment of OIs (CTX prophylaxis for eligible HIV positive children and HIV exposed infants and TB screening); INH prophylaxis (on eligibility criteria with increasing number since mid FY 2007); pain and symptoms management (including opioids), nutritional assessment and multi micronutrient supplementation; and screening, treatment referral for other conditions such as malaria and diarrheal disease. Capacity technical staff are active members of the National Palliative Care Task Force. The Task Force will continue to advocate for increased availability and use of opioids and promote the use of pediatric formulations at different health facilities. While access is available in select areas the lack of awareness and training on opioid use is inhibiting rollout of pain control. Capacity will work with HIVCS and I-TECH to improve the skills of HCWs on pain assessment for children and pain management. Capacity will explore distribution of IEC materials produced specially for kids as SAFAIDS materials. The program will continue working with the Task Force for scale up of sensitization, training, clinical mentoring and supportive supervision for wider expansion of pain management. All procurements (pain medications, micronutrients, CTX, etc will be linked to the MoHSS central medical store procurement system.

2. Spiritual Care: During COP FY 2008, spiritual care for PLWHA through trained clergy will be added to complement CAPACITY clinical care in order to allow PLWHA to express their feelings and their spirituality in order to alleviate psychological burden and improve coping capabilities. End of life care, including hospice care, will also be reinforced through skills update with I-TECH as they update their training module on palliative care with help from the African Palliative Care Association (APCA) and the National Palliative Care Task Force. CAPACITY will initiate and support the TOT training of clergy (with APCA materials) to ensure a qualified pool of clergy who will be equipped (communication skills and appropriate messaging) to support the spiritual component of palliative care for the HIV clients, their families and care-givers. The result of KAP study will determine the training needs amongst clergy and will be used to assess the impact of the intervention. Capacity will explore these training needs with other USG partners as CAA, CHS, LMS, ELCAP and ELCIN.

3. Pediatric Expansion: Building on a relatively good trend of pediatric ART uptake (16.9% of all ART users with FBH “2003 out of 11831 according to Capacity COP FY 2007 APR), CAPACITY-supported sites will aim at maintaining the pediatric palliative care priority by increasing entry points to care and treatment. These include PMTCT services, in-patient and out-patient departments (early presumptive diagnosis), TB clinics and MCH services. From the 6th week of age, HIV exposed infants are provided with CTX as per national guidelines. However, tracing infants missing follow up visits remain a major challenge to the program. Many factors are contributing to the defaulting of a number of HIV exposed children such as distances, transport costs, and migration of parents. Follow ups in nearby health facilities are being done for some of them but the weak reporting linkages between different satellite facilities and the ART/PMTCT site limit the flow of data. The coverage of CTX prophylaxis among the HIV positive pediatric clients receiving care in the FBH is above 80%. Also, this activity will support diagnosis and management of malaria in endemic regions according to the guidelines of the National Malaria Control Program. In addition, infant feeding counseling, micronutrient supplement, access to early infant diagnosis (DNA-PCR at 6th week as per current algorithm), assessment and management of pain and linkage to routine child care (immunization, Vitamin A, growth monitoring and promotion) will be actively provided.

4. Psychological and Social Care: CAPACITY and its partners will work through the referral network to ensure a proper and strengthened referral system that enables referral of children, their care givers and families to the providers of OVC governmental services and NGOs such as CAA, ELCIN and ELCAP among others for psychological and social support (social grants, community based programs and food security programs). To appropriately cover psycho-social needs of children affected and/or infected by HIV, CAPACITY will continue to support training of HCW in the FBH and MoHSS sites using the child counseling curriculum developed in COP FY 2007 in collaboration with other training partners.

5. Integration with Other Services: During COP FY 2009, clients and their families will continue to be provided with high quality counseling and testing (CT), mainly through provider-initiated prevention counseling. Topics include encouraging family enrollment into HIV services (family-centered approach) and behavioral counseling through ongoing prevention messages(age appropriate messages) that are integrated into care and treatment settings as well as referral for support groups activities (3 of 5 districts have functional support groups). PwP approach including TB screening and management, INH prophylaxis, nutritional counseling and knowledge through kitchen corners will be strengthened through continuation of training, support and supervision by CAPACITY prevention director and prevention team. The new ART patient monitoring tool endorsed by the MoHSS captures data on family members and partners (tested or not) that will help in providing clients and their families with the basic preventive package in a family-focused approach. In addition, this tool allows registration of all diagnosed HIV+ clients in what is called a pre-ART register that includes element of clinical palliative care and gives opportunity for routine clinical and immunological follow up and lays ground work for optimal time of ART initiation. Pregnant women enrolled in the PMTCT program are also targeted for PC services.

6. Addressing Challenges to Referrals: During COP FY 2009, CAPACITY will work with the USAID to evaluate the need of transport vouchers piloted during COP FY 2008 taking in consideration the roll out of IMAI services in different health centers and clinics and the increase of the number of service outlets providing care and support to 19 sites during COP07 as a result of favorable policy environment allowing rapid roll-out.

Activity Narrative: In COP FY 09, CAPACITY is focusing on improving the bi-directional referral to ensure the continuum of care in the FBF. This activity will be continued in COP FY 2010 to ensure increased collaboration with all CBOs, maintenance of directory of district home-based palliative care service providers, providing a platform to discuss referral mechanisms and education of missed opportunities. Where applicable, DAPP will be engaged to explore areas of strengthening care services through its Total Control of the Epidemic (TCE) program.

7. Improved Clinical Nutrition: Every HIV infected child enrolled in care will be assessed in every follow up visit for weight and height and his/her body mass index (BMI) is electronically calculated by the ePMS, screened for nutrition-related symptoms (e.g. appetite, nausea, thrush, diarrhea) and counseled by HCW for proper nutrition and diet. As mentioned earlier, this activity will support provision of a daily multi-micronutrient supplement for children whose diets are unlikely to meet vitamin and mineral requirements. For children with significant malnourishment status will be admitted in the inpatient wards to receive the recommended therapeutic and supplementary feeding. Furthermore, during COP FY 2009, CAPACITY will support its partners in reviewing progress of the Kitchen Corner Initiative which was piloted in two FBH in COP FY 2007. Without decentralized nutrition/HIV expertise in Namibia to address nutritional and dietary aspects of HIV/AIDS, this initiative is aimed at providing nutritional counseling and assessment, follow up of growth monitoring of HIV exposed babies, education and demonstration, and promotion of safe food and hygiene practices for clients enrolled in care and treatment. Capacity Namibia will reinforce nutritional messages (including safe infant and young child feeding strategies), promote use of local food, ensure all IEC materials are available and conduct in-service training on nutrition and HIV. Technical support in nutrition and HIV will be provided by the ITECH Nutrition Advisor and the MoHSS.

Building on COP FY 2007 and COP FY 2008 success, CAPACITY will continue to collaborate with the MoHSS, other USG partners (CDC/ITECH) and the HIV Clinicians Society (HCS) in facilitating palliative care training (~20 HCW during COP FY 2009) with special emphasis on pediatrics pain assessment and management. An opportunity to improve overall palliative care practice in private sector is provided through engaging private practitioners during these trainings.

Based on a catchment population of about 390,000 for all FBF across 5 regions, 38.9% are children less than 14 years of age and with an average HIV prevalence rate of 7% among children, it is estimated that 10,620 children are living with HIV/AIDS. By the end of COP FY 2009, FBF will be providing clinical palliative care to 5,300 (50%) while 2,550 (48%) children will be receiving HAART. CAPACITY will continue to ensure provision of high quality service through the use of information provided by the ART patient monitoring system, regular supportive supervision, and site visits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16133

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16133	4735.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$762,015
7404	4735.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$641,265
4735	4735.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$592,228

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $8,545

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7648.09

Mechanism: Nawa Life Trust Cooperative Agreement

Prime Partner: Nawa Life Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 7464.26978.09

Planned Funds: $28,909

Activity System ID: 26978

Activity Narrative: NEW/REPLACEMENT NARRATIVE

NLT conducted HBHC activities in COP FY 2008, which included the planning and implementation of the "Wings of Life" radio program. Through this PLWHA-led program, radio program participants create messages aimed at individuals 15-49 years. In COP FY 2009, with the guidance of the USG team in Namibia, NLT will create care and support messages aimed at children 5-14 years of age and/or their parents/caregivers. This will account for 15% of the radio program's broadcast content. NLT will reach an estimated 142,765 children between the ages of 5-14 and a similar number of parents/caregivers with Wings of Life radio messages on pediatric care & support. Four broadcasts across 4 languages are envisaged. They may address topics such as ART for children, prophylaxis and treatment of OI in children (including CTX prohylaxis), talking to positive children about HIV/AIDS and rights of and support available to children with HIV/OVC. It is envisaged to link Wings of Life production groups with Uitani Childline Radio (broadcasting on National Radio) for this series of productions. All system strengthening and human capacity development activities have been moved into the AB and OP program areas as per PEPFAR's guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16142	7464.08	U.S. Agency for International Development	Nawa Life Trust	7648	7648.08	Nawa Life Trust Cooperative Agreement	$509,324
7464	7464.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$301,211

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11384.09

Mechanism: Catholic AIDS Action (CAA)

Prime Partner: Catholic AIDS Action, Namibia

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 27314.09

Planned Funds: $0

Activity System ID: 27314

Activity Narrative: APRIL 2009: This activity was reprogrammed under Pact (4727.26987.09) when CAA did not pass its audit to become a prime partner. In COP09 CAA remains a sub-partner to Pact (and Intrahealth for HVCT).

Catholic AIDS Action (CAA), an indigenous Namibian organization, is receiving direct PEPFAR funding as a prime partner for the first time this year. In previous years, they were a primary sub-partner under PACT to build organizational and technical capacity.

CAA is the largest FBO network in Namibia, with a target of 2000 volunteers for FY 2009 resources, providing community based palliative care services for 7,500 adult and pediatric clients and their families. Approximately 18% or 1,350 HIV+ clients are children.

CAA provides an integrated family-centered program that involves the assessment of PLWHA, family needs, provision of family-based health education, advocacy and referral, stigma reduction, counseling and emotional support, spiritual care, practical care, emergency material assistance, and referrals to CAA services for OVC (see CAA HKID).

In FY09, a comprehensive prevention package will continue to be incorporated into pediatric home based palliative care services covering education, referrals for VCT and PMTCT, mobilization for cotrimoxizole prophylaxis and isoniazid preventive therapy, improved ART adherence, safe water, hygiene, malaria prevention and treatment, TB preliminary screening and referrals, promotion of good nutrition practices for adults and children, promotion of child immunizations. If there are any challenges regarding either cotrimoxizole or isoniazid supplies, CAA volunteers will report this to CAA staff and coordinate and communicate this directly to local GRN health facilities.

Additionally, CAA will expand its nurse-supervised home based palliative care services from 7 regional offices in FY08 to 10 regional offices in FY09. In collaboration with the African Palliative Care Association (APCA) and the MoHSS CAA will offer direct clinical services, including pain management, through staff/volunteers supervised by trained nurses. Palliative care trained volunteers, supervised by trained nurses improve the quality of life of children living with HIV through the prevention and relief of suffering by means of early identification of HIV infection and opportunistic infections, impeccable assessment and treatment of psychosocial, spiritual and physical pain. Care is provided throughout the disease continuum from diagnosis to bereavement support for children and their families. Program quality is monitored through the collection of basic statistical data as well as the APCA palliative care outcome scale. CAA is active in the Namibian Palliative Care Task Force that advocates for increased access to palliative care services, including access to opiods. CAA will continue to coordinate with the MoHSS to develop and strengthen referal mechanisms to and from the community and facility. These referals are key for the clinical monitoring of physical, cognitive, social, emotional, and behavioral growth and development as well as facility based care and treatment when required.

CAA volunteers and staff, during regular visits of identified clients as well as during community mobilization, reinforce the importance of pediatric HIV testing and counseling. This fosters early diagnosis and treatment. Because volunteers are daily in the community, pregnant women can readily be identified and referred for the range of PMTCT interventions.

During routine home visits, CAA volunteers remind families and caregivers of the importance of boiling water, safe water storage, and basic hygiene education to reduce the burden of diarrhea on the nutritional and health satus of HIV exposed and infected children. Beginning in FY07, and continuing in FY08 and FY09, CAA has a designated national office staff person to build the capacity of regional staff and CAA volunteers for improved nutritional assessments of HIV infected children. This includes body mass index (BMI), mid-upper arm circumference (MUAC) measures, and building the capacity of staff and volunteers to assess for nutrition related symptoms (appetite, nausea, thrush, and diarrhea) and provide education on the importance of basic nutrition using locally available foodstuffs. Micronutrients are provided through a separate donor (Action Medior of Germany). Targeted nutritional support (e-Pap) for children most-at-risk following nutritional assessments is provided through PEPFAR resources and resources through the new OGAC public-private partnership development.

Collaboration with the MoHSS and the Social Marketing Association, through Global Fund Resources, will allow CAA staff and volunteers to distribute insecticide-treated nets for HIV infected children. Volunteers are trained in the provision of psychosocial support for both children and their families and caregivers. CAA will work with other NGO partners, such as Positive Vibes and Family Health International to further develop and implement community based group support for children affected by HIV.

Monitoring and evaluation begins with volunteers documenting service provision on individual forms, collating this data with other volunteer group members and submitting the data during monthly supervision to the CAA regional coordinator. Data from regions are checked and collated by CAA regional managers and then submitted to the national office in Windhoek where it is further collated and made available to Namibian governmental offices, donors, and for program monitoring and evaluation.

Regular monthly supervision and an annual retreat for both staff and volunteers, as well as materials from the southern African region on "caring for caregivers" ensures HIV services for infected caregivers and emotional and spiritual care for all volunteers is renewed and sustained for continued caregiver motivation.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $3,097,509

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	7650.09	**Mechanism:**	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	3769.26971.09	**Planned Funds:**	$410,005
Activity System ID:	26971		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Management Science for Health's project Strengthening Pharmaceuticals Systems (MSH/SPS) will enhance access to ART for pediatrics in Namibia through the following activities:

1. Provide technical assistance for increased access and availability of better pediatric formulations of ARVs.
Numerous challenges have confronted efforts at scaling up pediatric ART. There is a lack of adequate pediatric formulations including lack of pediatric fixed dose combination products. In FY 2009 COP MSH/SPS will provide technical assistance to MoHSS to improve the availability of adequate pediatric formulations. MSH/SPS will conduct a review of the level of satisfaction with the current formulations and make recommendations on how to improve availability of better formulations for children and care givers. Findings from the review will be published and used to advocate for increasing access to pediatric formulations.

2. Support interventions to improve compliance to treatment guidelines.
The treatment of HIV positive children is often challenging due to the nature of HIV in children and the lack of pediatricians and specialists with expertise in pediatric ART. In Namibia guidelines exist for the management of pediatric ART however there are anecdotal reports that the level of compliance to the guidelines are low. For instance, children qualifying for cotrimoxazole prophylaxis therapy (CPT) and Isoniazid prophylaxis therapy (IPT) are often not provided these life-saving medicines. In FY 2009 COP MSH/SPS will collaborate with therapeutics committees to implement interventions that are aimed at improving compliance to pediatric guidelines. MSH/SPS will support the implementation of those interventions in 10 high volume ART facilities.

3. Implement adherence interventions in children.
Ensuring adherence to ART in pediatrics is often complicated by several factors including the lack of adequate tools for monitoring pediatric adherence and the administration of doses to children by older caregivers and other relatives who do not fully understand how medicines should be taken and the need to adhere to prescription. In FY 2009 COP MSH/SPS will develop IEC materials to educate low literacy care givers for pediatric patients on how to administer ART and monitor adverse events on children on ART. MSH/SPS will also provide trainings to 120 care givers and members of the community on adherence, side effect recognition, and other self management strategies to improve outcome to treatment for pediatric patients. These trainings will be conducted across all the regions in Namibia. The ART adherence PHEs activity referenced under HTXS will also ensure the study of children as an important subgroup during the survey and the implementation of interventions.

4. Accelerate Pediatric ART roll-out.
During the FY 2009 COP, MSH/SPS will continue to support the decentralization of ART service delivery. This activity will increase access to ART for adults and children. Other approaches to increase access to pediatric ART will include:
- Support the integrated development of pediatric HIV care and treatment services with adult ART and PMTCT services (e.g.: service co-location) to support family health interventions and approaches.
- Support the development of models of care that enable follow-up and management of HIV-infected children started on ART to ensure optimal adherence and reduced morbidity and mortality.

5. Strengthen national capacity in the delivery of pediatric ART.
MSH/SPS will provide support for the pediatric HIV team within the National HIV Program to ensure that evidence based technical decisions are planned and implemented in the delivery of pharmaceutical care to pediatrics. At the same time, MSH/SPS will provide support to national programs to expedite needed updates in plans, policies, guidelines and training materials in relation to pharmaceutical service delivery. Through the strengthening support supervision activities at the regional and district level MSH/SPS will work with national programs to strengthen district/regional health teams to monitor and supervise pediatric program service roll-out. MSH/SPS will support national programs in ensuring that special considerations for pediatric ARVs (new regimens, formulations –including pediatric fixed dose combinations, storage and different combinations, and age-specific dosing) are adequately supported and monitored. This will include improved inventory management systems for pediatric ARVs and monitoring of rational use of ARVs. MSH/SPS will support the monitoring systems for pediatric ARVs, CTX, OI drugs and pain medications (including opioids) at the facility level and support rational use activities.

6. Human Capacity Development.
In FY 2009 COP, MSH/SPS will continue to support the National Health Training Center (NHTC), University of Namibia (UNAM) and other ongoing training activities in the management of pediatric HIV patients on ART.

7. Program Monitoring.
The expansion of Pediatric HIV services will require the parallel development of capacity for program monitoring and evaluation. MSH/SPS will support PEPFAR national teams and partners to develop, collect, report and monitor pediatric HIV indicators by age categories (Infancy <2 years, childhood 2-5 years, and children and adolescents from 6-14 years).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17358

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17358	3769.08	U.S. Agency for International Development	Management Sciences for Health	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A -00-07-00002-00	$2,733,364
7136	3769.07	U.S. Agency for International Development	Management Sciences for Health	4315	1149.07	Rational Pharmaceutical Management, Plus	$3,090,198
3769	3769.06	U.S. Agency for International Development	Management Sciences for Health	3062	1149.06	Rational Pharmaceutical Management, Plus	$1,644,495

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 4737.26963.09

Planned Funds: $326,759

Activity System ID: 26963

Activity Narrative: NEW/REPLACEMENT NARRATIVE

IntraHealth/Namibia, the Capacity Project is expecting as a result of its COP FY 2006/ 07/08 capacity building process to transition to direct funding Catholic Health Services (CHS) in COP FY 2009. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY09 funding, i.e., continuing resolution (CR), CHS may initially have to enter into a 'Leader with Associates Award' under IntraHealth 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 CHS is deemed eligible and approved by the Pretoria USAID Regional Contracting office.

Under treatment, care and support, the Capacity Project supports 19 ART service outlets run by the Catholic Health Services (CHS), the Lutheran Medical Services (LMS) and Angelican Medical Services (AMS), in rural and semi-urban settings, managing both adult, and pediatrics patients, and aiming to expand access to all persons who need ART services. These services are integrated with VCT and PMTCT in a model of care allowing close collaboration and strong linkages. An ART pharmacy is on site at each location except for Odibo HC. Through September 2008, 14,779 patients were started on treatment in these facilities; 3030 (20.5%) were children and 10429 (70.5%) were females. To increase male participation during COP FY 2008, CP supported sites to use community mobilization campaigns including male conferences, PMTCT invitations and repeated messages addressing male norms. Capacity supported sites will continue exploring and providing male friendly services.

Good pediatric ART trends will continue through strengthened linkages between entry points such as PMTCT and outpatient and inpatient departments with ART services, as well as with Maternal and Child Health Services. The updated WHO guidelines for initiating HAART to every HIV positive child less than 1 year old will be strengthened through training and refresher training for HCW both in public and private sectors. Early infant Diagnosis (EID) utilizing DNA PCR will be used to identify children less than one year for treatment. Counseling and psycho-social support for children will be enhanced with the training program being finalized during COP FY 2008.

Data indicate by the end of September 2008, that 66% of pediatric patients started HAART in the 5 Faith Based Hospitals (FBH) were still receiving it (2003 out of 3030), leading productive lives, their health status having improved. To keep pace with change, CP will train all ART staff in the revised guidelines for viral load testing at six months for all starting patients and later on based on clinical and immunological criteria. Smooth cooperation with local Namibia Institute of Pathology (NIP) for specimen collection will be ensured. The initiation of the new guidelines to start HAART for HIV positive children less than 1 year of age will definitely decrease morbidity and mortality among this vulnerable group. To further increase the quality of pediatric HIV care, Capacity supported partners will further strengthen the family-centered approach to facilitate early diagnosis and management of pediatric HIV cases and improve adherence to treatment. The family- centered care improves the ability to address the multigenerational effects of HIV, integrate care, decrease stigma and promote family wellness benefiting infants, children, adolescents and their parents. Furthermore, CP will partner with MSH to pilot adherence monitoring tools in all FBH to deal promptly with poorly adherent patients while also increasing efforts in active defaulter tracing using all available resources. ARV drug resistance monitoring will be done by NIP in collaboration with WHO and other USG partners. CP-supported sites will offer their collaboration and advocate being part of selected sites. Capacity will explore distribution of IEC materials produced specially for kids as SAFAIDS materials which increase the knowledge in an age appropriate message for children affected and infected by HIV.

Given the changes and complexity in ART provision, training and continued medical education remain a cornerstone in achieving high quality. Based on the updated guideline, CP will collaborate with its implementing partners to update the standard operating procedures (SOPs) to ensure adherence to quality. As part of its continued Public Private Partnership (PPP) initiative, CP will continue to ensure that private clinicians and private pharmacists, whom we reach through professional interest organizations, are adequately trained and updated on the national ART guidelines to provide high quality HIV care in the private sector. During COP FY 2009, 183 HCW are expected to be trained. CP staff and its partners will continue to be involved in the Technical Advisory Committee activities for continuous review of the ART guidelines and will also assist as facilitators in most of the training sessions across the country for both private and public health care workers (HCW).

During COP FY 2009, to increase access to HIV chronic care, and maintain rapid scale-up of effective ART and prevention services. All service delivery points in the facilities will continue to be made aware of active rather than passive case findings and referral mechanism for in-patients, TB patients, HIV exposed infants (MTCT), young children from MCH services with signs and symptoms or HIV exposed infants. HCW will continue to be updated in provider-initiated HIV testing and counseling (PITC) approach. The continuum of care will be facilitated by ensuring effective referral mechanism with community health care providers.

In the CP supported standalone VCT sites (ten in eight regions across Namibia), referral mechanism will continue to be strengthened to ensure all HIV + clients are enrolled into care and treatment services through confidential rather than anonymous referral.

Capacity of the ART sites to receive and manage referral from standalone VCT facilities will be enhanced by designating case managers who will guide the patients through the process. The case managers will also track and give feedback to the referring units. The referred HIV+ patients will continue to be offered ongoing adherence counseling; clinical assessment; CD4 testing; opportunistic infection (OI) prophylaxis and treatment, screening for TB, palliative care i.e. pain control, hospice care (terminal care), etc; nutritional assessment as well as assessment of ART eligibility. A facility-based prevention with positives (PwP) initiative involving interventions to reduce the spread of HIV to children (PMTCT, family planning), disclosure, comprehensive individual and family care that addresses the physical, and psychological well being of HIV infected person will be strengthened during COP FY 2009 in FBH treatment sites and further,

Activity Narrative: CP will support the MOHSS' national roll-out.

All HIV+ children not eligible yet for ART will be followed on a regular basis (at least every 6 months) to ensure they continue to receive a comprehensive care package and ART as needed in a timely way. The quality of care will be assured through the above mentioned ART system that comprises the pre-ART and the ART registers. The pre-ART register (care register) is intended to register in continuous care all HIV+ from diagnosis to treatment initiation aiming at routine clinical and immunological monitoring and provision of basic health care package. The system is also designed to generate a monthly cohort analysis that can be used locally, regionally and at the national level for effective patient and program monitoring with feedback to all sites. Platforms such as the national review meeting initiated by MOHSS and individual partner review meeting such as FBH review meetings will serve to share lessons learned and disseminate best practices.

In addition, all patients enrolled in the care program and their families will receive support and referral for other needs not provided in the care package, such as income generating activities, spiritual support, psychological support, community based palliative care services and OVC as per identified needs.

Once eligible for HAART initiation, patients are provided with HAART as per the national guidelines, transferred in the ART register and followed up accordingly. During COP FY 2009, the national decentralization of ART service is expected to gain more momentum. CP will support the referral systems whereby the clinically stable patients will be cared for through satellite health facilities by Integrated Management of Children Illness (IMCI) trained staffs. FBH staff will continue to support and transfer knowledge to other HCW from satellite facilities while training, supervision and clinical mentoring will be assured through performance improvement approaches. In view of the growing number of patients enrolled in care, consultations with MOHSS will continue to consider piloting task-shifting, whereby nurses in the ART sites will be empowered to fully care for stable patients prescribing refills under the supervision of the ART medical officers.

All CP supported partners will continue community awareness, mobilization and education to create demand for the available ART services. This will involve other stakeholders such as community-based and faith-based organization, traditional leaders and healers, church leaders, teachers, youth groups, support groups as well as members of the regional and constituency aids committees.

The program sustainability will be ensured through continuous training of indigenous HCW and the technical support provided to the MoHSS Human Resource Information System (see OHPS area).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16136	4737.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$2,178,394
7406	4737.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$1,743,477
4737	4737.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$1,718,268

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $26,140

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1068.09

Mechanism: Cooperative Agreement U62/CCU024084

Prime Partner: Ministry of Health and Social Services, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 3876.24333.09

Planned Funds: $958,506

Activity System ID: 24333

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In FY 2009 COP, this continuing activity will support three primary components: 1) routine bio-clinical monitoring tests for pediatric patients; 2) community counselors initiative; 3) support to severely malnourished persons living with HIV/AIDS (PLWHA); and 4) equipment and supplies for ART sites.

Namibia has generally tended to have fairly high proportions of children on ART relative to the total population on treatment; currently 13% of patients on ART are children. In deciding to split the program budget for care and treatment, a split of 15% to pediatrics and 85% to adults was agreed to reflect the approximate amount of time and resources required for each.

This activity is a continuation from FY 2008 COP. The Ministry of Health and Social Services (MOHSS) health care network comprises 31 district hospitals, four referral hospitals, 35 health centers, and >240 clinics within hospital catchments. ART services and facility-based chronic HIV care were offered by eight public hospitals in 2003, 15 in 2004, 27 in 2005, all 35 public hospitals in 2006, 40 in 2007, and 62 thus far in 2008. The 62 facilities include 35 district hospitals and 27 peripheral "outreach" sites, including some that are not providing services on a daily basis. Due to the complexities of treating children, some facilities provide all other aspects of pediatric care except provision of ARVs. According to the MOHSS' Response, Monitoring and Evaluation Unit (RM&E) as of September 2008, a total of 53,474 patients are on ART, of whom 6,845 are children under 15 years old. Since approximately 10% of treatment facilities are not included in the electronic HIS, the numbers are likely to be under-reported. Recent targets set by the MOHSS project 7,150 children on treatment by the end of 2009, and 14,300 in care; of these approximately 85% would be the charge of the public sector network, and 15% will be managed by mission sites.

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. To this end, near the end of 2007, the MOHSS Directorate of Primary Health Care (PHC) adapted WHO's Integrated Management of Childhood Illnesses (IMCI) training modules for Namibia to include PMTCT follow-up and pediatric ART. The first training was conducted in August 2008, with 30 participants. Support for this has been received from the Clinton Foundation and the MOHSS, though further funding is needed to take this to scale. Legally, these nurses are not currently able to initiate ART, and would mostly help to increase referrals for early care and treatment. The IMCI strategy has been rolled out and to date 22 facilities are providing services. Each district hospital communicable disease clinic (CDC) is responsible for the rollout of IMCI to one health center or clinic in their catchment area. Nurses in these sites will prescribe refills for ARVs for PLWHAs after the first six months of treatment at a district CDC. However, it has been felt that these nurses should first acquire enough experience in treating adults before being allowed to treat children. 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. This activity supports four primary components:

1. Routine bio-clinical monitoring tests. Funding will support MOHSS and mission-managed facilities for routine bioclinical monitoring tests (CD4, full blood counts, ALT, Creatinine and Hepatitis B screening, and other tests depending on regimen) performed by the Namibia Institute of Pathology (NIP) for the 7,150 children anticipated to be on ART in the 2009 calendar year. Funding will further support CD4 monitoring of children not yet ART eligible, who are enrolled in care at CDCs and current and future IMCI 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.
These funds, which ultimately are used to reimburse NIP, are included in the MOHSS' Cooperative Agreement rather than NIP's to increase the MOHSS' ownership and oversight of bio-clinical monitoring expenditures. The forthcoming Partnership Compact between the US Government and the Government of the Republic of Namibia (GRN) will outline a timeline for GRN absorption of recurrent prevention, care and treatment costs, including bio-clinical monitoring tests.

2. Community Counselors Initiative. MOHSS established the community counselor (CC) 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 (CT), 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 CCs as a strategy to reduce stigma and discrimination. As of the end of June 2007, 382 CCs (approximately 25% of whom are HIV-positive) had been placed at 253 health facilities. By end of September 2008, 495 community counselors will be deployed in health facilities throughout the country.

With FY 2008 COP funding, an additional 150 community counselors will be trained and deployed, giving a cumulative total of 650. The additional counselors will accommodate loss through attrition, enhance provision of outreach-based CT, expand prevention with persons with HIV/AIDS (PwP) efforts, and initiate CT services in correctional facilities. The CC "package" includes: recruitment and salaries for the CCs, 13 regional coordinators, a national coordinator, and an assistant national coordinator (implemented through the MOHSS' subcontract with the Namibian Red Cross Society); initial and refresher training (implemented by a local training partner); supervisory visits by MOHSS staff who directly supervise the CCs; training for MOHSS staff who are responsible for management of the program at national level; support for planning meetings and an annual retreat for CCs; and support for MOHSS staff and CC participation at international conferences.

Through serving in MOHSS CDCs, CCs are an important source of information and adherence counseling to ART patients, including children. 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. CCs' messaging to adult ART patients includes bringing in children for ART follow-up.

Activity Narrative: 3. Support to severely malnourished PLWHA, including children. 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 pilot with the Clinton Foundation/UNITAID to provide ready to use therapeutic feeding (RUTF) for malnourished pediatric ART patients. The MOHSS is further partnering with the Namibian Red Cross Society (NRCS) to refer severely malnourished children on ART for micronutrient supplementation and minimal targeted nutrition supplementation and are referred by the CDCs. The NRCS already provides USG-funded CCs to CDCs to provide CT services 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 supplement for either severely malnourished children living with HIV on or eligible for ART. From the 2008 projections for new ART patients, an estimated 10% children in care and treatment will be eligible for nutrition supplementation. Based on these estimates, the program seeks to target approximately 1,430 children. PEPFAR will support the NRCS to carry out procurement, supply logistics, storage, monitoring, and distribution of the supplements. NRCS and MOHSS will also collaborate to link recipients of the nutrition supplement with sustainable nutrition and income-generating strategies such as gardening projects.

4. Procurement of basic furniture and equipment. Many of the existing and future ART facilities are ill-equipped in terms of basic furniture and medical equipment such as lactate and hemoglobin meters, digital thermometers, ENT scopes, infant and pediatric weighing scales, and measuring boards. In FY 2009 COP, the activity will continue to support the purchase of equipment and basic furniture with the specific goal of supporting the decentralization of treatment services to new sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16158	3876.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$6,373,370
7330	3876.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$5,122,031
3876	3876.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$3,950,056

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$15,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3132.09	**Mechanism:**	HIVQUAL
Prime Partner:	US Health Resources and Services Administration	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	3865.23964.09	**Planned Funds:**	$15,075
Activity System ID:	23964		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity funds the US-based HIVQUAL team for technical support to Namibia's HIVQUAL program. Funding for HIVQUAL is split between HTXS, PDTX, HBHC, and PDCS because the program focuses on quality improvement of clinical services in all four areas.

This activity expands on the HIVQUAL work which began in Namibia in FY 2007 COP at 16 ART sites. In FY 2008 COP, the program will roll out to all 34 districts of Namibia, and will also target at least five health centers offering HIV care through the Integrated Management of Adolescent and Adult Illness (IMAI) strategy. In FY 2009 COP, the program will focus mainly on transferring knowledge and skills to local technical advisors in the Ministry of Health and Social Services (MOHSS) and CDC/Namibia with the ultimate goal of ensuring sustainability of the program in the long term. The USG HIVQUAL team will continue to focus on building quality improvement coaching skills among MOHSS staff and providers in Namibia and provide advanced level trainings for sites, as well as basic training for new participants. The training activities will be done in collaboration with I-TECH. Mentoring of Namibia-based staff will continue throughout the activity.

In FY 2009 COP, the activity will be conducted under the leadership of the MOHSS Directorate of Special Programs (DSP) in close collaboration with CDC/Namibia and the US-based HIVQUAL team for technical support for quality improvement specifically in adult treatment. The HIVQUAL project will support capacity building for quality improvement for health facilities managed by four organizations namely MOHSS, Catholic Health Services, Lutheran Health Services and Anglican Health Services. The improved quality of care at these facilities is expected to benefit an estimated 5,900 pediatric patients on in these facilities.

Specific activities will include:
a. Quality Improvement (QI) training;
b. Assessment of quality management programs at the participating clinics;
c. Performance measurement (at six-month intervals) on selected core indicators;
d. Ongoing QI coaching at participating sites;
e. Promotion of consumer engagement in HIV care;
f. Regular conference calls with the US-based team;
g. Development and dissemination of QI related user guide and IEC materials including the HIVQUAL International Newsletter.

Activities will strengthen systems of care and documentation of strategic information in health care facilities. An important emphasis of this approach is to develop providers' skills for collecting and using performance data within their own organizations to improve their systems of care. Use of facility-level data derived from the national health information system for the purpose of improving quality is an important goal of HIVQUAL.

The HIVQUAL methodology is facility- and region-specific. At the clinic level, QI methods can be adapted to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used and it measures both the growth of quality management activities as well as guides the coaching interventions. Aggregated facility-specific data can provide population-level performance data that indicate priorities for national quality improvement activities and campaigns. Any publication and dissemination of these data will be done under the auspices of the MOHSS.

The concept of quality improvement using the HIVQUAL model is still relatively new in Namibia. Consequently, significant advocacy and training will be done to increase awareness and buy-in of the initiative by health care providers. Advocacy material for quality improvement will be printed and disseminated to health care facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16249

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16249	3865.08	HHS/Health Resources Services Administration	US Health Resources and Services Administration	7393	3132.08	HIVQUAL	$100,500
3865	3865.06	HHS/Health Resources Services Administration	US Health Resources and Services Administration	3132	3132.06		$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $15,075

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1065.09	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	3866.23990.09	**Planned Funds:**	$280,947
Activity System ID:	23990		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

I-TECH will support the same activities with the following modifications:

• Five local health care workers (physicians/nurses) will be sent to the Botswana pediatric center of excellence for a 2 week on-site training at a high-performing pediatric clinic.
• Additional pediatric textbooks and materials will be procured to assist with capacity development and training in pediatric treatment.

Please review the COP08 narrative:

This area includes the following components: (1) Training of health care workers, (2) Support for I-TECH clinical mentors, (3) Training for public and private physicians and pharmacists, and (4) Support for task-shifting and continued rollout of Namibia's Integrated Management and Adult Illness (IMAI) and Integrated Management of Childhood Illness (IMCI) Guidelines.

1) Training of health care workers. Capacity building of doctors, nurses and pharmacists in ART is an essential component to providing quality management of adult and pediatric patients with HIV and it forms part of the package offered by the International Training and Education Center on HIV (I-TECH) in collaboration with the Ministry of Health and Social Services (MOHSS) and funded by the USG. Through 2007, I-TECH has trained more than 6,300 health care workers (HCWs) in various HIV and AIDS topics. This number includes nearly 2,000 physicians, pharmacists and nurses trained in ART, comprehensive pediatric HIV care, tuberculosis (TB) and other opportunistic infections (OIs), and integrated management of adult and adolescent illnesses (IMAI).
I-TECH provides in and pre-service training on HIV and AIDS for HCWs both in private and public settings. It also provides MOHSS with curriculum and training material development experts and with development of monitoring and evaluation systems for training in Namibia. In addition,
I-TECH provides MOHSS with technical advisors and clinical mentors (CMs) to provide on-site capacity building and quality improvement for ART care through supportive supervision. With COP07 funds, I-TECH supported four experienced HIV physicians as CMs in the major ART sites in four regions (Khomas, Otjozondjupa, Oshana, Kavango). These CMs also provide mentorship in Ohangwena, Caprivi and Omusati ART sites.

2) Support for I-TECH clinical mentors (CMs). In collaboration with MOHSS and the USG team, I-TECH will second a fifth CM with COP08 funds. This CM will be assigned to Ohangwena region, home to 12.5% of Namibia's population with an HIV prevalence rate of 27%. Ohangwena has >3,200 HIV patients on ARVs, of which 15% are pediatric patients. CMs provide on-site clinical supervision and mentoring to ART sites by reviewing challenging cases with local doctors and identifying aspects of the guidelines which are not operationalized by the local ART doctors. The CMs then ensure appropriate guideline utilization and follow-up.

To ensure skills transfer and sustainability, CMs train recently qualified Namibian doctors to become ART providers. CMs also assess training needs, and routinely provide didactic and hands-on training to address knowledge and skills gaps. CMs review clinics to improve systems including rational patient flow to reduce patient waiting time. They also promote a multi-disciplinary approach to HIV care, and support ART pharmacists and nurses in their provision of ART services.

One recent achievement of the CM program is the systematic implementation of Isoniazid Preventive Therapy (IPT) for eligible patients within the ART clinics, which resulted in >2,500 HIV-positive persons starting IPT for TB. In COP08, the CM program will continue serving the initial seven regions. CMs will continue to assist in HIV-related national physician training and to contribute to the development and revision of HIV-related guidelines and training manuals. Moreover, as per MOHSS request, a sixth clinical mentor will be recruited and deployed in Karas Region's major ART site, supporting ART sites in all its districts. Karas Region has a population of 69,329 and an HIV prevalence rate of 23%.

3) Training courses for public and private physicians and pharmacists. To increase ART training capacity of local physicians, I-TECH initiated one physician TOT course for 14 doctors with FY 2007 funds. This activity will continue in COP08 with two physician TOT courses, one for 14 state doctors and one for 14 private doctors. With COP07 funds, I-TECH also updated the ART curriculum to be in line with the new treatment guidelines. I-TECH will have carried out four ART in-service training courses, training 150 government physicians by the end of FY 2007.

With COP08 funds I-TECH will conduct four sessions of the four-day ART course for 120 government physicians and pharmacists, and will also develop a curriculum for two-day advanced refresher course for government doctors and pharmacists who have already taken the basic course. This curriculum will be operationalized by conducting two refresher courses, each for 20 physicians and pharmacists.

Many working Namibians belong to medical aid schemes and some receive ART care from private doctors. The regulation of the ART prescribing practices of private doctors is not yet well-established in Namibia. In addition, private pharmacists often lack the appropriate training and knowledge to advise private doctors in order to ensure appropriate ARV provision in line with the national guidelines. To overcome this challenge and to ensure quality and unified ART service provision in both public and private settings, I-TECH has provided training to 112 private doctors and pharmacists in collaboration with the Namibia HIV Clinicians' Society.

With COP08 funds, I-TECH will, in collaboration with the MOHSS and the HIV Clinicians Society, develop a basic ART training curriculum with pre- and post- test assessments targeting private doctors and will train 60 private doctors using this curriculum. I-TECH will further develop an advanced ART course for private doctors and this course will be given to 40 private doctors and pharmacists. I-TECH will collaborate with a

Activity Narrative: USG-funded partner (Capacity Project) to implement this activity.

Program data at the end of March 2007 showed that 13% (ART-HIS) of patients on ART were children. A variation between sites exists; in some sites only 3% of patients on ART were children. Anecdotal reports from different sites suggested that some doctors were not comfortable treating children with ART. Thus there is a need to train more health workers on this subject. With COP07 funds, in collaboration with local pediatric experts, I-TECH has developed a comprehensive pediatric HIV care curriculum; to date 71 doctors have been trained. With COP08 funds I-TECH will conduct four pediatric HIV care courses for 75 government doctors. I-TECH will develop a curriculum targeting private doctors and 25 private doctors will receive this training. In addition, I-TECH's clinical team will provide supportive supervision for the newly trained doctors with on-site technical assistance.

3) Rollout of task-shifting, IMAI and IMCI. With COP07 funds I-TECH assisted the MOHSS to adapt World Health Organization (WHO) IMAI and IMCI guidelines, training manuals and information education and communication (IEC) materials to support and expand the decentralization of ART services in Namibia.

The IMAI and IMCI programs support the delivery of ART within the context of primary health care, based at first-level health facilities. This strategy entails task shifting from specialized to less specialized health care workers, from doctors to nurses and from nurses to community counselors. Thus far I-TECH has trained 24 district managers, 20 trainers of trainers, 32 service providers, and 13 expert patient trainers, all of whom will be deployed within four pilot health facilities in four regions. Expert patients are PLWHA on HAART, who are trained to portray patients in role plays and to give feedback to health workers on their skills. With COP08 funds, I-TECH will conduct eight IMAI/IMCI regional training courses for 125 HCWs.

I-TECH has recruited a nurse mentor who will provide technical assistance for IMAI/IMCI implementing sites and four additional nurse mentors will be recruited and deployed in the roll-out sites in FY 2008. Furthermore, I-TECH will integrate IMAI/IMCI content within National Health Training Center and University of Namibia pre-service curricula. Patient adherence to treatment is known to be the most important factor determining the clinical outcome of ART. With COP07 funds, I-TECH supported an update of the adherence counseling curriculum as well as conducted one TOT and five regional training courses, training a total of 120 HCWs. With COP08, I-TECH will continue to provide support to MOHSS in Adherence Counseling, covering the costs of ongoing review of the curriculum and one TOT plus five regional trainings for 145 HCWs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16221

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16221	3866.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$1,872,980
7350	3866.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$1,503,562
3866	3866.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$666,287

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 3893.23955.09

Planned Funds: $994,172

Activity System ID: 23955

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes provision of a portion of the salaries and other benefits for the following cadres outsourced through Potentia and seconded to the MOHSS: (1) 243 health care workers, including physicians, nurses, pharmacists, and pharmacy assistants, (2) 34 district health supervisors, and (3) 34 case managers

Because these Health Care Workers and District Health Supervisors are not exclusively providing PDTX services, a portion of the funding to support their positions are also reflected in MTCT, HVTX, HBHC, PDCS, HVTB, and OHSS. Funding for Case Managers is also reflected in HVAB, HVOP, HBHC, PDCS, HVTX, and HVCT.

1. Health Care Workers. 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 and pharmacists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and quality that is required for continued rollout of adult and pediatric ARV services. The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country. In 2007, the vacancy rate in the MOHSS was 35% for doctors, 22% for
registered nurses, 26% for enrolled nurses, and 41% for pharmacists

Since 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel though Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS. These personnel will be gradually absorbed into the MOHSS workforce. Absorption of USG-supported clinical staff is a cornerstone of the sustainability efforts to be outlined in the Partnership Compact between the US and Namibian governments. By the end of 2007, 18 Potentia staff members had transitioned into permanent MOHSS positions, both at the clinical and administrative level.

This human resource strategy has been central to Namibia's success with meeting its prevention, care and treatment targets. Potentia has a rapid personnel recruitment, deployment and management system. In 2007, the MOHSS engaged in a costing exercise supported by the European Commission and the USG that projected a need for 76 physicians, 191 nurses, 44 pharmacists, and 40 pharmacy assistants to manage 66,854 adult and pediatric patients projected to be receiving treatment services in the public sector by 2010.

Even with continued expansion of IMAI and task-shifting, the MOHSS will not have the capacity to fully support the costs for the projected number of staff persons needed in 2009/2010. FY 2008 COP levels supported by PEPFAR represented approximately 69% of the human resource needs, with the remainder of staff supported by the MOHSS, the Global Fund, and other development partners.

Because of the reduced FY 2009 COP budget and the need to identify new resources for rollout of outreach -based services and expansion of the bursary system, the FY 2009 COP funding for this effort is level.

Therefore, the request is to continue to support the following positions:
- 65 physicians
- 79 registered nurses
- 46 enrolled nurses
- 28 pharmacists
- 25 pharmacy assistants.

Both the MOHSS and CDC will continue to collaborate in refining scopes of work and selecting health personnel who are supervised by the MOHSS, and receive training and on-the-job support from TECH, CDC, and the MOHSS. As noted above, these personnel are managed and compensated commensurate with MOHSS staff, and are to be gradually be absorbed into the MOHSS workforce as funding allows.

2. District Health Supervisors. In an ongoing activity, USG funds will provide salary and benefits for 34 nurses who report to the national-level supervisory public health nurse. These district supervisors are placed in high-burden districts and assist with coordination and supportive supervision of adult and pediatric ART, TB and palliative care activities. These positions were added in response to priority needs identified in 2006 during the MOHSS' annual supervisory support assessment. A chief benefit of these new positions will be more hands-on and frequent personnel management and quality assurance in the outlying areas. Currently, supportive supervision visits are infrequent because of the logistics and expense of traveling from Windhoek to distant facilities throughout the country.

3. Case Managers. FY 2009 COP will also continue to support 34 case managers who commit 40% of their time to adult and pediatric treatment activities. Potentia was first funded to recruit and hire clinical case managers with FY 2009 COP. Case managers fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. The responsibility of the case managers include, but are not limited to:
- Providing adherence, prevention with positives and disclosure counseling with families
- Following up on adult and pediatric patients who "slip through the cracks"
- Facilitating support groups
- Referring patients to other health and social services, including OVC services
- Encouraging men to seek services and to support their partners and children in doing the same.

Some delays have occurred in start-up of this activity in 2008 and thus the case managers are funded at 0.83 FTE in 2009; carryover funds will be used to make up the remaining 0.17 FTE. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to others with HIV/AIDS, including accessing facility- and community-based services, adherence, and disclosure. The newly envisioned case management program

Activity Narrative: will have these expert patients working alongside case managers with backgrounds in psychology or social work. Case managers and expert patients will be trained by I-TECH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16195

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16195	3893.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$6,627,810
7339	3893.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$4,734,262
3893	3893.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$2,294,324

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $994,172

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2321.09

Mechanism: N/A

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 3842.23960.09

Planned Funds: $86,250

Activity System ID: 23960

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one component: renovation of an ART and antenatal clinics to expand capacity to care for HIV-impacted clients and to build infrastructure.

Because this activity will impact both adult and pediatric treatment, the funding amount of $86,250 represents 15% of renovation costs; the remaining 85% ($488,750) is reflected in the HTXS program area.

The Regional Procurement Support Office (RPSO) in Frankfurt will continue to assist USG Namibia by providing high quality technical guidance and required contracting authorities mandatory by USG regulation. Through RPSO, the USG secures the services of local construction contractors to effect renovations at select Ministry of Health and Social Services (MOHSS) sites throughout Namibia in the implementation of HIV prevention, care and treatment services.

Facility renovation in Namibia is crucial for both provision of ART and PMTCT as well as training of future ART providers. Many MOHSS health facilities are in need of basic space in the outpatient department to accommodate the large influx of patients, including children, seeking ART. Several MOHSS sites are providing ART in inappropriate and unsafe environments, such as unused space on tuberculosis wards and operating theatres. With FY 2009 COP, CDC/Namibia will seek to secure a full-time infection control technical advisor who will have, among other duties, the responsibility of ensuring that all future renovations maximize structural interventions that can prevent transmission of TB. Even when not the principal funder of a renovation or construction project, CDC/Namibia frequently provides equipment, supplies and technical assistance and is called in by the GRN to serve on the planning committees for such projects.

The USG will continue collaborate with the MOHSS, the Ministry of Works, the Global Fund, and other donors to determine priority sites for renovation and the appropriate funding source for each. Renovation of ART sites may not always result in more children on ART, but will result in improved quality of services, improved infection control, and reduced waiting times.

The Government of the Republic of Namibia recognizes that investing in building of health facility infrastructure should increasingly be its responsibility, and not that of donors. To that end, PEPFAR will decrease its commitment to facility renovations over the coming years. FY 2007 COP funds supported five renovations, FY 2008 COP funds will support two renovations, and FY 2009 COP funds will only support one renovation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16209

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16209	3842.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7378	2321.08		$1,000,000
8088	3842.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4690	2321.07		$1,515,090
3842	3842.06	HHS/Centers for Disease Control & Prevention	Regional Procurement Support Office/Frankfurt	3119	2321.06		$703,435

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1157.09	**Mechanism:**	N/A
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	17364.23969.09	**Planned Funds:**	$25,795
Activity System ID:	23969		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

FY 2009 COP funds will be used to support one component: a portion of the costs of general office management, travel and training related to the continued rollout of the HIVQUAL program in Namibia.

Funding for HIVQUAL is split between HTXS, PDTX, HBHC and PDCS because the program focuses on quality improvement of clinical services in all four areas.

Funding for this activity will be specifically directed for HIVQUAL Namibia in-country activities through the CDC/Namibia office and led by CDC's HIVQUAL Technical Advisor. This activity will expand on the HIVQUAL work which began in Namibia in FY 2007 COP which a goal of reaching 16 ART sites. In FY 2008 COP the program will add at least 18 new district sites throughout all 13 regions of the country and reach all 34 public and faith-based district hospitals. In FY2009COP, HIVQUAL will further target at least five health centers providing pediatric HIV treatment. Specifically, these funds will be used to support general office management for the HIVQUAL program in Namibia, as well as travel and training costs related to rolling out the HIVQUAL program to improve pediatric care and treatment as outlined below.

In FY 2009 COP, HIVQUAL activities will be conducted under the leadership of the Ministry of Health and social Services (MOHSS) Directorate of Special Programs (DSP) in close collaboration with the HIVQUAL Technical Advisor. The US-based HIVQUAL team will provide technical support for quality improvement specifically in adult treatment. The HIVQUAL project will support capacity building for QI for health facilities managed and supported by four local organizations, namely MOHSS, Catholic Health Services, Lutheran Health Services, and Anglican Health Services. The improved quality of care at these facilities is expected to benefit the estimated 5,900 pediatric patients on treatment in these facilities by March 2010. These treatment figures were obtained from the MOHSS HIV Estimates report released in June 2008 based on Spectrum projections.

Specific activities will include:

a. QI training;
b. Assessment of quality management programs at the participating clinics;
c. Performance measurement (at six-month intervals) of selected core indicators;
d. Ongoing QI coaching at participating sites;
e. Promotion of consumer engagement in HIV care;
f. Regular conference calls with the US-based team;
g. Development and dissemination of QI related IEC materials including the HIVQUAL International Newsletter.

Planned activities will strengthen systems of care and documenting strategic information in health care facilities. An important emphasis of this approach is to develop providers' skills for collecting and using performance data within their own organizations to improve their systems of care. Use of facility-level data derived from the national health information system for the purpose of improving quality is an important goal of HIVQUAL.

HIVQUAL is uniquely facility- and region-specific. At the clinic level, QI methods can be adapted to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used which not only measures the growth of quality management activities but also guides the coaching interventions. Aggregate facility-specific data can provide population -level performance data that indicate priorities for national quality improvement activities and campaigns. Publication and dissemination of these data will be done under the auspices of the MOHSS.

Regionally, networks of providers who are engaging in quality improvement activities can work together to address problems that are unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies as well as adherence to care services. QI training will be conducted for groups of providers. The project will work in partnership with all treatment partners who will help disseminate QI improvement strategies and activities throughout their networks.

The concept of QI using the HIVQUAL model is still relatively new in Namibia. Consequently, a great deal of in-person advocacy and training will be required to increase awareness and buy-in of the initiative by health care providers at peripheral sites. Advocacy material for QI will be printed and disseminated to health care facilities.

Effective leadership in quality and safety in health care means having access to the most recent information and practical experience. The sharing of best practices is necessary to learn from each other's experiences and promote quality improvement. The national coordinators of HIVQUAL under the Case Management Unit of the MOHSS will thus participate in QI conferences to learn from others and share experiences.

Special Note: While not directly funded in this program area, CDC's Deputy Director of Programs will further support the MOHSS' adult treatment activities. This position is funded under systems strengthening and is currently vacant. The Deputy Director of Programs position will be held by a medical officer who will spend most of his or her time working with the MOHSS Directorates of Special Programmes and Primary Health Care to establish and rollout guidelines and policies as well as to provide field support and technical assistance in the areas of PMTCT, VCT, TB/HIV, medical prevention, and adult and pediatric care and treatment services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17364

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17364	17364.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7390	1157.08		$171,968

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $25,795

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $3,657,504

Program Area Narrative:

In COP 09, the US Government (USG) will continue to work with the Namibian government and other partners to improve access to and quality of tuberculosis (TB) care to those infected with HIV and TB. To ensure that appropriate care is available to these individuals, a well-functioning and well-supported TB program is essential. PEPFAR works in close collaboration with both the Global Fund (GF) and the TB Control Assistance Program (TBCAP) which support DOTS program strengthening, essential to good HIV-TB care. TBCAP is funded through both PEPFAR and Child Survival and Health (CSH) TB funds. Current GF activities focus on strengthening the National TB Control Program (NTCP) through supportive supervision, drug resistance monitoring, facility renovation, the Communication for Behavioral Intervention (COMBI) communication and social mobilization campaign, and national expansion of cost-effective community-based care. TBCAP resources have also been used to complement GF support in order to attain national coverage of essential TB interventions. TBCAP also focuses on fortifying the management capacity of the NTCP through training and staff support, expansion of TB control and infection control strategies, and community mobilization and education. PEPFAR builds on this foundation by addressing particular issues among those who are dually infected with HIV and TB, and provides essential funding and technical assistance to strengthen laboratory capacity for TB.

According to the 2007/2008 NTCP Annual Report, Namibia reported 15,244 patients with all forms of TB, translating to a Case Notification Rate (CNR) of 722 per 100,000 population in 2007. This CNR is the second highest in the world, after Swaziland (WHO TB report 2007). Erongo, Hardap, Karas and Oshikoto regions had CNRs of 1,000 and above.

Also according to the NTCP 2007/2008 Annual Report, the national treatment success rate increased from 70% in the cohort started on treatment in 2004 to 76% in the cohort of 2006. The defaulter rate declined from 13% to eight 8% in the same period. The death rate declined from 8% to 7% and transfer out rate decreased from 7% to 6%.

Coordination between TB and HIV programs is exemplified by TB patient testing for HIV through provider initiated testing and counseling (PITC), which has continued to increase over the years. Fifty-four percent (54%) of TB patients had known HIV status in 2007, compared to 30% in 2006 and 16% percent in 2005. Fifty-nine percent (59%) of TB patients tested for HIV were HIV positive in 2007 compared to 67% percent in 2006.

COP 09 resources will complement the activities supported by the Global Fund and TBCAP support by ensuring the integration of HIV/TB training, basic community-level TB/HIV care, and community DOTS within USG-supported community and home-based care programs. With COP 09 support, TB/HIV curricula and training programs will be standardized at the community and home based care levels.

Namibia is in the process of strengthening TB-HIV collaboration on the national, regional, district, and clinic level. In 2008, Namibia revived the National TB-HIV Coordinating Committee, the core role of which is to enhance collaboration between the national TB and HIV programs. One of the identified priorities for this committee is to collaborate on the implementation of "3 Is," as identified by WHO. The 3 Is include intensified case finding, isoniazid preventive therapy, and infection control.

Intensified Case Finding activities will be supported in COP 09, enhancing the current Namibian HIV guidelines that recommend TB screening for all patients in HIV care and treatment settings. Support will be provided to encourage use of clinical management protocols that include specific screening questions related to TB in HIV care and treatment settings. The extent of TB screening in HIV settings has been difficult to assess because of variable documentation. In PEPFAR-supported HIVQUAL sites these data are routinely captured. Through experience gained through HIVQUAL, partners will be supported to appropriately collect the necessary data.

MOHSS will expand TB case finding in HIV home-based care and treatment settings, as well as VCT settings. Some VCT clients are currently screened for TB using a five question screening tool; however, there is no documentation system to capture these data. In COP 09, data systems will be developed and implemented to capture TB screening in VCT settings. In addition, a health care facility based case management program initiated with COP 08 funds will strengthen HIV and TB referrals for co-infected persons and their partners.

In addition, Community based partners (i.e. Catholic AIDS Action) will use TB screening questions in home-based care settings to identify TB suspects whom they will refer to facilities for TB diagnosis. These organizations will also have dialogue with facilities to ensure seamless referral of clients to facilities as well as from facilities to communities.

Isoniazid Preventive Treatment (IPT) is currently emphasized in the TB and HIV guidelines in Namibia. In 2007, 4,257 PLWHA received IPT. In 2009, the TB program will conduct an extensive evaluation of the IPT program to identify strengths and weaknesses, and improve roll-out and evaluation of the program nationwide. In the Oshakati District Hospital, the HIV Case Management Unit has established "Pre-ART" clinics. In this setting, health care workers concentrate on the roll-out of IPT services. Uptake and completion of IPT services in the Pre-ART clinic has been more successful than in other settings. The MOHSS is interested in expanding this model to other TB-HIV high burden areas of Namibia with COP 09 support.

Infection control
In 2007 and 2008, the MOHSS requested infection control consultation and assessment visits from CDC Atlanta, KNCV and WHO. The majority of the assessments took place in TB care and treatment settings, with a primary focus of preventing the spread of X/MDR TB. In 2009, MOHSS will implement recommendations to improve infection control measures in TB care and treatment settings. COP 09 funds will also support expansion of necessary infection control practices (ICP) in health care settings such as provision of respirators and masks to HCW and masks to TB patients. COP 09 will fund supportive supervision and implementation of facility-based nosocomial transmission guidelines. TB-related ICP will be integrated with MOHSS infection control guidelines.

The MOHSS is also committed to improving infection control in HIV care and treatment settings as well. The TB and HIV program will work closely with the MOHSS Quality Assurance Division to strengthen the following:

• Finalization of infection control policies and guidelines
• Development and implementation of standard operating procedures for infection control in TB HIV care and treatment settings
• Strengthening of the human resource capacity through ongoing training and supervision
• Provision of additional international infection control technical assistance
• Continual assessment and upgrades (renovations) of health care facilities to meet international standards for infection control
• Implementation of health care worker screening programs

Surveillance for and management of drug-resistant TB
In 2008, Namibia reported over 300 cases of multidrug resistant TB (MDR TB), and as of October 2008, approximately 20 cases of Extensively Drug Resistant TB (XDR TB) have been confirmed. In addition, in 2008, the MOHSS conducted a TB drug resistance survey with global Fund resources. In COP 09, PEPFAR will support a follow-up TB drug resistance survey.

Few health facilities are equipped to deal with the new challenge of X/MDR TB, especially with regard to the medical management of these patients and implementation of infection control practices. With PEPFAR support, the MOHSS is developing and implementing a comprehensive X/MDR TB rapid response plan in Namibia based on recommendations from several consultations and technical assistance visits on X/MDR TB in 2008 from South Africa, WHO, KNCV, and CDC.

The MOHSS ordered additional second line drugs to treat X/MDR TB patients, and set up an X/MDR TB Clinical Consultation Team to advise on the management of the treatment of the X/MDR TB cases within the country. In addition, the MOHSS is in the process of setting up eight centers of excellence within the country for the management of X/MDR TB. In 2009, the MOHSS will continue the process of addressing treatment, infection control, and laboratory issues that the international consultations identified as necessary to better manage and prevent X/MDR TB in Namibia.

The TB program, like all other programs in Namibia, continues to face shortages of staff. In COP09, TBCAP and Potentia will support key positions within the Ministry's existing staff structure.

In order to prevent drug resistant TB from developing, the MOHSS, with PEPFAR support, will strengthen the coverage areas for community-based DOTS in COP 09 by exploring the addition of community-based DOTS to existing partners such as DAPP and Project Hope.

The NTCP recommends that all TB patients with HIV co-infection be provided with cotrimoxazole preventative therapy (CPT). ITECH will continue training of HCWs emphasizing routine CT for TB patients; IPT, CPT, and ART for eligible TB/HIV patients (including children); and stronger links between TB and HIV/AIDS services. Facility and community-based programs will promote use of IPT for those eligible.

In addition, CDC and TBCAP will support training on the revised Electronic TB Register (which includes HIV data). In COP 09, continued support to the Namibian Institute of Pathology will also ensure that the necessary infrastructure is in place to accommodate the increased demand for diagnostic testing. Finally, MOHSS is currently exploring the possibility of enhancing nutritional support for TB and TB-HIV patients in COP 09.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4661.09

Mechanism: N/A

Prime Partner: International Laboratory Branch Consortium Partners

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 19400.23940.09

Planned Funds: $50,000

Activity System ID: 23940

Activity Narrative: NEW/REPLACEMENT NARRATIVE

These funds will be provided to the International Laboratory Branch Partners Consortium in order to continue the American Society of Microbiologists' (ASM) technical assistance to the Namibia Institute of Pathology (NIP) to improve TB laboratory capacity.

ASM has provided short- and long-term technical advisors to work with the CDC laboratory technical advisor, alongside NIP staff at the main laboratory in Windhoek, to improve their proficiency with TB diagnostic testing. This assistance has included on-the-job training on TB-related laboratory equipment and infection control practices. In FY 2009 COP, ASM will expand their support to peripheral NIP laboratories and will work with the CDC technical advisor and a locally employed new TB laboratory technical advisor, alongside NIP managers and technologists to strengthen the TB laboratories throughout Namibia.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19400

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19400	19400.08	HHS/Centers for Disease Control & Prevention	International Laboratory Branch Consortium Partners	7360	4661.08		$150,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	1157.09	**Mechanism:**	N/A
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	7974.23967.09	**Planned Funds:**	$260,995
Activity System ID:	23967		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes three primary components: (1) continued technical support for the Electronic TB Register (ETR), (2) partial support for salary and related personnel costs for a continuing Technical Advisor for Laboratory Services, and (3) support for salary and related personnel costs for a TB Laboratory Advisor. Both advisors will be assigned to the Namibia Institute of Pathology (NIP).

1. Electronic TB Register. Namibia is one of several southern Africa countries that adopted the ETR developed by the BOTUSA Project (Botswana-CDC collaboration) in Botswana. The ETR records information on HIV status and use of ART in TB/HIV patients and is used to measure key indicators and monitor expansion of HIV care and treatment among TB patients. The ETR is expected to further contribute to enhancements in TB surveillance, and inform improvements in TB prevention, early detection, and treatment. In FY 2009 COP, CDC will continue to support the Ministry of Health and Human Services' (MOHSS) ongoing implementation of the ETR through a local contract with WAMTech of South Africa. WAMTech is the sole provider of ETR software and support.

The provision of accurate data and tools for surveillance, program management and supervision has become increasingly essential. The ETR was developed to provide more efficient and useful collection, compilation, and analysis of TB data on an ongoing basis. The register is a Microsoft.net based computer software program that was developed using the World Health Organization (WHO) and International Union Against TB and Lung Disease recording and reporting formats. Many features of the ETR are derived from a TB surveillance project in southern Africa supported by USAID and CDC Headquarters in the United States.

As of June 2008, Namibia has reported over 300 cases of multidrug resistant TB (MDR TB), and as of October 2008, approximately 20 cases of Extensively Drug Resistant TB (XDR TB) have been confirmed. The MOHSS is interested in adding an X/MDR component to the ETR to enhance monitoring and surveillance of X/MDR TB cases.

This activity leverages resources with the USAID-funded TBCAP and Global Fund support to the MOHSS.

2. Technical Advisor for Laboratory Services. The CDC/Namibia office has seconded a laboratory technical advisor to the Namibia Institute of Pathology (NIP) since 2005. The original scope of work for this position was to serve as a liaison between CDC, NIP, and the MOHSS to build capacity and to ensure quality for HIV bioclinical monitoring. Since then, the technical advisor has become more involved in strengthening NIP's capacity for TB diagnosis, including culture and DST. He has worked closely with the International Laboratory Branch Consortium (ILBCP) to facilitate short- and long-term technical advisors to work alongside NIP staff. This collaboration aims to build staff expertise and to upgrade the TB laboratory, with an ultimate goal of obtaining accreditation. The laboratory technical advisor salary is reflected in HVTB (0.20 FTE) and the HLAB Program Areas (0.80 FTE). The lab technical advisor has also provided technical assistance for a 2008 TB drug resistance survey, and assists MOHSS and NIP with laboratory issues related to the diagnosis and ongoing monitoring of X/MDR TB cases in Namibia.

3. TB Laboratory Advisor. FY 2009 COP funds will support an advisor to provide mentoring and on-the-job training to NIP technologists and technicians performing TB culture and drug sensitivity testing, both at the national and peripheral level. As is possible, this advisor will provide similar support to private laboratories in the country.

A number of independent assessments of the TB program in Namibia have indicated that TB laboratory services need to be improved and expanded. While short-term assistance from the ILBCP has been beneficial, long-term assistance in this area is essential given staff turnover, the lack of attention that can currently be given to peripheral labs, and the need to implement a comprehensive response to increasing numbers of drug-resistant cases of TB in Namibia. In our previous COP's, this vacant position was envisioned as a non-personal services contract. In FY 2009 COP, this position will switch from a non-PSC to a locally employed staff (LES) position. We feel that sufficient capacity now exists within the country to hire a Namibian, which will also reduce costs associated with the position.

The addition of an LES TB Laboratory Advisor will enhance communication, coordination, and institutional memory between CDC and NIP over the long-term, since we expect that Namibian LES technical staff would remain with the program for longer than the typical contract period of a non-PSC position. This addition will also allow the senior CDC Laboratory technical advisor to focus more thoroughly on laboratory system strengthening activities and moving key programmatic activities forward.

Special Note: In 2008, funds were identified and reprogrammed to support the development, printing, and dissemination of TB training materials and job aids to public and private health care providers. These materials will focus on symptom recognition, treatment regimens, HIV/TB co-infection considerations, X/MDR TB, and adherence counseling. These materials will be disseminated to public and private health care providers via the MOHSS, I-TECH, and the Namibia AIDS Clinicians Society. This funding will not be continued in FY 2009 COP as the majority of costs were one-time expenses for development of these materials. Any future printing and dissemination costs will be minimal and paid for from other MOHSS, Global Fund, or PEPFAR funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16240

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16240	7974.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7390	1157.08		$333,750
7974	7974.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$175,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $160,995

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1068.09

Mechanism: Cooperative Agreement U62/CCU024084

Prime Partner: Ministry of Health and Social Services, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7972.24329.09

Planned Funds: $828,046

Activity System ID: 24329

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$200,000 FUNDING CHANGE FROM HVCT & HVSI TO HVTB**

FUNDING: $828,046
• $478,046 original budget
• $200,000 MoHSS HVSI (TB DRS)
• $150,000 MoHSS HVCT (HIV test kits)

NEW/REPLACEMENT NARRATIVE (reprogramming April 2009)

This activity includes four primary components: (1) continued training and deployment of Community Counselors (CCs) to ensure HIV testing of tuberculosis (TB) patients, (2) procurement of HIV rapid test kits for testing of TB patients, (3) support laboratory diagnosis and bioclinical monitoring for TB, and (4) support Namibia's 2010 TB drug resistance survey.

1. Community Counselors.

In COP09, funding for Community Counselors, who dedicate part of their time to testing of TB patients and suspects, is distributed among six program areas, all of them Ministry of Health and Social Services (MOHSS) activities:

• Preventing Mother to Child Transmission (9%),
• Abstinence and Be Faithful (49%),
• Other Prevention (13%),
• HIV/TB (8%),
• Counseling and Testing (12%), and
• ARV Services (9%).

Although the CCs are distributed over six budget areas, the proportion of the budget approximately mirrors the amount of time CCs spend in these programmatic areas.

PEPFAR funding for the "Community Counselors package" includes: salaries for the 650 CCs who are deployed in public health sites, including correctional facilities; 13 regional coordinators; a national coordinator; and an assistant national coordinator (implemented through MOHSS in partnership with the Namibian Red Cross Society). The package further includes refresher training (implemented by MOHSS through a local training partner); supervisory support visits by MOHSS personnel who directly supervise the CCs; support for planning meetings, and an annual retreat for CCs. In COP09 the salaries for CCs, which have been held at US$230 per month since the program was implemented, will be increased by 35%. The CCs have not had a salary increase since the inception of the CC program in 2004. The Permanent Secretary of MOHSS formally requested the 35% salary increase so that the salary would attract and maintain high quality counselors who increasingly take on additional essential program activities.

By the end of September 2008, a total of 495 CCs were deployed and working in MOHSS health facilities, with a retention rate of 95%. Priority sites for deployment include ANC, TB clinics, ART clinics, and outpatient departments (where nearly all STI cases are seen). With COP08 support, an additional 155 CCs will be trained and deployed to give a cumulative total of 650 by September 2009. The additional CCs will accommodate loss through attrition, enhance provision of outreach-based counseling and testing, initiate counseling and testing services within correctional facilities and expand prevention with persons living with HIV/AIDS (PwP) efforts. With COP09 funding, 300 deployed CCs will also receive refresher training in rapid HIV testing, couples counseling, PwP, and preventive care counseling for children and Provider Initiated HIV Testing and Counseling (PITC) in clinical settings. In addition, the IntraHealth-supported New Start Counselors will receive refresher training through the MOHSS supported mechanism.

Community Counselor prevention activities include provision of condoms and ABC messages appropriately targeted to at-risk persons defined by age, sex, HIV status, and presentation of other STIs. CCs 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. CCs are trained to encourage clients to bring in their partners for counseling and testing (CT) and providing opportunities to deliver prevention messages to discordant couples (approximately 12% of couples who are tested at VCT sites are discordant). CCs will be trained in PwP counseling using CDC's curriculum for integration into counseling services within ART and PMTCT sites.

Community Counselor training includes a module on TB. Supervised by a nurse, CCs are the primary personnel at health sites responsible for providing HIV testing and counseling to TB patients. In 2007, 54% of TB patients were tested for HIV; 59% of these TB patients were HIV positive. Evidence from the 1st and 2nd quarter TB reviews indicates that HIV testing of TB patients is reaching 80%. This is due, in large part, to the CCs that are designated to TB care and treatment settings.

All programming funded through this activity will incorporate gender messaging in compliance with Namibia's male norms initiative which seeks to address cultural norms that factor into HIV transmission, including lack of health care seeking behavior by men, multiple sex partners, transactional and trans-generational sex, power inequities between men and women, and alcohol abuse.

2. Procurement of HIV Test Kits and Supplies for testing of TB patients and suspects

With PEPFAR support, MOHSS will continue to purchase the following: Determine and Unigold test kits (using a parallel testing algorithm) to be used at MOHSS sites for HIV testing of a projected 50,000 TB patients and suspects; ELISA or a new MOHSS-approved rapid test device will be used as a tie-breaker in rare instances of discordance; HIV rapid test starter packs to launch new testing sites; and rapid HIV test supplies for training CCs. Test kits and supplies for a projected 250 MOHSS sites will be procured and

Activity Narrative: distributed to health facilities by the MOHSS' Central Medical Stores through existing mechanisms.

3. Lab diagnosis and bioclinical monitoring for TB.

In 2008, Namibia reported over 300 cases of multidrug resistant TB (MDR TB), and as of October 2008, approximately 20 cases of Extensively Drug Resistant TB (XDR TB) have been confirmed. This situation has increased the use of cultures (C) and drug susceptibility testing (DST) testing for diagnosing and monitoring TB patients and suspects. The request for C/DST is expected to increase with the planned adoption of more aggressive and efficient MDR/ XDR case finding, as well as diagnosis of HIV-positive, smear negative, pediatric TB suspects and contacts. The MOHSS reimburses the National Institute of Pathology (NIP) for all bioclinical tests done for the public sector patients; these funds will be used to support the MOHSS for the payment of TB diagnosis and C/DST bills.

4. TB Drug Resistance Survey

In 2008 the MOHSS conducted a national TB drug resistance survey. Due to delays with protocol review and changing guidance about inclusion of anonymous unlinked HIV testing in such a survey, CDC's technical assistance to the survey had to be limited. CDC and the MOHSS will repeat the TB drug resistance survey in 2010, with an HIV testing component.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16154

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16154	7972.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$459,786
7972	7972.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$250,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $373,481

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1404.09

Mechanism: Cooperative Agreement U62/CCU024419

Prime Partner: Namibia Institute of Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7971.23978.09

Planned Funds: $265,000

Activity System ID: 23978

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Namibia has one of the highest rates of tuberculosis in the world and TB currently is the leading cause of death for persons living with HIV. In addition to multi-drug resistant (MDR) TB, Namibia is facing the added challenge of identifying and responding to the emergence of extensively drug resistant (XDR) TB. There is also a continuous need to improve the laboratory surveillance of MDR/XDR TB cases and reporting to the National TB Control Programme (NTCP).

This is a continuing activity from FY 2008 COP and has five components: (1) strengthening the Namibia Institute of Pathology (NIP) tuberculosis laboratories by procurement of equipment; (2) expanding TB diagnostic techniques; (3) improving quality assurance (QA) by hiring a QA staff person; (4) strengthening bio-safety; and (5) supporting TB laboratory staff. (USG support for TA and other costs for TB drug resistance surveillance in COP 09 is described in the MOHSS Strategic Information narrative. NIP cost analysis is to be undertaken with COP 08 resources by APHL and MOHSS.)

1. Continue to strengthen the Namibia Institute of Pathology (NIP) tuberculosis laboratories. This component will continue to improve NIP's capacity to process a greater volume of testing. In FY 2007 COP, five MGIT 960 instruments were purchased and installed in the laboratory to replace the BACTEC 460 radiometric system, and the lower-capacity BactAlert instruments. Also in FY 2007 COP, two consultants from the American Society of Microbiology spent three months in the TB Lab assisting with culture/DST and quality assurance. This support resulted in more accurate testing of patient specimens. However, there is a continued need to decentralize the TB culture and sensitivity testing to some high-burden areas served by peripheral laboratories. Two high burden sites have been identified and two more MGIT 960 instruments will be purchased to establish testing in these laboratories.

2. Expand TB diagnostic techniques. Rapid identification of MDR/XDR TB cases is important for better patients' management. This component will continue to roll out fluorescence microscopy at TB laboratories and expand the use of rapid TB diagnosis techniques at NIP, specifically Hain line probe assay. In FY 2008 COP, fluorescence microscopy was introduced at some of the high burden sites and rapid TB diagnosis techniques were evaluated. In FY 2009 COP, at least 10 fluorescent microscopes will be procured.

3. Improve the Quality Assurance (QA) component of TB diagnosis. The QA for TB diagnostic testing has been found to be a weakness by previous consultancies and assessments. In FY 2007 COP and FY 2008 COP, funding was allocated to hire a TB QA person dedicated to basic smear microscopy. With the expansion of C/DST it is expected that the QA person will take a lead role in overall QA related to TB Lab testing.

4. Strengthen bio-safety, TB specimen transport, and waste management. One of the primary concerns during the TB laboratory assessments was bio-safety. In FY 2007 and FY 2008 COP bio-safety cabinets were purchased for all NIP laboratories performing TB diagnosis. In FY 2009 COP, additional renovations and improvements in labs will be conducted to improve safety. With MDR/XDR TB cases detected in Namibia by NIP labs, it is important to have measures in place to protect the health workers as well as avoiding risky handling of TB suspects' specimens. With its own resources, NIP has implemented a health and safety policy that covers screening for TB for staff with potential occupational exposure.

5. Support salaries of two medical technologists, one for QA (see activity 3) and one as the TB Central Lab Supervisor. Salaries for six laboratory assistants will also be supported. These staff members are part of NIP's staff establishment, and as such, they are supervised as part of the NIP structure. The CDC laboratory technical advisor who is placed at NIP mentors these and other NIP staff on a day-to-day basis.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16164

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16164	7971.08	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	7367	1404.08	Cooperative Agreement U62/CCU024419	$265,000
7971	7971.07	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	4384	1404.07	Cooperative Agreement U62/CCU024419	$848,500

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $160,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3870.23987.09

Planned Funds: $387,500

Activity System ID: 23987

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is a continuing activity and includes: (1) TB and TB/HIV co-management training for public and private physicians and pharmacists, (2) salary support for clinical mentors who promote and teach HIV/TB integration practices, (3) TB and TB/HIV training of trainers for nurses, (4) salary support for an Integrated Management of Adult and Adolescent Illness (IMAI) nurse mentor, and (5) community-based Directly Observed Therapy (DOT) training for field supervisors.

Namibia is ranked second in the world for prevalence of tuberculosis (TB) with a rate of 717 cases/100,000 population (WHO 2008 report). TB/HIV co-infection is also a major challenge in Namibia. In 2007, 54% of TB patients nationwide were tested for HIV, and of those patients, 59% were HIV-positive. The Ministry of Health and Social Services (MOHSS)'s 2006 TB Management Guidelines supported the Directly Observed Therapy Short Course (DOTS) strategy with increased community involvement, introduced the use of Fixed Dose Combination (FDC) medication to improve adherence, emphasized the need to screen all TB suspects for HIV, to screen all HIV clients for TB and to provide Isoniazid Preventive Treatment (IPT) to all eligible persons with HIV, among other initiatives. As of May 2008, Namibia had reported 300 cases of Multidrug Resistant TB (MDR TB) with at least 12 cases of Extremely Drug Resistant TB (XDR TB). With technical assistance from I-TECH, MOHSS produced "Revised Guidelines for the Management of MDR TB, Poly-Resistant TB, and Mycobacterium other than TB (MOTT)" in which additional second line medicines were approved and some infection control recommendations were made. I-TECH, in collaboration with the MOHSS, revised the TB curriculum for physicians and pharmacists in line with the new guidance.

The I-TECH training activities in COP 2009 will be done in collaboration with others working on TB-HIV training activities, including: the Global Fund, MOHSS, and Tuberculosis Control Assistance Program (TBCAP).

1. By the end of 2008, 75 state doctors and pharmacists and 60 private practitioners will have been trained in the updated curriculum on management of TB. In COP09, I-TECH will conduct three TB training courses for 60 government medical officers and pharmacists and two courses for 30 private practitioners. In addition to these trainings there will be four Advanced ART courses where Advanced TB and TB/HIV co-management will be included as part of the curriculum, as mentioned already in the Adult Care and Treatment section.

2. With COP08 funds, I-TECH supported four experienced HIV physicians as Clinical Mentors (CMs) who provided mentoring in eight of the 13 Regions in Namibia (see Adult Care and Treatment section). In COP08, CMs mentored health care workers (HCWs) on ensuring HIV testing of all TB suspects, TB screening of all HIV clients and provision of IPT to all eligible HIV clients. Another area of focus was enhancing the awareness of district HCWs on the need for TB infection control and what simple measures could be implemented to achieve better control. CMs assisted districts to identify and implement possible improvements such as advocating with management for keeping patients with active TB separate from people with HIV/AIDS, separating patients with MDR TB from other patients, enhancing air exchange by keeping windows open and installing reverse flow fans in strategic windows on the TB wards, encouraging HCWs to wear respirator masks when working with patients with active TB, and having patients wear surgical masks when appropriate. In COP09, I-TECH, in collaboration with the MOHSS, will expand its involvement in improving TB infection control to all other district hospitals covered by CMs and will also focus on strategies for outpatient departments. HIV testing of all TB suspects and patients, and provision of IPT to all eligible HIV positive clients will continue to be promoted.

3. The TB program receives funds through different partners including Global Fund (GF) and the USG. TB trainings for nurses are mainly funded through GF. In FY08 482 nurses were trained at the regional level with funds provided by GF. I-TECH provided training materials for all the trainings. In COP09, I-TECH will continue to support TB trainings by training an additional 20 training of trainers and continue to provide associated training materials. I-TECH will provide training materials for the training of 340 nurses in TB (17 training courses). Nurses in the private sector see many patients but often lack the necessary knowledge and skills to recognize and manage TB according to the National Guidelines. By the end of 2008, I-TECH will have trained 80 private nurses in the management of TB. In COP09 I-TECH will continue this activity and will conduct four courses for a total of 80 private nurses as requested by the National Tuberculosis Control Program (NTCP).

4. The Integrated Management of Adult and Adolescent Illness (IMAI) program includes training in TB/HIV primarily aimed at nurses. In COP08, I-TECH recruited an IMAI nurse mentor who provides on site clinical supervision and ensures appropriate guideline utilization in the provision of care and treatment. The IMAI nurse mentor will continue in COP09.

5. Community-based DOT is an important part of the Directly Observed Treatment Short course (DOTS) strategy supported by the MOHSS in its efforts to combat TB/HIV. Field supervisors are stationed at district level in most regions of Namibia. They supervise the work of TB field promoters (stationed at health facilities) who in turn manage the DOT supporters for individual patients with TB/HIV within the community. A gap has been identified by MOHSS whereby the field supervisors and TB field promoters have been trained by different NGOs and MOHSS staff, resulting in incomplete and non-standardized understanding of TB/HIV management. By the end of COP08 I-TECH will have developed standardized training materials for training the field supervisors as training of trainers, allowing them to go to the field and train the TB/HIV field promoters working in their facilities. Training materials will include a standard curriculum as well as flip charts derived from the training curriculum for field supervisors to use in their training. After the development of the materials, I-TECH will then conduct two training courses to train 34 field supervisors in 2008. In COP09 I-TECH will continue to support this activity by training an additional 34 field supervisors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16219

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16219	3870.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$387,500
7353	3870.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$206,818
3870	3870.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$115,487

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $387,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3896.23952.09

Planned Funds: $263,218

Activity System ID: 23952

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes provision of a portion of the salaries and other benefits for the following staff that will be outsourced through Potentia and seconded to the Ministry of Health and Social Services (MoHSS): (1) two TB/HIV physicians, (2) 40 Integrated Management of Adult Illnesses (IMAI) nurses, and (3) one physician training manager and curriculum developer as well as one IMAI/TB in-service trainer.

Because the IMAI nurses are not providing HVTB services exclusively, a portion of the funding to support their positions is also reflected in HBHC and PDCS. Partial funding for the physician training manager and curriculum developer is reflected in HVTX and PDTX. Funding for the IMAI/TB in-service trainer is also reflected in HBHC and PDCS.

There is a critical human resources gap at facility levels for delivery of HIV/TB services in Namibia. The lack of pre-service training institutions for doctors and pharmacists, coupled with a limited ability to train other allied health professionals, contributes to a chronic shortage of health professionals who can provide comprehensive HIV/TB care and treatment services on the scale and at the level of quality that is required for ART roll out and palliative care expansion, including early detection and treatment of TB.

The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country. In 2007, the vacancy rate in the MoHSS was 35% for doctors, 22% for registered nurses, 26% for enrolled nurses, and 41% for pharmacists.

Since COP04, 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 CDC and the MoHSS participate in developing scopes of work and the selection of health personnel who are then trained and deployed with field support from the MoHSS, CDC, and I-TECH clinical mentors.

1. In response to increasing cases of drug resistant TB, including XDR-TB, 2008 COP funding supported two physicians with TB expertise. This activity continues in 2009 COP. These physicians will not only care for clients, but will also be responsible for improving TB/HIV integration in MoHSS facilities and bidirectional linkages with community-based TB/HIV services. PEPFAR is working closely with MOHSS and Tuberculosis Control Assistance Program (TBCAP) to ensure that these staff are positioned in settings with the highest needs. One physician will be located in Katutura Hospital, and the other is to be determined.

2. Continuing from FY 2008 COP , funding through Potentia will support 40 additional nurses to support ongoing rollout of the IMAI program, which is expected to have a significant impact on improving early detection and treatment of TB, as well as the provision of TB preventive therapy for People Living with HIV and AIDS (PLWHA).

3. Trainers. Potentia will also continue to support technical and administrative staff previously funded through I-TECH 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. In this activity, Potentia will contract professionals to serve as TB/HIV trainers with I-TECH and the MoHSS' National Health Training Center (NHTC). I-TECH and NHTC collaborate to provide the majority of training for health workers in Namibia. Requested funds include half of the cost of a physician training manager and curriculum developer (shared with treatment services) and a full-time IMAI/TB in-service trainer to be based at the NHTC. The training content corresponds to Namibia's national guidelines and emphasizes:
a. Routine counseling and testing for consenting TB patients
b. Isoniazid preventive therapy for eligible TB/HIV patients
c. Cotrimoxazole prophylaxis
d. Linkages of TB with HIV/AIDS services
e. Provision of ART for eligible TB/HIV patients, including children.

Greater expansion of the "Three Is" strategy will be central to TB efforts in COP09.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16193

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16193	3896.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$263,218
7342	3896.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$87,721
3896	3896.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$30,036

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $263,216

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7447.26960.09

Planned Funds: $65,422

Activity System ID: 26960

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In the faith-based hospitals (FBHs), TB clinics are directly managed by the Ministry of Health and Social Services (MoHSS) while Odipo health center serves as a Directly Observed Therapy site. The TB clinics are linked to counseling and testing (CT) sites in their respective hospitals, either under the same roof or nearby. All patients accessing services from other hospitals departments (inpatients, special clinics and OPD outpatients) are evaluated for TB and offered HIV C&T. In the 4 Catholic Health Services (CHS) hospitals, the TB wards have certified sites for counseling and rapid HIV testing and have trained staff to conduct the tests. In the Lutheran Medical Services LMS, the TB clinic is housed in the same building as C&T, allowing for close physical and operational linkages. The close collaboration of the hospital TB clinics and CT sites in all FBHs allows a successful referral system between TB clinics and HIV services (CT, care and treatment) and facilitates routine CT for majority of TB patients.

As part of the TB/HIV collaborative activities, Intrahealth (IH) will support regular monthly meetings between the TB program staff and the ART site staff to discuss issues related to referral, data collection and completeness, and other programmatic issues. In the ART sites and PMTCT rooms in the faith-based facilities, Capacity will continue to update staff skills on screening HIV patients for TB in every follow up visit, clinical monitoring of the patients during consultations, referral for laboratory services, and offering Isoniazid prophylaxis to eligible patients in addition to cotrimoxazole prophylaxis, micronutrients supplementation and CT for other family members. Suspected TB patients are offered clinical examination, sputum direct microscopy and X-ray when applicable to confirm the TB diagnosis.

Clinical staff from the hospitals, clinics and ART sites will be trained on TB/HIV management in collaboration with MoHSS and other USG partners (I-TECH). ART clinics staff will be continuously updated in the identification and management of TB/HIV cases and sensitized to rapidly triage for TB signs and symptoms and fast-track to TB diagnosis services. History of previous diagnosis and treatment will be elicited in order to identify suspected MDR cases, and refer them for the necessary laboratory tests and appropriate treatment. In collaboration with the Tuberculosis Control Assistance Program (TBCAP), IH will strengthen collaborative TB/HIV activities and doctors in the ART sites will initiate TB treatment for all confirmed TB cases and subsequently refer the patients to the TB clinic/ward accordingly. Eventually, the ART and TB management at facilities will be transformed to “one stop shop” for both diseases.

In line with the strategic shift from just HIV testing sites, standalone VCT sites staff will continue TB screening using standardized questionnaire and will refer accordingly. In COP FY 2009, the nurses in the standalone VCT sites will continue supporting the lay counselors in TB screening and referral beside the other clinical tasks.

Oversight of TB screening for pediatric patients is of great concern. HIV-positive children enrolled in the care and treatment program will be screened for TB in every follow-up visit. Pediatric TB patients and their care-givers will be offered HIV CT services. For screening of TB, IH-supported facilities will adopt the national standard operating procedures and operate within the national TB control guidelines. IH will also work closely with MoHSS on task shifting so that staff members from satellite facilities will be able to refer patients suspected to have TB and HIV co-infection to the district facilities. These patients will be fast tracked to confirm or exclude the TB diagnosis.

Due to the high co-morbidity of TB and HIV, infection control measures within ART sites will be enhanced by ensuring timely diagnosis of suspected TB patients and initiation of treatment to prevent nosocomial transmission. Faith-Based Facilities (FBF) have been cognizant of the need for proper infection control. For example, in the extension of the ART sites in the Lutheran Medical Service (LMS), where the TB district clinic is housed, steps were taken to ensure proper ventilation in the waiting area and consulting rooms where TB patients are served, reducing the risk of exposure. IH will continue to advocate for such considerations in facilities renovations and will review all the ART sites to make sure they are appropriate for infection control.

During COP FY 2009, IH will continue to support the HIV Clinician Society as part of private-public partnership. The private sector treats about 20% of HIV patients in Namibia. Training of private practitioners will improve the quality of services rendered and also increase their attention to identifying and appropriately treating those with TB co-infection. In collaboration with NTCP, 40 private practitioners and 25 HCW from the public sector, faith-based facilities will be trained on TB/HIV management. Special training emphasis will be on screening, diagnostic aids and adult and pediatric TB and its management.

Data collection to integrate information on TB and HIV has been a problem. Currently, a reliable tool for linkage between TB and HIV services, the electronic ART patient monitoring system have been implemented by the MoHSS according to WHO recommendations. This system captures data on TB and HIV and allows monitoring and evaluation of the referral system and the quality of the services. Data collection will be strengthened by regular reviews of data collection tools and data analysis at the facilities by the ART and TB teams.

In collaboration with TBCAP, regular data review will be undertaken to evaluate the quality of services being provided. Quality of HIV CT services in the TB units will be undertaken on a regular basis as part of the facilities quality assurance program which involves supportive supervision by CT and laboratory supervisors.

The PEPFAR supported program will leverage the MoHSS/Global Fund resources. These Global Fund resources are used to support personnel and operational costs of the TB program in all districts. Therefore, IH supported sites will incur minimum TB program cost as the focus will be mainly on areas of training, skill update, supportive supervision and strengthening of linkages and HIV collaborative activities system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16134

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16134	7447.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$73,422
7447	7447.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$9,779

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,234

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3073.09

Mechanism: Tuberculosis Control Assistance Program

Prime Partner: Royal Netherlands Tuberculosis Association

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 4436.27002.09

Planned Funds: $1,000,000

Activity System ID: 27002

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The FY 2009 COP Tuberculosis Control Assistance Program (TBCAP) builds on COP 08 and also leverages $1.2 million in USAID Child Survival and Health TB funds. PEPFAR funding is used to support collaborative TB/HIV activities, while USAID CSH funding continues to focus on strengthening the foundation of TB prevention and control, in particular the continued roll out of community based DOTS to Oshana, Oshikoto, Karas and Erongo regions.

The activities in the FY 2009 COP have been planned in close coordination and collaboration with other USG partners, the Government of Namibia and the Global Fund.
USG partners participating in TBCAP are: CDC - strengthening NIP in quality assured sputum-smear, culture and drug sensitivity testing, drug resistance surveillance, and counseling & testing; TB Infection Control: I-TECH -training health workers on TB/HIV, MDR-TB, and developing a TB/HIV training for community field promoters and supervisors: MSH/SPS - rational drugs management, regulation of new additional second line drugs, monitoring of side-effects, prescription audits, public health evaluation; Capacity Project - training, VCT, community-based DOTS; Development Aid from People to People (DAPP): home based care; PACT - home based care; and the Global Fund - training health workers on TB/HIV IEC, C&T for HIV in TB patients; training home-based-care workers on TB/HIV.

Coordination of these activities at all levels is still a major challenge for the Ministry of Health and Social Services (MOHSS) National AIDS Control Program (NACOP) and National TB Control Program (NTCP), exacerbated by a persistent shortage of human resources, including a lack of capacity in monitoring and evaluation. FY 2009 COP funding will thus be used for the strengthening of coordination, management, technical assistance, and development of technical policies.

A priority for TBCAP is thus strengthening leadership and management of the NTCP in all aspects of TB control (in particular CB-DOTS, MDR-TB, TB-Infection Control, TB/HIV). To this end, COP 2009 will enhance and expand communication and deliberations among program officers and staff through the TBCAP-supported review meetings and TBHIV Committees at all levels. TBCAP will also support annual TB/HIV meetings using the MSH Management and Organizational Sustainability Tool (MOST) model, a tool (which was initiated in July 2007 for TB/HIV in Namibia.

The FY 2009 COP TB CAP program will concentrate on the following areas:

Coordination at all levels. TBCAP will strengthen coordination through the establishment and facilitation of TB/HIV Coordinating Committee meetings at all levels on a quarterly basis, which should enable all stakeholders in TB/HIV – both from a clinical and community perspective – to review progress and challenges and develop remedial actions. Once yearly a TB/HIV MOST workshop will be organized at the national level and in each region to ensure that planning and evaluation go hand-in-hand, and that activities supported from all different funding streams are coordinated and well targeted.

Clinical management of patients dually treated for TB and AIDS (ART, CPT) will be reviewed at the health facility level in clinical meetings through USG partners supporting TB treatment, HAART and HIV/AIDS care. This review will be linked to clinical supervision supported by TB CAP, TB management in general, and MDR-TB in particular. This activity will be sustained because it will be integrated into existing facility-based Therapeutic Committees.

- TB/HIV IEC materials. This is a continuation from COP2008, but with co-funding from GFATM, will now focus on re-printing and translating IEC materials into additional tribal languages for TB patients, PLWHA, and the community. A new component is the development of short videos, leaflets, etc., aimed at raising awareness of the rise in TB/HIV and how to take appropriate actions. The MOHSS will sustain these activities once its recurrent budget for TB control is increased.

-TB Infection Control: This is a continuing activity but will be expanded to all hospitals and busy health centers through: training existing Infection Control Officers on the prevention of TB nosocomial infection using the new Namibian infection control guidelines; and site visits to conduct infection control assessments and to supervise and monitor their implementation and monitoring and evaluation efforts. .

This will be done in close collaboration with anticipated continued support from CDC through visits by IC specialists. Once existing infection control officers are trained in TB-IC and health facility infection control plans are developed and implemented, MOHSS will sustain their enforcement.

Funding will also be set aside for purchasing N95 respirators. TB CAP has already worked with the NTCP to make N95 masks available as part of the regular Central Medical Stores commodity and some emergency protective clothing will also be procured. . TB-IC will thus become fully integrated in the national IC policy and technical guidelines.

- MDR- TB Register. A new component of this activity is supporting the adjustment of an existing electronic MDR-TB Register (developed by Stop-TB Partnership) for Namibia, in order to improve monitoring and evaluation of MDR-TB management. Linkages to NIP data on drug resistant strains diagnosed in NIP will also be pursued. This will be sustained by incorporating the TB information system into the existing MOHSS HIS.

- Management of drug resistant TB: TB CAP will continue supporting programmatic management of drug resistant TB through trainings; support supervisions and will fund quarterly clinical case review meetings. These meetings will also strengthen surveillance of drug resistant TB.

-TBCAP will continue support for IPT through continued training of health workers who man ART clinics using the TB/HIV module in the NTCP trainings; this activity is carried out in collaboration with I-TECH. Support supervision for TB will also focus on ensuring smooth referral systems between TB clinics and ART

Activity Narrative: clinics and will also be rendered to ART, PMTC and VCT to ensure intensified case finding among PLWA. Community NGOs working in HBC will continue to be invited for quarterly meetings to ensure they support TB patients and also screen PLWA for TB as part of intensified case finding.

- Staff support. One medical doctor and one nurse will continue to be supported (as under COP2008) in the TB ward in Katutura hospital to provide on-the-job and formal training of medical doctors and nurses on MDR-TB management. These staff will also supervise the other seven MDR-TB admission centers and conduct clinical audits, supporting M&E for MDR-TB.

- CB-DOTS coverage will be expanded within regions already supported by TBCAP. TBCAP will also provide technical assistance to home based care NGOs such as DAPP to ensure that they include TB/HIV collaborative issues into their activities;

- Increase TBCAP management capacity: FY 2009 COP funds will continue supporting a KNCV Tuberculosis Foundation office in Windhoek. The office will comprise three resident medical officers, one of which will be the project coordinator, who will provide hands-on technical assistance for implementation of both USG and Global Fund work plans. They will be assisted by a financial controller and bookkeeper and driver;

- Improve access to TB care: TBCAP will continue working with the Namibian government and other partners to improve access to quality tuberculosis (TB) care for those infected with HIV & TB. All partners will continue supporting one common goal as stipulated in TB Medium Term Plan I: to reduce tuberculosis morbidity and mortality until TB is no longer a public health problem. Considerable progress has been made in the past two years showing that funding and technical assistance from TBCAP is having an impact , also allowing parallel efforts supported by Global Fund and WHO (Global Drug Facility) to bear fruit. The continued rise in HIV testing among TB patients has been made possible through the continued support, supervision and training in the new guidelines that incorporate TB/HIV activities. Given that almost 60% of TB patients are HIV infected, TBCAP will strengthen prevention among positives through strengthening health education messages in health facilities providing TB care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16210

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16210	4436.08	U.S. Agency for International Development	Royal Netherlands Tuberculosis Association	7379	3073.08	Tuberculosis Control Assistance Program	$1,102,324
8040	4436.07	U.S. Agency for International Development	Royal Netherlands Tuberculosis Association	4411	3073.07	Tuberculosis Control Assistance Program	$1,048,466
4436	4436.06	U.S. Agency for International Development	Royal Netherlands Tuberculosis Association	3073	3073.06		$118,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $340,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7656.09

Mechanism: PACT TBD Leader with Associates Cooperative Agreement

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 21260.26988.09

Planned Funds: $295,323

Activity System ID: 26988

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$101,524 FUNDING CHANGE FROM CAA TO PACT**

Motivated by the overwhelming needs of PLWHA and their families, the USG is continuing its community-home based care (CHBC) and support program through Pact, an umbrella NGO that integrates capacity building of local FBOs and NGOs, including targeted technical assistance, into a grants management cycle. Pact efforts through PEPFAR extend beyond PEPFAR-funded programs to create sustainable, effective organizations by addressing gaps in leadership, management, governance, and strategic direction.

Covering all 13 regions of Namibia, Pact develops local ownership and provides capacity building in financial and programmatic accountability, including M&E and financial management, while providing support and guidance to improving the overall quality of programs. PACT will source and/or leverage appropriate technical assistance (i.e. consultants or suitable local/regional organizations) to subgrantees and foster networking through communities of practice to address and resolve bottlenecks in implementation.

At the national level during FY 2009 COP, Pact will work closely with the Ministry of Health and Social Services (MOHSS) Community and Home Based Care Directorate to ensure that TB is integrated into the CHBC quality standards. Integration includes intensified TB case finding through routine basic screening and referral of both patients and family members. In FY 2009 COP, Pact will also continue to support the development of national level training materials to support CHBC, including TB screening and referral.

At the community level, Pact will engage subgrantees through a new solicitation for community-based activities addressing the new CBHC policies which include TB. Special attention will be given to community based TB programs such as TB education for community based programs, IPT therapy for HIV infected individuals, prevention of TB transmission in the household (including hygiene and ventilation), basic screening for symptoms of all persons in household, referral, and adherence support and emphasizing the difference between TB infection and TB disease, and if the MOHSS is ready, community-based DOTS. Pact will also ensure that intensified TB case finding through basic TB screening and referrals are integrated into CHBC programming with partner FBOs and NGOs, such as Walvis Bay Multipurpose Center (WBMPC) and others who are implementing the national level community and home based care standards which include TB.

Pact will work with its existing grantees to solicit and identify those that are ready to add community-based TB screening, prevention, and referral to their program. Pact will also work with selected grantees to improve formal relationships with nearby facilities to further enhance both referrals and followup. Together with those identified grantees, Pact will, together with CDC and MOHSS, develop urgently needed, simplified tools in picture format to help community members screen, identify, and refer both CHBC patients and those living in the household to available TB services for treatment.

Note: only care and support indicators are relevant for these community based organizations.

Pact will also directly fund CAA to provide TB education through community based programs, emphasizing the difference between TB infection and TB disease, screening for symptoms of all persons receiving services, referral for clinicial sputum testing, and DOTS adherence support. 2000 CAA home based palliative care volunteers will work to ensure that 7,500 home based palliative care clients are receiving isoniazid preventive therapy (ITP). CAA will ensure that TB screening and referrals are integrated into all CAA programs and service delivery including home based palliative care, support for orphans and other vulnerable children, youth HIV infection education and prevention and VCT services. In collaboration with the MoHSS, CAA will use simplified tools in picture format to help community members screen, identify, and refer clients both to available TB services for treatment. As part of its community based service provision, CAA will train 100 staff members, 2,000 HBC volunteers, and 250 peer educators in TB education, screening and referral, and integrate programming to reach 7,500 home based care clients, 7,000 A/AB prevention participants, 16,500 OVC and 14,036 VCT clients with preliminary screening for TB and subsequent referral for sputum testing for those at risk.

Intensified community based TB-case finding will begin upon permission of the MoHSS to initiate this process. CAA is working with the CDC and the MoHSS to develop an appropriate pictorial screening tool, such as used in Rwanda: 1. Has the patient had a cough for 3 weeks? 2. Has the patient had night sweats for > 3 weeks? 3. Has the patient lost > 3kg in the past 4 months? 4. Has the patient had fever for > 3 weeks? 5. Has the patient had recent contact with another person with active TB? If “Yes” to question 1: The patient is a TB suspect and will be referred for sputum collection for acid fast bacilli smear and continue evaluation for TB per the TB control program diagnostic algorithm for pulmonary TB. If “No” to question 1 but “Yes” to any other question: The patient is a TB suspect and is referred for continued evaluation for TB guided by clinical signs and symptoms. If “No” to all the questions: The patient is not a TB suspect at this time and repeat screening with the questionnaire will be performed in 3 to 6 months. During home care visits, volunteers routinely inquire if clients have access to isoniazid preventive therapy (IPT) and are properly adhering to the prescription. Any problems with this are reported to CAA staff and CAA palliative care nurses for follow-up with local GRN facilities.

It is hoped that in the near future, CAA nurses will be able to distribute both IPT and Cotrim to CAA HBC clients. CAA staff and volunteers are also trained to implement basic infection control strategies, amongst themselves and with family caregivers, to prevent TB transmission. This includes environmental intervention (improved ventilation) and proper coughing hygiene. CAA is currently tracking HBC clients currently on treatment for TB. This includes treatment adherence support. For clients failing to appropriately resond to treatment, referrals can be made to the CAA palliative care nurse and the clients GRN health facility to help prevent MDR TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21260

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21260	21260.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$201,799

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $217,053

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7650.09

Mechanism: Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 19401.26969.09

Planned Funds: $242,000

Activity System ID: 26969

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity under Management Science for Health's project Strengthening Pharmaceutical Systems (MSH/SPS) has four components: 1) technical support to ensure compliance with IPT and CTX guidelines for TB patients; 2) technical support to ensure rational use and safety of TB medicines; 3) expanded training in TB pharmaceutical management and enhanced support to M&E systems; and 4) enhanced infection control activities.

1) Compliance with IPT and CTX guidelines. Evidence has shown that IPT and CTX play critical roles in primary and secondary prophylaxis of opportunistic infections in HIV positive patients. The use of IPT in people living with HIV significantly reduces reactivation of latent TB, and the use of CTX has been shown to be beneficial in primary and secondary prevention of Pneumocystis carinii pneumonia and Pneumocystis jirovecii pneumonia.

To improve uptake of these proven interventions, MSH/SPS-supported sites that are successfully providing ART will provide increased access to IPT and CTX and ensure adequate monitoring systems to enable ongoing evaluation of access to these medicines. This activity will be implemented in collaboration with the Tuberculosis Control Assistance Program (TBCAP), DSP M&E, the HIVQUAL project and the Therapeutics Committees (TC) from selected facilities to build capacity and sustainability and ensure compliance with the treatment guidelines.

2) Ensure rational use and safety of TB medicines. Concerns have been raised about the side effects of some TB medicines. In FY08 MSH/SPS collaborated with TBCAP to introduce pharmacovigilance activities within the public health programs, using the TB program as a pathfinder. During the FY 2009 COP, MSH/SPS will continue its collaboration with TBCAP to monitor and document side effects of TB medicines, in particular the second line TB medicines. MSH/SPS will consolidate the lessons learned and provide continued support to health workers in sustaining the patient-initiated adverse event reporting system.

MSH/SPS will also collaborate with the Therapeutics Information and Pharmacovigilance Center (TIPC) to expand the trainings provided in FY08 to community based organizations (CBOs). These CBOs practice Directly Observed Short-Course Treatments and have also been trained to monitor side effects and adverse drug reactions to TB medicines in the three regions of Erongo, Caprivi and Karas. These trainings will now be provided to other CBOs in Namibia.

3) Expand training in TB pharmaceutical management and increase support for M&E systems. During the FY 2009 COP, implementing in close collaboration with I-TECH, MSH/SPS will continue supporting professional health training activities containing components of HIV/AIDS and TB pharmaceutical management. MSH/SPS will advocate for the inclusion of topics on the rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines into relevant curricula in the National Health Training Center and the University of Namibia.

MSH/SPS will also support strengthening of the HIV patient monitoring system, using the Antiretroviral Dispensing Tool, and enhance linkages with other monitoring systems to support intensified TB case-finding among PLWH. MSH/SPS will also strengthen referrals to other HIV care/support activities and TB treatment. MSH/SPS will support the use of the data for program planning, resource allocation, and program improvement. Data use will be supported to enhance both the TB program and the HIV program.

4. Strengthen Therapeutics Committees (TCs) to implement infection control strategies in support of national TB programme, TBCAP and Quality Assurance department of the MoHSS. MSH/SPS will work through the TCs to train health workers in the use of an integrated approach to TB infection control, including minimizing the risk of TB infection to both patients and health care workers. Lessons learned from implementing strategies will be documented and shared widely among health workers through the Namibia Medicines Watch and other forums to encourage a positive behavioral change to infection control.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19401

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19401	19401.08	U.S. Agency for International Development	Management Sciences for Health	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A -00-07-00002-00	$250,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	11384.09	**Mechanism:**	Catholic AIDS Action (CAA)
Prime Partner:	Catholic AIDS Action, Namibia	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	27495.09	**Planned Funds:**	$0
Activity System ID:	27495		

Activity Narrative: APRIL 2009: This activity was reprogrammed under Pact (21260.26988.09) when CAA did not pass its audit to become a prime partner. In COP09 CAA remains a sub-partner to Pact (and Intrahealth for HVCT).

Catholic AIDS Action (CAA), an indigenous Namibian organization, is receiving direct PEPFAR funding as a prime partner for the first time this year. In previous years, they worked under PACT as a sub-partner in implementing this activity.

At the community level, CAA will provide TB education to over 40,000 individuals through community based programs, emphasizing the difference between TB infection and TB disease, screening for symptoms of all persons receiving other CAA services, providing referrals for clinicial sputum testing, and providing support for Directly Observed Treatment Short-course (DOTS) adherence .

As part of its community based service provision, CAA will also train 100 staff members, 2,000 HBC volunteers, and 250 peer educators in TB education, screening and referral. CAA staff and volunteers are also trained to implement basic infection control strategies, amongst themselves and with family caregivers, to prevent TB transmission. This includes simple environmental intervention (improving natural ventilation) and proper cough hygiene

CAA will ensure that TB screening and referrals are integrated into all CAA programs, which include 7,500 home-based care clients, 16,500 orphans and vulnerable children (OVC), 7,000 A/AB prevention participants, and 11,520 VCT clients. CAA estimates that 90% of these target populations will receive screening and referral services.

Intensified community based TB-case identification will begin upon receipt of permission from the MoHSS to initiate this process. In collaboration with the MoHSS, CAA will use simplified tools in picture format to help community members screen, identify, and refer clients to available TB services for treatment. CAA is working with the CDC and the MoHSS to develop an appropriate pictorial general population screening tool, similar to that used in Rwanda, incorporating diagnostic questions such as: 1. Has the patient had a cough for 3 weeks? 2. Has the patient had night sweats for >3 weeks? 3. Has the patient lost >3kg in the past 4 months? 4. Has the patient had fever for > 3 weeks? 5. Has the patient had recent contact with another person with active TB? If the client answers “Yes” to any question, the patient is a TB suspect and will be referred for sputum collection for acid fast bacilli smear and continue evaluation for TB per the TB control program diagnostic algorithm for pulmonary TB. If the answer is “No” to question 1 but “Yes” to any other question the patient is a TB suspect and is referred for continued evaluation for TB guided by clinical signs and symptoms. If the answer is “No” to all of the questions the patient is not considered a TB suspect at that time and repeat screening with the questionnaire will be performed in 3 to 6 months. Among PLWHA, the following same questions above will be asked. However, unlike general population, PLWHA will be rescreened at every contact with home based care volunteers. For clients identified as TB suspect through screening, HBC volunteers will accompany the clients to health facilities where/when feasible, provide referral slips which will be audited and arrange a return visit to the home to make sure the cleint went to a medical facility.

During home care visits, volunteers routinely inquire if HIV clients without active TB disease have access to isoniazid preventive therapy (IPT) and are properly adhering to the prescription. Any problems with this are reported to CAA staff and CAA palliative care nurses for follow-up with local GRN facilities. CAA is also currently tracking HBC clients who are on treatment for TB, including treatment adherence support. For clients failing to respond appropriately to treatment, referrals can be made to the CAA palliative care nurse and the client’s GRN health facility to help prevent MDR TB. It is hoped that in the near future, with the introduction of Integrated Management of Adult and Adolescent Illnesess (IMAI) and task shifting, CAA nurses will be able to distribute both IPT and Cotrim directly to CAA HBC clients.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $9,572,227

Program Area Narrative:

The USG Orphans and Vulnerable Children (OVC) program responds to the GRN National Strategy on HIV/AIDS to provide care and support for OVC and the Ministry of Gender Equality and Child Welfare (MGECW)’s National Plan of Action for OVC (NPA: 2006-2010). The MGECW leads implementation of the action plan, and is the convener of the OVC Permanent Task Force (PTF), which brings together key government ministries, development partners, and civil society partners for a coordinated response. The MGECW currently has three directorates: Child Welfare; Gender Equality; and Community and Integrated Early Childhood Development. The MGECW is restructuring in line with the National Policy on Decentralization and placing the implementation and supervision of the function of child welfare and NPA implementation responsibilities into 13 regional councils. To scale up a national OVC response, the NPA outlines five basic strategies for essential care and support to OVC most in need: Rights and Protection; Education; Care and Support; Health; and Management and Networking of the program The target

population for USG programming as of 2008 is 250,000 OVC (this figure includes child-and-elderly-headed households), of which 155,000 are orphans who have lost one or both parents. Seventy-five percent of these orphans acquired their status as a result of HIV/AIDS. In 10 to 15 years, these children will represent 25-50% of the economically active population in Namibia.

In FY08, USAID continued implementation of quality standards of care for OVC services through PEPFAR partners. Namibia partners began working in collaboratives to foster cross-sharing of implementation best practices in areas such as after school education, child protection, and psychosocial support. Standards for delivery of community care were also developed through Pact support to the Ministry of Health and Social Services, placing increased emphasis on provision of care to OVC infected and affected by HIV/AIDS. The MGECW remained a lead for improving quality of care at the service delivery level. Across all USG implementing partners, only those children who received services that met or exceeded the minimum standards were recorded as having received a service. Within the context of work with orphans and vulnerable children, quality was defined as the degree to which the cluster of services provided to children, families and communities affected by HIV and AIDS maximized benefits and minimized risks, such that children were able to grow and develop appropriately according to their community norms and cultural context. Children, families and communities were also involved in decisions about the care and services they received.

The MGECW continued to improve the process of reporting progress obtained in their first ever annual national progress report, with support from UNICEF and the USAID M&E Advisor. However, much work remains to be done in FY09 to ensure that all USG OVC implementing partners are delivering quality care, reporting progress into a national OVC database, and providing support such that all OVC eligible for social welfare grants from the Ministry can access them. The total number of OVC that benefited from government social welfare grants in FY08 rose to 90,126, compared to 41,000 in 2006. Pact subgrantees, AED, Project Hope, ORT, and CAFO contributed directly to this increase by supporting households and communities to apply for grants. Pact supported 165 volunteers in regions where MGECW social workers were overloaded with processing applications, to create an interim solution to the MGECW human resource crisis while vacant social work and community child care worker positions were recruited and filled.

In FY08, Pact also supported the MGECW to develop policies, guidelines, and standards for residential care facilities where there were no other alternatives for especially vulnerable children. Targeted assistance was provided to deinstitutionalize children and reintegrate them back into community and family based placement settings. Additionally, a new Request for Application (RFA) for child protection was released to strengthen the nexus of counseling, care, follow up support, and protection that could be offered to OVC that have been raped or abused, or are victims of violence. Rights and protection training was provided to key ministerial, law enforcement, and implementing partners, and the 15 existing Women and Child Protection Units in country will continue to serve as a base of referral for counseling, psychosocial support, care, and protection in FY09.

In FY08, the MGECW, in collaboration with colleagues from Malawi at a Regional Interagency Task Team Meeting (RIATT) in Tanzania, presented the findings of a joint UNICEF and USAID human resource capacity assessment/gap analysis. The formal presentation and finalization of recommendations from the process allowed targeted technical support to be provided to the MGECW in M&E, OVC, and human resource planning. The USG continued to help the MGECW in FY08 to implement key recommendations from the analysis, which included: 1) strengthening coordination capacity of the OVC national Permanent Task Force; 2) strengthening regional implementation capacity through collaboratives; 3) appointing senior advisors to the MGECW to assist with OVC technical capacity and M&E; 4) providing regional technical support in HR planning; 5) advancing the recruitment processes of social workers and child care workers (CCCW); 6) using NGO and CBO volunteers to assist social workers and CCCW; 7) providing opportunities for leadership training and mentoring of senior staff; 8) assisting with staff restructuring to accommodate decentralization, the M&E unit, the implementation of the national OVC database system, and the secretariat for the PTF; and 9) funding bursaries to allow six students to pursue social work studies at UNAM.

Overall, the number of OVC directly served increased from 56,520 in FY07 to XXXXX in FY08, and each partner reinforced M&E training to ensure that services were counted appropriately. FHI FABRIC transitioned its subgrantee, Church Alliance for Orphans, to direct funding, and ORT/KAYEC trained 444 young OVC and caretakers in basic artisan skills that should enable them to enter the formal or informal sector. Pact successfully provided OVC technical and M&E support to the MGECW, while continuing to provide services to OVC via nine NGOs. Project Hope microcredit interventions improved caregivers' economic capacity, particularly evident in the increased purchases (more assets, animals, clothing) for OVC, improved investments in homes (larger houses with better quality walls), and reduced vulnerability (less selling off of assets, and shorter insufficient income periods).

In FY09 USG partners will continue to receive critical support from PACT to improve programmatic monitoring and evaluation, and strengthen coordination and partnership with regional OVC forums via Pact and AED in collaboration with UNICEF. USG will continue to staff two positions in the MGECW (OVC and M&E Advisor) based on the human resource assessment/gap analysis, and provide regional technical support to address HR planning through the Southern African Human Capacity Development Coalition. USG partners will continue to support OVC database development efforts at an implementation level and reinforce country efforts to register, monitor, and track exactly what kinds of services are rendered in regions. The tool will actively serve as a means for partners, donors, and the MGECW to leverage resources from one another and provide comprehensive services to OVC. Pact will continue support to the Women & Child Protection Units in Namibia which have been established to assist victims of sexual assault, work with victims of violence to launch appropriate investigations, and link with needed services, and involve other stakeholders to expand rights and protection efforts by focusing on community mobilization for prevention of such violence among women and children through improving the referral system and victim counseling and follow-up support.

In FY09, Project HOPE will continue to scale up services to especially vulnerable populations such as elderly caregivers and orphan-headed households to improve access to economic strengthening opportunities in four regions (Oshana, Omusati, Ohangwena, and Oshikoto). KAYEC Trust will provide older OVC and heads of households with vocational skills training, youth development through leadership training and mentorship, and linking them youth to direct care, support, and treatment services. AED will improve the monitoring and evaluation capacity of the Ministry of Education's school feeding unit in FY09 to include more vulnerable schools with larger concentration of OVC, conduct basic anthropometric assessments, and gauge impact of improved

nutrition on learner performance. AED will also support the MOE on reinforcing the OVC fee exemption policy to increase the number of schools and regions receiving refunds for OVC school fee exemption under the government supported Education Development Fund. AED will also continue to implement the MOE OVC policy in the national education system and improve school-level provision of care and support to children affected by HIV and AIDS. Teachers in the workplace and the Ministry of Education will be targeted to ensure that schools are safe environments in which to learn and grow, rather than sites for sexual assault, cross-generational, or transactional sex. (See Prevention AB.) Sub-grantees under Pact and Church Alliance for Orphans will work together to facilitate community responses that build local capacity and sustain meaningful interventions to meet the physical, economic, social and emotional needs of OVC. CAFO will be completely funded under the New Partners Initiative as a direct prime in FY09, and Catholic AIDS Action will be a new prime partner graduating from capacity building support of Pact.   These local organizations will emphasize reducing the vulnerability of girls who are heading households or victims of violence and abuse.

Strategic wrap-arounds will continue to be leveraged with the Global Fund and the private sector to provide OVC with nutritional support and business apprenticeship opportunities. Coca Cola, Standard Bank, and other private companies have proposed partnering with USG to "make the job candidates ready" for the jobs including supporting skills training and management. Namibia Business Coalition on AIDS (NABCOA) and USG will lead an OVC nutrition initiative in partnership with NABCOA-member businesses and Namibia Dairies. In cases where adequate nutritional support is not available, partners will work with local communities to support food and nutrition for OVC. All USG-funded partners will register OVC and improve their access to social welfare grants provided by the MGECW. Peace Corps will support 4 PCV's to implement OVC focused interventions and access small grants for community projects on care and support and capacity building for OVC.

New support will be provided in FY09 to UNHCR for a refugee camp in Osire which hosts refugees from Angola, Burundi, DRC, and Rwanda. Half of the camp population is under 17 years of age, and 35% under 11. Nominal support will assist 300 especially vulnerable orphaned children in need of care and support, and allow greater access to ART services, care, and support.

Most USG-funded OVC efforts will improve NGO/CBO/FBO capacity to strengthen family/household, facility, and community capacity to meet the needs of OVC. All OVC partners will work together to improve referral systems between community and facility settings, and adopt holistic approaches to care and support for OVC, with special attention paid to those who have lost more than one set of caregivers and/or who 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 a 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 will include OVC in prevention-education, income generation, vocational skills training, and after-school clubs/activities. New partnerships will also be implemented to reduce gender-based violence, vulnerability, and abuse of OVC. USAID linkages to UNICEF-programs will be strengthened with harmonized workplans in FY09, particularly given the magnitude of PEPFAR resources in Namibia for OVC programs. A USG OVC Advisor will continue to strengthen coordination and leveraging capacity of the program with other partners in country.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	11917.09	**Mechanism:**	PHE.Boston University
Prime Partner:	Boston University, Centre for International Health and Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	29197.09	**Planned Funds:**	$400,000
Activity System ID:	29197		

Activity Narrative: PHE tracking # = NA.09.0222

Title of Study: Understanding and reducing sexual vulnerability of adolescent Orphans and Vulnerable Children (OVC) through effective programs.

Priority Question: What are the social and economic determinants of sexual vulnerability among adolescent orphans and vulnerable children (OVC)? What interventions are most effective in preventing or mitigating this vulnerability?

Name of Organization: Boston University
Center for International Health and Development
(Holds Project SEARCH OVC Task Order Contract)

Principal Investigator: Jonathon Simon, DSc

Length of Project: Three years

Goals of Project

- To better understand the different types of vulnerability experienced by OVC
- To assess the outcomes of different programs supporting adolescent OVC.
- To identify the interventions that are most effective, and most cost effective, in reducing the behaviors that lead to a greater risk among OVC of contracting HIV.
- To provide empirical evidence to inform the development and scale-up of interventions for adolescent OVC.
- To build capacity of in-country researchers and monitoring and evaluation personnel.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $400,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11384.09

Mechanism: Catholic AIDS Action (CAA)

Prime Partner: Catholic AIDS Action, Namibia

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 27471.09

Planned Funds: $0

Activity System ID: 27471

Activity Narrative: APRIL 2009: This activity was reprogrammed under Pact (6471.26989.09) when CAA did not pass its audit to become a prime partner. In COP09 CAA remains a sub-partner to Pact (and Intrahealth for HVCT).

Catholic Aids Action (CAA), an indigenous Namibian organization, is receiving PEPFAR funding as a prime partner for the first time this year. In previous years they were a primary sub-partner under PACT to build organizational and technical capacity.

CAA is one of Namibia's largest providers of community-based support to Orphans and Vulnerable Children (OVC) and with FY 2009 PEPFAR funding, CAA's community volunteers will deliver quality services to 16,500 OVC, of whom 60% are girls. Supervised by fulltime staff, 2,000 community volunteers provide psychosocial support, supervision and advocacy services. The volunteers themselves will be supported through quality monthly supervision, routinely receive refresher training, and trained in preliminary TB screening for all OVC to increase case finding (see CAA HVTB).

Of the 16,500 OVC receiving services, 70% (11,550) will receive at least three focused interventions from shelter and care, protection, health care, psychosocial support, education and vocational training, or food and nutrition. After-school programs that provide both psychosocial support and nutrition will target 1,380 OVC. All CAA key program staff are trained in male norms and will apply their knowledge and skills to their support for young boys in after-school programs. CAA will continue encouraging girls to join soccer teams, engaging them in sports rather than have them idle on the streets and vulnerable to sexual abuse.

CAA will also provide school uniforms and supplies to 7,000 of the most needy children it supports. CAA will continue to focus on school access for girls to decrease teenage pregnancies and trans-generational sex. The service represents not only a "material" intervention, but equally as important, it represents volunteer and staff time and compassion, ensuring that these children are regularly attending school and encouraging and motivating these children toward academic success.

Body mass index (BMI) and mid-upper arm circumference (MUAc) measurements as well as qualitative information interviews of caretakers are used to assess the impact of supplemental feeding. Staff and volunteers are trained to provide quality nutritional meals using locally available food stuffs. CAA will continue to evaluate feeding centers for environmental compliance as per USAID guidelines.

CAA will provide 500 secondary school scholarships and six university scholarships to selected OVC in "Saving Remnant," a program that receives additional support from private resources. CAA continues to work through the PEPFAR Public/Private Partnership Coordinator in collaborating with Namibian private sector donors to provide supplemental donations. Continuing programs include wrap around activities such as nutrition and food assistance to OVC and the development of small-scale businesses for older girl OVC and female care-givers.

CAA's Home Based Care volunteers (see CAA HBCS) will identify and refer OVC to CAA's OVC program and other public health services.

Along with other USG partners, CAA will continue to implement and improve on minimum quality standards for OVC services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11529.09

Mechanism: United Nations High Commissioner for Refugees

Prime Partner: United Nations High Commissioner for Refugees

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 28142.09

Planned Funds: $20,000

Activity System ID: 28142

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The United Nations High Commission for Refugees (UNHCR) operates in Namibia through a branch office in Windhoek and a field office at Osire in Otjiwarongo Region.

The Osire field office is dedicated to working in and with the refugee camp at Osire, which hosts, as of 31 July 2008, 6,582 refugees, most of which (74%) come from Angola, with the remainder coming from Burundi, DRC and Rwanda.

The total Osire camp population is nearly evenly divided between women and men, half of the camp population is under 17 years of age, and 35% is under 11 years. In addition, there are nearly 1,400 refugees that are non-camp based, but receiving support from UNHCR.

There are more than 300 orphaned children, half boys and half girls, all of which receive assistance from UNHCR. There are 63 unaccompanied minors and separate children, all attached to families, and three child-headed households. All the children attend school and are monitored by UNHCR community services.

Accurate data describing the total number of HIV positive children are unavailable, but there are at least seven children on ART at the local health center (MOHSS). PMTCT services have been provided to the refugees, and five babies were delivered and tested since January 2008, all testing negative.

The USG PEPFAR Team in Namibia intends to provide modest support to UNHCR efforts on behalf of OVC at the Osire camp. UNHCR has been supporting boys and girls clubs with a component on HIV education and prevention activities, but due to a lack of funds those activities have been scaled back to weekends only. Sexual and gender-based violence, while not at exceptionally high levels, is a concern and the subject of prevention initiatives. Finally, with an increasing number of teenage pregnancies resulting from some younger girls engaging in sexual activities in return of small amounts of money and/or toiletries, there is a compelling need to sustain prevention and education activities at the camp with the support of UNHCR.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1584.09

Mechanism: N/A

Prime Partner: Organization for Resources and Training

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 3782.26981.09 **Planned Funds:** $0

Activity System ID: 26981

Activity Narrative: APRIL 2009: This activity was reprogrammed under Pact (6471.26989.09). In COP09 ORT (KAYEC) remains a sub-partner to Pact .

This is a continuing activity with the Organization for Resources and Training (ORT), but in 2009 the activity will be reprogrammed to reflect a change in management of the activity to a new prime partner, Pact, under Pact's FY 2008 COP Activity ID# 6471.08.

For FY 2009 COP, early funding was requested for KAYEC Trust, a Faith Based Organization (FBO) sub-grantee, established in 1994, that is providing non-governmental vocational skills training. This request was made prior to the final results of a Regional Inspector General Audit and pre-award survey noting clear recommendations to correct internal control weaknesses of ORT, and ruling out direct funding to the sub-grantee.

KAYEC Trust continues to play a key role in delivering critical vocational services to OVC and caregivers, and the capacity building support previously provided by ORT as a prime will be transferred in FY 2009 COP to Pact to support key areas of financial and human resource management.

To date, ORT's program on Skills, Opportunities and Self-Reliance (SOS) has been giving young people in the Hardap, Khomas and Otjozondjupa regions of Namibia more opportunities and helping them make better choices. The program goal has been to ensure that the lives and development of OVC are enhanced and that their negative social and economic impact on households and communities is reduced, specifically in the towns of Windhoek, Rehoboth, and Otjiwarongo. During FY 2008 COP, support to government funded vocational skills training centers (COSDEC) will gradually decrease, as the government takes on stronger leadership and responsibility for the centers' operations. Support to the Rehoboth Aids Association (RAA) will also phase out, as umbrella coordination support will no longer be needed with active regional and local AIDS Councils. FY 2008 COP funds will enable the program to close-out, ensuring continued service delivery through indigenous organizations.

In FY 2009 COP, KAYEC Trust will continue its training portfolio, which consists of economic strengthening for caregivers through vocational training linked to SME support, as well as educational and psychosocial after-school youth programs (IYA) which aim to keep youth HIV/AIDS free, keep them in school, assist in upgrading their English and math skills, and promote life-skills, confidence, leadership, gender awareness and post-school training linkages.

KAYEC works in eight Namibian regions. Through its vocational training KAYEC plans to target 624 caregivers, and through its IYA intervention plans to target 1025 marginalized in-school-youth.

While support for the Namibian government-sponsored vocational skills training will phase out with the FY 2008 COP, critical vocational skills training to OVC and enhancing the lives and development of OVC remains intact and will be implemented by KAYEC Trust in FY 2009 COP. However, the prime partner will become Pact, Inc. and the request for early funding remains a priority.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16175

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16175	3782.08	U.S. Agency for International Development	Organization for Resources and Training	7370	1584.08		$700,000
7410	3782.07	U.S. Agency for International Development	Organization for Resources and Training	4408	1584.07		$660,640
3782	3782.06	U.S. Agency for International Development	Organization for Resources and Training	3070	1584.06		$615,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7833.09 **Mechanism:** HCD Coalition for Southern Africa

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 17639.26966.09

Planned Funds: $200,000

Activity System ID: 26966

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity focuses on developing sustainable human resources to support OVC programs in Namibia. During May and June 2007, the Ministry of Gender Equality and Child Welfare (MGECW), with the assistance of UNICEF and USAID, undertook an analysis of its human resources and other related capacities. The analysis highlighted five key issues for the MGECW: OVC as a national priority; coordination of the National Plan of Action (NPA); structure and staffing; resources; and, information dissemination.

One of the main challenges in addressing the OVC situation in Namibia is the lack of skilled human resources in both the public and civil society social service sectors. Existing systems and structures are overstretched and ill-equipped to cope with the demand to deliver comprehensive, quality services to meet the multidimensional needs of thousands of children and youth affected by HIV/AIDS. Meeting these needs requires government commitment and collaboration across ministries and between government and civil society. This should happen at the national, district, and local levels, coordinated by a strong government body with the support of international, national and local donors. Such efforts will create an enabling environment that harmonizes and strengthens the country systems and structures.

It was against this background that the MGECW conducted the aforementioned human resource (HR) and capacity gap analysis, with the overall purpose being “to review the roles and responsibilities of the Ministry staff, including social workers and record clerks at the national and regional level, and ascertain the capacity gaps that hinder fulfillment of their obligations towards children and women in the context of the HIV and AIDS pandemic in Namibia.” The high number of vacancies in social worker posts throughout the country negatively affects service delivery. Innovative ways of using current staff, incorporating the new cadre of Community Childcare Workers and appointing more of the same, and liaising with local volunteers and NGOs/CBOs is needed. Training will be a critical component of the success of the new structure and the increased staff component. Existing staff, newly recruited staff, and staff in newly created positions will need training to be oriented to slightly different priorities and responsibilities.

One of the analysis’ main recommendations was to place a senior advisor with MGECW for approximately 12-24 months to assist with the change management process, provide leadership training and guidance to senior staff, with special reference to building regional capacity and human resource planning. This position was funded in FY 2007 through PACT and backstop support from USAID’s regional HCD Coalition for Southern Africa but funding for this technical assistance (TA) will transfer fully under the Human Capacity Development (HCD) coalition in COP 2008.

The activities under the scope of work for this TA position include:

1) Developing an HR plan for the MGECW to identify short-, mid-, and long-term solutions to address HR needs and management processes, with special focus on strengthening regional capacity.

2) Finalizing and submitting recommendations for staff restructuring to accommodate decentralization, the Monitoring and Evaluation (M&E) unit, the implementation of the national OVC database system (17261.08), the secretariat for the Permanent Task Force (PTF), and an OVC Forum focal person.

3) Approaching development organizations to secure financing to cover the remaining 59 Community Childcare Worker positions for an interim period of up to one year, and advocating with the Government of Namibia for an increased budget allocation to support these positions.

4) Working with the University of Namibia to recruit and place fourth-year social work students in the regions and local constituencies for their practicum and subsequent employment and to secure funding for and allocate bursaries to students studying social work.

5) Ensuring service provision at the constituency level to make full use of all available ministry staff in building community capacity for both Early Childhood Development (ECD) and OVC services. Developing guidelines and agreements with civil society organizations to allow MGECW, at the constituency, regional and national levels, to use NGO and CBO volunteers to assist social workers and Community Childcare Workers. This assistance will increase and enhance services to OVC and caregivers at the community level, including referrals, home visits and providing information

6) Drawing up a plan and training schedule for new recruits, staff in newly created posts, and staff with new responsibilities and designing an induction or staff development plan.

7) Providing opportunities for leadership training and mentoring for senior staff.

8) Finalizing and submitting MGECW human resource (HR) and capacity gap analysis recommendations for staff restructuring to accommodate decentralization, the M&E unit, the implementation of the national OVC database system (see activity 17261.08), the secretariat for the PTF, and an OVC Forum focal person.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17639

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17639	17639.08	U.S. Agency for International Development	IntraHealth International, Inc	7833	7833.08	HCD Coalition for Southern Africa	$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7656.09

Mechanism: PACT TBD Leader with Associates Cooperative Agreement

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 6471.26989.09

Planned Funds: $4,932,835

Activity System ID: 26989

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$1,400,000 FUNDING CHANGE FROM CAA AND USD$420,000 FUNDING FROM ORT TO PACT**

USG will continue its OVC support to local organizations and relevant line ministries through Pact, an umbrella NGO that integrates local capacity building through grants. Pact's efforts reach beyond PEPFAR funded programs to strengthen organizational capacity, local ownership, and sustainability by addressing financial and programmatic accountability, including M&E and financial management, leadership, management, governance, and strategic direction. PACT will source targeted technical assistance to organizations and foster networking and communities of practice to assist in implementation.

Key focus areas for COP09 funds include:
1) Protection of OVC and strengthening support systems to assist victims of violence;
2) involving children in quality improvement;
3) further collaboration on the draft OVC quality standards;
4) development and implementation of tools to measure standards;
5) integration of prevention into OVC programs through technical assistance linkages with NawaLife (4048.08), Partnership for Health and Development Communications (16501.08), and others;
6) improving M&E and linkages into national systems; and
7) leveraging the private sector for supporting OVC with nutritional support and access to business skills training for OVC through PPPs.

In conjunction with UNICEF, Pact will support the MGECW's Child Welfare Directorate to improve the functionality of the OVC Permanent Task Force (PTF) and the newly established M&E unit. Pact will continue to provide targeted capacity builidng of national, regional, and local level staff for ensuring the improved functioning of the MGECW to deliver on the National Plan of Action for OVC. Pact will provide similar managerial and financial support to regional development committees and their OVC forums in 8 regions not covered by UNICEF. Requested and led by the OVC PTF's Technical Subcommittee, a national OVC database was created to assist the government in registering, tracking and supporting services rendered to OVC, including social welfare grants. With COP09 funds, Pact will continue to assist the MGECW extend use of the database to lower levels and NGOs with emphasis on routine use and feedback of information. PACT will continue to fund key positions (OVC advisor and M&E advisor) recommended by a USAID-UNICEF Human Resource and Capacity Gap Analysis that are approved by the MGECW. Pact will also phase out the volunteer support (in COP08) while MGECW fills critical staff on its new establishment. Pact will continue to support student social workers with bursaries and 4th year internship-Capstone support who are in financial need at the University of Namibia while ensuring a binding agreement between the students receiving support and the MGECW. Pact will also explore assisting the Ministry with solutions to transport issues.

Established to assist victims of sexual assault, Women and Child Protection Units lack appropriate staff to work with victims of violence to launch appropriate investigations and link with needed services. Pact will continue support to the Units and ensure involvement by MGECW, Ministry of Safety and Security (MOSS), MOHSS, UNICEF, and others working with OVC victims of violence. In COP08, to support the WCPUs (see above), Pact supported the solicitation of NGOs to strengthen protection services and enhance linkages between the various ministries. This activity will support removal of OVC from abusive situations and assist with placement into protection services. COP09 resources will improve victims counseling, the referral system, follow-up support, and promotion of community-based violence prevention of OVC.

Local NGO plans for COP09 resources include:

1. LifeLine/ChildLine, PEACE Center, and LAC have been selected from the RFA, and are under negotation. Activities will focus on supporting community based referral, prevention, and service systems to OVC victims of violence as well as other victims. Community facilitators, Court intermediaries, and community based messaging will be integral to the services, linked closely with the Women and Child Protection Units.

2. Reaching communities in 8 of 13 regions, the Evangelical Lutheran Church's AIDS program (ELCAP) utilizes existing church structures to target OVC ages 6-18 with primary direct support meeting quality standards in food/nutrition, education and psychosocial support. Specific activities include experiential learning camps, after-school programs, kids clubs, referrals to vocational training and economic assistance. ELCAP will continue to train caregivers to recognize symptoms and make effective referrals for health and protection services and to assist OVC in registration and accessing government social grants (cash transfers).

3. Building on the Regional Psycho-social Support Initiative (REPSSI) models, Philippi Trust has become the country's leader in psychosocial support for OVC; Philippi staff regularly provide trainings and technical assistance in psychosocial support to other PEPFAR-funded OVC and care programs. Though its own programs, Philippi will support OVC to increase self-esteem, self-reliance and address loss/bereavement through experiential learning camps and Kids Clubs. Philippi ensures communities are developed as supportive environments: the Journey of Life curriculum empowers local communities to be responsible for the care and support of OVC through influential leaders while following up with youth group leaders.

4. In COP08, Pact initiated a new solicitation to target high risk street children. This grantee (TBD) will continue with COP09 funds.

5. TKMOAMS uses their existing HBC program to reach OVC in 4 north central regions. HBC volunteers and community counselors will be trained in psychosocial support and caring for OVC to reach OVC in homes with emotional support, referrals to care and food support. TKMOAMS will provide services and leveraged food distribution at sites to provide OVC with life skills education including HIV prevention, social protection and psychosocial support and feeding (leveraged).

Activity Narrative: 6. The Rhenish Church AIDS Program (RAP) covers 16 congregations in 4 regions. RAP will support OVC with school uniforms, school and exam fees, experiential learning camps and an after school club assisting with homework and emotional support. RAP will link OVC with their prevention program (6470.08) Caregivers will be trained. RAP will also ensure that their rural OVC exercise their right to a social grant.

7. In 4 northern regions, Apostolic Faith Mission AIDS Action (AFM) will improve quality of its OVC program for OVC aged 5-18 by focusing on psychosocial support, basic life skills, leadership skills, spiritual support and referrals for basic health care in Hope Clubs for Children. Hope Club staff will supervise activities and will continue to be trained in psychosocial support by Philippi Trust. In a wrap-around program, AFM works with Africa Inland Mission and local primary school teachers to assist OVC with after-school tutoring at the Hope Clubs.

8. Sam Nujoma Multipurpose Centre (SNMPC) will target OVC aged 5-18 in the “Bright Future After School Program” with focused and structured age/sex segmented educational and life skills sessions and meals. SNMPC will assist OVC with access to government social grants (cash transfers), improve the quality of psychosocial support interventions, and focus on life skills, health/hygiene, and training of caretakers to provide OVC with such basic needs.

9. Legal Assistance Center’s (LAC) Aids LAW Unit will reduce the vulnerability of OVC by addressing discrimination and advocating for OVC rights. LAC will advocate for the reform of policies and laws that negatively impact OVC rights. With a “Voices of Children” advocacy tool, LAC will promote and protect children’s rights by empowering OVC and school principals and stakeholders in 8 regions. LAC will scale up is Community Child Rights Watch program and provide legal assistance and protection for OVC. This partner will link to the COP09 activities with the Women and Child Protection Units.

10. KAYEC Trust continues to play a key role in delivering critical vocational services to OVC and caregivers. In FY 2009 COP, KAYEC Trust will continue its training portfolio, which consists of economic strengthening for caregivers through vocational training linked to SME support, as well as educational and psychosocial after-school youth programs (IYA) which aim to keep youth HIV/AIDS free, keep them in school, assist in upgrading their English and math skills, and promote life-skills, confidence, leadership, gender awareness and post-school training linkages. KAYEC works in eight Namibian regions. Through its vocational training KAYEC plans to target 624 caregivers, and through its IYA intervention plans to target 1025 marginalized in-school-youth. While support for the Namibian government-sponsored vocational skills training will phase out with the FY 2008 COP, critical vocational skills training to OVC and enhancing the lives and development of OVC remains intact and will be implemented by KAYEC Trust in FY 2009 COP. However, the prime partner will become Pact, Inc. and the request for early funding remains a priority.

11. Catholic Aids Action (CAA) is one of Namibia’s largest providers of community-based OVC support. CAA’s 2000 community volunteers will deliver quality services to 16,500 OVC. Of these, 70% (11,550) will receive at least 3 focused interventions from shelter and care, protection, health care, psychosocial support, education and vocational training, and food and nutrition. After-school programs that provide both psychosocial support and nutrition will target 1,380 OVC. Body mass index (BMI) and mid-upper arm circumference (MUAc) measurments as well as qualitative information interviews from caretakers are used to assess impact of supplemental feeding. Staff and volunteers are trained to provide quality nutritional meals using locally available food stuffs. CAA will continue to evaluate environmental compliance with feeding centers per USAID guidelines. CAA will provide school uniforms and supplies to 7,000 of the most needy children it supports. This represents not only a "material" intervention, but equally as important, it represents volunteer and staff time and compassion, ensuring that these children are regularly attending school and encouraging and motivating these children toward academic success. Supervised by fulltime staff, 2,000 community volunteers provide psychosocial support, supervision, & advocacy and routinely receive refresher training. These volunteers are supported through quality monthly supervision. HBC volunteers (See CAA HBCS) will identify & refer OVC to CAA’s OVC program and other public health services. Along with other USG partners, CAA will continue to implement & improve on minimum quality standards for OVC services. CAA provides secondary school scholarships to selected OVC in “Saving Remnant”, a program further supported by private resources. CAA volunteers will also be trained in preliminary screening for all OVC for TB to increase case finding (see Pact HVTB)

Pact and CAA continue to work through PEPFAR public/private partnership coodrinator Mary Jordan to collaborate with Namibian private sector donations to continue wrap-around nutrition programs for food assistance to OVC. Additionally, an additional public/private activity will develop small-scall businessess for older OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16180

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16180	6471.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$4,082,493
7415	6471.07	U.S. Agency for International Development	Pact, Inc.	4409	4072.07	Community REACH	$3,903,594
6471	6471.06	U.S. Agency for International Development	Pact, Inc.	4072	4072.06	Community REACH	$2,408,694

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $3,097,667

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $15,253

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $20,811

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $94,594

Education

Estimated amount of funding that is planned for Education $515,081

Water

Estimated amount of funding that is planned for Water $2,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1505.09 **Mechanism:** Project HOPE

Prime Partner: Project HOPE

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3779.26998.09

Planned Funds: $935,181

Activity System ID: 26998

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In 2005, Project HOPE began the "Sustainable Strengthening of Families of Orphans and Vulnerable Children" project (18235.08, 3782.08). The foundation of this project is to expand Project HOPE's Village Health Fund (VHF) methodology to families supporting and caring for OVC in Namibia. This is done by providing micro loans to groups of women to start or expand their income generation activities along with valuable health education in a capacity building environment. The micro loans enable women who are otherwise constrained by unemployment and lack of ownership of assets to invest in economically productive activities. The project has expanded to reach elderly caregivers, orphan headed households, and young girls/women throughout Northern Namibia. The educational component has a different focus depending upon the target group. For OVC caregivers, the education will focus upon strengthening the capabilities of these OVC providers and caretakers to provide valuable care and support across multiple domains to OVC. For young women, the education component focuses on prevention messaging, with a particular focus on high risk behaviors like transactional and cross-generational sex. Through the VHF groups, selected volunteers will also be trained to provide education, counselling, and other services directly to OVC and young women.

Project HOPE is a Track 1 Partner with an agreement in place for 2005-2010 and also receives funding from the country office. In FY 07, Project HOPE underwent an assessment of their program direction and implementation, which resulted in a new project alignment between country funding program and Track 1 scope of work. Under the Track 1 agreement, HOPE works with female OVC caregivers between the ages of 24 and 60 years in the Oshana, Omusati, Ohangwena, and Oshikoto (North Central) Regions. The country funding program supports work with elderly and OVC heads of households in the North Central Regions and prevention activities with young women in the Kavango and Caprivi Regions. To date, over 1,900 female caregivers of OVC in the North Central Regions are participating in the program. Approximately 100 households headed by elderly or OVC were added in FY 08. It is estimated that by the beginning of FY 2010, Project HOPE will have 2,800 caregivers actively participating in its Village Health Fund program. Analysis of data collected from our member profile tool indicates that the average OVC caregiver we serve has 3.5 OVC in her household. With 2,800 caregivers accessing micro loans, we will be reaching 9,800 OVC with direct economic strengthening services in FY10.

During FY10, Project HOPE will begin to focus heavily on a deepening of the quality of services provided to the households it reaches. Expansion of activities will be limited in comparison to previous years with focus shifting toward ensuring that the economic impact of the Village Health Fund program and the care and support services available to OVC are well monitored and delivered in accordance with best practices learned since program inception in 2005. This shift in focus is reflected in the reduction of activities in areas such as training new volunteers and forming new Village Health Funds.

In addition to continuing to manage and oversee a network of nearly 300 volunteers and provide direct economic strengthening to approximately 9,800 OVC in the 2,800 households being served by the end of FY09, Project HOPE plans to carry out the following activities as preparation for the culmination of the 5 year Track 1 award in FY10 [HKID (Tr 1) 3779.08]:

Activity 1: Training of 100 OVC caregivers participating in VHB loan groups in OVC care & support.
- 100 OVC caregivers receive first micro loan from Project HOPE and complete the 16 session care and support training in the period.
- These activities will be carried out in the Ohangwena, Omusati, Oshana, Oshikoto and Kavango Regions.

Activity 2: Training of existing Family Resource Persons (FRPs) to provide support to OVC caregivers.
- Training during Q1 of 286 existing FRPs to support caregivers through home visitations to assess living situation for adequacy of shelter and care--these trainings will be focused on ensuring that previously trained FRPs are conducting thorough assessments and linking households to needed services with 100% efficacy.

Activity 3: Training of 500 OVC caregivers not receiving economic strengthening in OVC care and support.

Activity 4: Incorporate priority linkages/referrals to partners for key ancillary services for OVC.
- 20% of OVC in all caregiver households served in period.

Activity 5: Support and participation in networks of organizations allied around the needs of OVC and HIV and AIDS.

Activity 6: Collect socioeconomic data on caregivers and OVC through member profile and parenting map.
- 100 member profiles collected for all first time recipients of micro loans.
- 380 parenting maps collected for all OVC under care of first time loan recipients.
- All outstanding 12 month follow up member profiles and parenting maps collected.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16198

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16198	3779.08	U.S. Agency for International Development	Project HOPE	7375	1505.08	Project HOPE	$805,000
7416	3779.07	U.S. Agency for International Development	Project HOPE	4410	1505.07	Project HOPE	$861,679
3779	3779.06	U.S. Agency for International Development	Project HOPE	3067	1505.06	Project HOPE	$382,474

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $21,725

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $4,800

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 12176.09

Mechanism: TBD-OVC/Prev RFA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3781.26948.09

Planned Funds: [redacted]

Activity System ID: 26948

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$930,000 FUNDING CHANGE FROM AED TO TBD**

The Academy for Educational Development (AED) prevention activities with the Ministry of Education (MOE) have been focused on reducing the number of new HIV infections among teachers, learners and their families, and mitigating the impact of HIV/AIDS on these persons. AED has been funded through an associate award mechanism that is anticipated to end in October 2009. There is currently an external evaluation planned to review the impact of development assistance on the education sector through USAID Development Assistance resources. USAID's education sector program will come to an end in September 2009. As such, USAID/Namibia will work closely with the USG Namibia Team as well as chairs of the Prevention and OVC Technical Working Group in OGAC to design an RFA that continues to support the National Plan of Action for HIV/AIDS (MTP-4) and contributes to the USG/GRN Partnership Framework goals.

With the decentralization of education services to regions, the influx of technical assistance and support from the Millennium Challenge Corporation, and the increased emphasis on USG coordination with development partners, USAID plans to seek support from the OGAC TWG co-chairs of OVC and Prevention, the in-country USG team, and the respective Ministries to design a competitive HIV/AIDS intervention within the Education system and/or with OVC that focuses on:
• preventing new infections among OVC;
• supporting early identification, diagnosis, and treatment of those OVC that are HIV positive
• preventing HIV positive OVC from re-infecting others
• targeting higher risk OVC engaging in transactional sex
. providing psychosocial support to OVC, especially OVC living with HIV/AIDS

Recent 2006/7 National Demographic Health Survey data showed an overall increase in the number of orphans and vulnerable children since 2000. DHS data also revealed that teenage orphans and vulnerable children may be at a greater risk of early sexual debut in Namibia because they may lack adult guidance to help them to protect themselves. In fact, young women who are OVCs are more likely to have sex before age 15 than non-OVCs. According to the Ministry of Health and Social Services in Namibia, there is an average of 40 new HIV infections everyday in Namibia, 43% of which are amongst the 15-24 year old age group.

It is critical for USAID/Namibia to program strategically, potentially build on a foundation of support to the education sector, and consider the right balance of a combination of prevention interventions appropriate to Namibia's generalized epidemic setting. USG Namibia must enter into a partnership agreement/compact with the GRN. As such, investments made in OVC prevention/education over the next five years must also be clearly articulated and coordinated with a reciprocal partnership agreement from the GRN.

The GRN held a mid-term review of their National Strategic Plan on HIV/AIDS Medium Term Plan III (2004-2009) (MTP III), and analyzed the efficiency, effectiveness, relevance, equity, and inclusiveness of their multi-sectoral response to the epidemic. Twenty three years after seeing the first infection in country, it is clear that Namibia is beginning to see a feminization of the epidemic, decimation of its productive working age population in-country, and growing prevalence rates of HIV infection among the female population (young girls). Orphans continue to grow without the nurture and care of parents, and a younger generation is faced with hard choices for survival. Recent antenatal clinic surveillance data points to a potential decease in prevalence amongst youth, however the data is difficult to extrapolate and correlate to a decline in overall prevalence across the country.

USAID/Namibia Mission will seek out technical support from OGAC and the USG Namibia team to design the most cost-effective, high-impact intervention that will improve the provision of quality HIV/AIDS prevention, care and treatment services to OVC. The final TBD partner will be selected based on an RFA that reviews the current array of OVC and prevention programs, look strategically for programming gaps in the respective portfolios, and analyzes data in country to target interventions that are age-appropriate and evidence-based. The intervention will also have an programmatic evaluation component to guide further expansion, and address key issues related to stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16114

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16114	3781.08	U.S. Agency for International Development	Academy for Educational Development	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	$930,000
7400	3781.07	U.S. Agency for International Development	Academy for Educational Development	4403	1583.07		$867,915
3781	3781.06	U.S. Agency for International Development	Academy for Educational Development	3069	1583.06		$1,037,743

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8318.09

Mechanism: NPI/CAFO

Prime Partner: Church Alliance for Orphans, Namibia

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 18990.26951.09

Planned Funds: $400,000

Activity System ID: 26951

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is supplementing the potential central cost-extension for NPI Round One partners.

During COP09, 2250 OVC will receive primary and supplementary support. The targets set are the same as COP08. The target calculation is based on the assumption that each of the 15 subgrantees will provide services to 150 children which gives us the total of 2,250 OVC served.

We are only referencing the funds allocated through the in-country funding level (previously part of the PACT allocation), which is US$400,000. We have not received any formal feedback from NPI regarding the Central funding in COP09.

Please review the activity narrative from COP08:

In this continuing activity, CAFO is now a prime partner implementing an expanded program: Helping Under -served OVC Grow and Succeed (HUGS). CAFO will seek to improve the quality of life for Namibia's children by building the capacity of churches and faith-based groups to provide sustainable compassionate, comprehensive care to OVC and their care-giving families in the country's 13 political regions.

Namibia's Church Alliance for Orphans (CAFO) was launched in October 2002 with 6 member churches and has grown to 368 member congregations and FBOs since then, working through 68 ecumenical committees in 25 specific political constituencies in all 13 regions of Namibia. CAFO aims in its programs to avoid overlap with other USG-funded initiatives and other development partners providing similar support. Concerted efforts are made by the members in coordinating with the other partners to ensure duplication is avoided. With New Partners Initiative (NPI) funds, CAFO is currently working in 20 constituencies in 10 regions.

CAFO continuously network with stakeholders, Such collaboration exists with the Ministry of Gender Equality and Child Welfare (MGECW) to ensure that Namibia's children's rights are met through quality service delivery. Through support from UNICEF CAFO has been able to train caregivers in Children's right and access to ART workshop - This training has equipped the caregivers who are working with the children with skills and knowledge to identify children whose rights are violated and further help these children to cope with the challenges they face in their lives. It also focused on clarifying issues regarding HIV prevention and access to ARVs.

CAFO currently chairs the National Subcommittee on Care and Support under the country's national OVC Permanent Task Force, and will continue to advocate for and ensure the registration of all OVC under the Ministry of Gender Equality and Child Welfare (MGECW), and promote access to social grants for eligible OVC.

CAFO will conduct local field-visits for needs-assessment, promote children's rights through advocacy and provide small grants to local organizations to conduct OVC activities at the congregational level. The Small Grants Guideline has been revised by AED (TA support under NPI) to ensure the guidelines are in compliance with the USG Regulations. Ultimately, CAFO hopes that all local congregations assisted by CAFO should have at least one ongoing OVC-focused program which could be an after-school program, supplementary feeding, regular home-based care visits, or an early childhood development program targeted to the most needy OVC (those who are consistently lacking in three or more of the seven core service areas, lack food and nutritional support and OVC who are at risk of not attending school). CAFO is sensitive towards family-based approach, in which gender equality is key within its operations. Therefore, CAFO's programmes aim at gender equality throughout, even positively promotes it through its training and activities, such as advocacy issues.

In 2009, fifteen sub-grantees in total, (depending on the OVC numbers and needs, the sub-grantees could be inter-denominational CAFO Committees or organizations running individual projects), will be supported. CAFO will through its Technical Advisory Committee, which assesses proposals, determine the amount to be allocated per subgrantee, in order to ensure efficiency and quality; Each of these sub-grantees will be awarded approximately $ 16,400 per year which will include small administration costs. The final amount allocated per subgrantee will be based on their application submitted. Each sub-grantee will identify a volunteer who will assist in the Monitoring and Evaluation (M&E) of projects, data entry, and report writing. Ten (10) Regional support (part-time staff contracted by CAFO) will be recruited to provide technical support to members (referring to subgrantees) that successfully applied through the Technical Advisory Committee; Funds are allocated to subgrantees based on their applications submitted. The successful projects that will be approved through the TAC by the Board of Trustees will receive the funding.

CAFO will on a regular basis provide training and follow-up support to 225 sub-grantee care-givers on issues of accountability, such as Program/Financial Management, M&E and Quality Assurance; Psycho-social Support (PSS), HIV prevention, Care and Treatment; Children's Rights, advocacy and social mobilization and economic strengthening to improve household incomes and help sustain the care and support of OVC. The 15 subgrantees will also participate in CAFO's Annual General Meeting. Through community mobilization, training of caregivers and community leaders, coordination and policy formulation with local government authorities and community leaders, CAFO sub-grantees will provide OVC with the following core services: psychosocial support, access to educational programs, and food/nutrition support, with referrals and linkages to other partners, and improved access to basic health.

The number of children served will increase according to the training and capacity building provided. Quality of care will be emphasized and assured through a rigorous M&E system, and the requirement that all OVC served must receive at least three or more of the PEPFAR core services. CAFO is encouraging the establishment of local OVC Kids' Clubs and Church Youth Groups to design and implement their own OVC-support activities, and caregivers will receive training on child rights and how to assist the Youth to manage

Activity Narrative: a Kids Club. This will equip caregivers to minimize injustices currently experienced by the children.

Sustainability and an exit strategy will be achieved through capacity-building at the community-level, integration of HIV-prevention messages and activities that promote economic strengthening and support provided to caregivers and OVC beneficiaries. Training will systematically integrate prevention-education, counseling and testing and medical referrals with follow up verification. CAFO will also work with a variety of groups, community leaders, FBOs, child care forums and family members to respond in the best interest of the children to address issues of stigma and discrimination and to create a positive and enabling social environment for OVC.

An additional component critical to the success of the OVC program, is effective and reliable data collection systems for monitoring and evaluation. Through technical support from Peace Corps CAFO has developed a database that will be used by the sub-grantees to record OVC numbers and services. This information will then be forwarded to the MGECW to minimize duplication of OVC records nationally. With assistance from CAFO, the OVC forum network will provide the structures to scale up the recording and analysis of database. Unfortunately with the delay within the MGECW the process of networking or sharing the database has not yet been determined and is an area that will enjoy priority in the next phase of implementation.

United Nation's Children Fund (UNICEF) contributes to the administrative expenses of the organization, to assist10 OVC community projects. Additional support includes resources to support governance activities, capacity building at the regional offices and the roll out of the Journey of Life program. Approximately two thousand (2000) OVC will be reached under the financial support from UNICEF. CAFO will provide Journey of Life training to the caregivers and follow up to ensure effective implementation of the skills whilst providing on site technical backstopping.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18990

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18990	18990.08	U.S. Agency for International Development	Church Alliance for Orphans, Namibia	8318	8318.08	NPI/CAFO	$333,322

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$50,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$75,000

Education

Estimated amount of funding that is planned for Education	$25,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	1376.09	**Mechanism:**	N/A
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	8016.27011.09	**Planned Funds:**	$361,811
Activity System ID:	27011		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Continued funding is requested for the OVC Technical Advisor position based in Namibia.

The Advisor will assist with planning, management, implementation, and evaluation of OVC programs and activities.

He or she will represent the USG at a multisectoral level through membership in the National OVC Permanent Task Force.

The advisor will work in close collaboration with other USAID sectors to identify leveraging opportunities, maintain close contact with USG care partners, UNICEF, and the Global Fund, and serve as the key liaison with the Ministry of Gender Equality and Child Welfare and Ministry of Education on OVC matters.

He or she will work closely with the MOHSS, MOE, Ministry of Home Affairs, and Ministry of Safety and Security, provide onsite technical support and policy guidance to implementing partners, and manage an $8 million OVC portfolio.

He or she will raise awareness of challenges faced by implementing partners to GRN counterparts, and work closely with the MGECW Permanent Secretary to tackle higher level policy and operational issues bottlenecking implementation of OVC direct services.

The Advisor will work closely with the Regional HIV/AIDS Program OVC Advisor to strengthen HIV/AIDS programming for OVC in Namibia and will liaise directly with ministerial and implementing partners to share best practices.

Funding also provides continued support for a program assistant that closely assists the OVC Advisor with management of the OVC portfolio. The program assistant position is split between HKID and HBHC, since the program assistant will also support the Care and Nutrition Advisor.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16234

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16234	8016.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$75,000
8016	8016.07	U.S. Agency for International Development	US Agency for International Development	4402	1376.07		$72,365

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4667.09

Mechanism: N/A

Prime Partner: Project HOPE

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 8026.27000.09

Planned Funds: $1,060,000

Activity System ID: 27000

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In 2005, Project HOPE began the "Sustainable Strengthening of Families of Orphans and Vulnerable Children" project. The foundation of this project is to expand Project HOPE's Village Health Bank (VHB) methodology to families supporting and caring for OVC in Namibia. This is done by providing micro loans to groups of women to start or expand their income generation activities along with valuable health education in a capacity building environment. The micro loans enable women who are otherwise constrained by unemployment and lack of ownership of assets to invest in economically productive activities. The project has expanded to reach elderly caregivers, orphan headed households, and young girls/women throughout Northern Namibia. The educational component has a different focus depending on the target group. For OVC caregivers, the education will focus upon strengthening the capabilities of these OVC providers and caretakers to provide valuable care and support across multiple domains to OVC. For young women, the education component focuses on prevention messaging, with a particular focus on high risk behaviors like transactional and cross-generational sex. Through the VHF groups, selected volunteers will also be trained to provide education, counseling, and other services directly to OVC and young women.

Project HOPE is a Track 1 Partner with an agreement in place for 2005-2010 and also receives funding from the country office. In FY07, Project HOPE underwent an assessment of their program direction and implementation, which resulted in a new project alignment between country funding program and Track 1 scope of work. Under the Track 1 agreement, HOPE works with female OVC caregivers between the ages of 24 and 60 years in the Oshana, Omusati, Ohangwena, and Oshikoto (North Central) Regions. The country funding program supports work with elderly and OVC heads of households in the North Central Regions and prevention activities with young women in the Kavango and Caprivi Regions. To date, over 1,900 female caregivers of OVC in the North Central Regions are participating in this program. Approximately 100 households headed by elderly or OVC were added in FY08 and another 200 are expected to be added in FY09.

During FY10, Project HOPE will begin to focus heavily on a deepening of the quality of services provided to the households it reaches. Expansion of activities will be limited in comparison to previous years with focus shifting toward ensuring that the economic impact of the Village Health Fund program and the care and support services available to OVC are well monitored and delivered in accordance with best practices learned since the Sustainable Strengthening of Families of Orphans and Vulnerable Children Program began in 2005. This shift in focus is reflected in the reduction of activities in areas such as training new volunteers and forming new Village Health Funds.

During FY10, Project HOPE plans to carry out the following activities with COP09 funding:

Activity 1: Continued economic strengthening provided to 300 elderly and junior head of household OVC caregivers participating in VHF loan groups and completion of OVC
care and support training for caregivers enrolled in FY09.
- 100 OVC caregivers who received first micro loan during FY 09 complete the 16 session OVC care and support training during the period.
- Subsequent loans of higher amounts made available to the 300 caregivers enrolled since FY 08, contingent upon repayment history.
- Ongoing business skills training provided to all active loan recipients.

Activity 2: Collect socioeconomic data on caregivers and OVC through member profile and parenting map.
- All outstanding 12 month follow up member profiles and parenting maps collected.

Activity 3: Enroll and provide bursaries for 50 OVC to complete vocational training programs and support graduates in securing apprenticeships with local enterprise. Vocations to include plumbing, welding, general electrical, culinary arts/hospitality, hydroponics and others.

Activity 4: Project HOPE began exploration of expanding its OVC services in FY08 to include food and nutritional supplementation. Activities in FY08 included: participating in a strategic task force on Enriched Mahangu Porridge, pilot test of a prototype mix, discussions between possible suppliers and processing plans. The aim of these activities is to coordinate the efforts of several stakeholders to produce a nutritional supplement that can be made available for food aid distribution programs throughout Namibia. Project HOPE would broker the procurement and processing of inputs grown by local suppliers for an Enriched Mahangu Porridge that would be produced at local plants and made available for purchase by NGOs. At a later stage, if the product proves to have a viable market, it will be made available for purchase to Project HOPE's VHF members at wholesale prices to retail in communities as an IGA (to occur at later stage once product has proven to have viable market). In FY 09, further steps need to be taken to realize the production and distribution of the Fortified Mahangu Cereal:
- Further product testing to achieve the most palatable mix.
- Purchase agreements with local NGOs to secure a market for the product (CAA has verbally agreed to be primary partner).
- Signing of MoU between Project HOPE, COSDEC and NNFU—this MoU will outline the various arrangements that will ensure no breakdowns occur in the supply chain.

Activity 5: Project HOPE Namibia entered the Kavango and Caprivi regions in FY08, replicating the Village Health Fund methodology used in their micro credit program for OVC caregivers to empower young women ages 15-24 years while integrating prevention education to address the societal issues driving cross-generational sex, transactional sex and multiple partner concurrency. A portion of the women reached with direct economic strengthening via micro loans and health care services through prevention education are under the age of 18. The limited economic opportunities available to these young women result in susceptibility to coercion into transactional sexual relationships. This vulnerability constitutes a need for care through prevention activities that not only increase awareness of risk behavior, but expand access to counseling services and psycho social support. To ensure these OVC are receiving needed services, the prevention activities funded under HVAB are being incorporated into HKID country funding. Targets linked

Activity Narrative: to these activities are listed under the HVOP portion of this document.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16201

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16201	8026.08	U.S. Agency for International Development	Project HOPE	7376	4667.08		$730,000
8026	8026.07	U.S. Agency for International Development	Project HOPE	4667	4667.07		$650,311

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $51,850

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $120,000

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7926.09

Mechanism: TBD/ CASU Follow on

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 18208.26943.09

Planned Funds: [redacted]

Activity System ID: 26943

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

In this continuing activity, funding is requested to cover technical assistance provided by the Regional OVC Technical Advisor and other expert personnel to Namibia’s HIV/AIDS Program in the areas of OVC and Human Capacity Development (6471.08). Assistance will be provided to the USG Namibia team and implementing partners not only through on-site assistance but along through continuing contact via telephone and email.

The Advisors will work with the USAID/Namibia OVC Technical Advisor to strengthen OVC programming in Namibia and will provide assistance based on experiences elsewhere in the southern African region.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18208

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18208	18208.08	U.S. Agency for International Development	To Be Determined	7926	7926.08	TBD/ CASU Follow on	[redacted]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 599.09

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 19153.25936.09

Planned Funds: $282,400

Activity System ID: 25936

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Orphans and Vulnerable Children (HKID) Activities:
HKID Funds are requested to support four (4) 2-year PCVs who will be encouraged to support cross cutting activities in Namibia through their primary and/or secondary assignments related to orphans and vulnerable children. Such activities include capacity building through lifeskills training, income generating projects, soup kitchens, alternative technologies, proposal writing, gardening, nutrition, and awareness raising on HIV/AIDS and other related issues. PCVs collaborate with local counterparts to enhance services and activities to improve the quality of life for OVC and their HIV/AIDS affected families.

4 PCVs
Through the CHHAP project, four PCVs will support institutional capacity for HKID. PCVs work directly with host agencies and counterparts to identify community needs and priorities related to OVC and to promote local services and community-based action on behalf of the OVC. For example, PCVs are assigned to community based organizations to strengthen the services for OVC, with special emphasis on improving access to nutrition, education, protection, shelter, psychosocial support, economics and healthcare. Additional efforts will be made to help reduce stigma and discrimination associated with becoming an orphan as a result of HIV/AIDS. PCVs also work with local organizations and community groups to build capacity in the areas of home based care, prevention outreach programs and the development and distribution of local Information, Education and Communication (IEC) materials available service options for OVC. In accordance with each organization’s capacity, PCVs will strengthen operational capacity in care activities for at affected and infected populations of youth. PEPFAR-funded PCVs also bolster institutional capacity through program development, proposal writing and fundraising for care and support for OVC.

VAST Grants
HKID funds will be made available to PCVs who apply, with their communities and counterparts, for small grants to support community-based initiatives on care, support and capacity building for OVC. Consonant with VAST guidelines, planning, implementation, and counterpart funding will be required of the community for eligibility. It is expected that many of the VAST grants will promote care and life skills training through activities such as youth clubs, community gardens, soup kitchens, solar cooking and fuel efficient stoves, community cinemas, sewing and handcrafts, community mobile drama groups, and after school programs for psychosocial support. VAST funded projects will target OVC infected or affected by HIV/AIDS, as well as their caregivers. VAST funds will be used to initiate IGA for OVC to curb trans-generational sex and reduce economic dependency and gender based violence. PCVs and counterparts will be encouraged to design projects to improve the capacity of communities, families and organizations to respond to OVC needs. Projects will also encourage OVC to delay early sexual debut, adopt healthy life styles and develop positive coping methods that will reduce the incidence of household stress, alcohol consumption, and HIV/AIDS infection.

Training/Technical Assistance
HKID funds will be requested to improve the delivery of technical and training assistance related to care and support for orphans and vulnerable children. PC/N will organize Pre-service training (PST) and In-service training (IST) aimed at PCVs in Group 31 and their counterparts working on related issues during their two-year service. Sessions will include cultural aspects related to HIV/AIDS, the epidemiology of HIV/AIDS in Namibia, sector responses to HIV/AIDS, gender norms, approaches to community entry, and the use of assessment tools. The following events will be held in FY09.

1. Trainees/Volunteers and some counterparts in FY09 will receive HKID specific instruction during their Pre -Service Training (PST) and In-Service Trainings (IST). Sessions will include cultural aspects related to youth and OVC, the epidemiology of HIV/AIDS in Namibia, sector responses to HIV/AIDS, gender norms, approaches to community entry and the use of assessment tools. As PCVs gain more experience in the field, additional sessions on resiliency training focusing on enhancing Volunteer support in areas of high morbidity and mortality rates.

2. PCVs/counterpart workshops will include some topics related to HKID such as stigma reduction, participatory youth development, ASET, IGAs, community gardening, home based care approaches, and monitoring and reporting (M&R). These trainings will also provide a forum for obtaining systematic feedback on community norms and behaviors associated with OVC care and support.

3. Project Design and Management (PDM) training will be conducted for volunteers and their counterparts to ensure success of projects planned and implemented to benefit OVC and their communities.

Materials/Equipment/Supplies
Training materials incorporating language and cross culture will be developed to enhance competencies for PCVs involved in OVC activities. These materials will be translated into target languages, as needed, for PCVs to use at the community level. Through the PCV/counterpart training and the provision of training materials, the targeted beneficiaries will be OVC and their caregivers.

Other
1. Camp GLOW and other national capacity building events are planned annually by PCVs and counterparts to reach out to the Namibian youth and OVC with information on HIV/AIDS and life skills. HKID funds will be used to support training of facilitators, PCV counterparts and some of the logistical expenses of the camp. Funding will be utilized to support Camp GLOW activities at two different levels. One event will be the national camp GLOW held in Windhoek. A smaller camp GLOW EWA will occur at the regional level in the northern part of the country.

2. The Gender and Development (GAD) committee extends programmatic support to PCVs and counterparts to enable them to better serve their communities in HIV/AIDS related activities/efforts as they relate to gender norms and behavior change. Post will use HKID funds requested for the GAD committee to support the PCVs involved in GAD activities and Male Involvement in HIV/AIDS. PCVs become change

Activity Narrative: agents by raising awareness among boys and girls, men and women. 3.6k will be requested from HKID funds for GAD activities.

3. The Diversity Committee extends programmatic support to enhance the PCVs and counterparts' efforts create awareness about the Namibian diversity among the community members with whom they work. Post will use HKID funds towards the annual diversity tour that is organized by this committee and their counterparts and incorporates life skills and behavior change information as a strategy for HIV/AIDS prevention and a mechanism for reducing stigma and discrimination. 3.6k will be requested from HKID funds for Diversity Committee activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19153

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19153	19153.08	Peace Corps	US Peace Corps	7394	599.08		$317,900

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $55,591

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1575.09

Mechanism: Track 1

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3780.27473.09

Planned Funds: $0

Activity System ID: 27473

Activity Narrative: NEW/REPLACEMENT NARRATIVE

For the first three years of FABRIC beginning in 2005, FHI's main partner in Namibia was the Church Alliance for Orphans (CAFO), to which it has successfully provided capacity building, training, policy formulation and support for small grants to local congregations and Faith Based Organizations (FBOs). In turn, these sub-grantees (in 7 regions of the country) provided direct care and support to over 3000 Orphans and Vulnerable Children (OVC). CAFO has since graduated into direct funding under the New Partners Initiatives (NPI). Hence, in FY 2008 COP, FHI/FABRIC began working with Positive Vibes, an organization largely comprised of PLWHA, as their new FABRIC Implementing Agency (IA) for Namibia.

Prior to its engagement with FHI/FABRIC, Positive Vibes implemented the Children's Voices project, which builds on experimental learning and communication techniques for children living with and directly affected by HIV/AIDS, on a pilot basis. During its first year of operation under FHI/FABRIC, Positive Vibes aimed to provide quality services and care to 2500 OVC (500 directly and 2,000 indirectly) in the Omusati, Oshana, Ohangwena, Oshikoto and possibly the Khomas and Karas geographical areas. The start up phase included a needs assessment by piggy-backing on a Treatment Literacy Survey that was planned by Positive Vibes with the Social Marketing Association, NawaLife, the Rainbow Project, FHI, and Catholic AIDS Action.

Positive Vibes aims to once again serve 500 OVC directly and 3000 indirectly in its second year, which will operate on carry-over funds from FY 2008 COP and last through May 2010. As in the first year, 220 parents, caregivers and staff from partner organizations will be trained. It is hoped that most facilitators who were trained under FY 2008 COP will still be available, but some new facilitators will still need to be trained, especially for regions of the country that had not previously been covered.

The goal of the Children's Voices project is to give the children the confidence, opportunity and life skills with which to access needed services and make good decisions for the future. The project uses psycho-social support as its core service, and then adds legal protection training (e.g. child rights), and health education (e.g. HIV prevention, disclosure, testing and treatment) with referrals and follow-ups for children in need of additional assistance, especially those who are HIV+, eligible for government social welfare grants, and/or in need of protection from abuse and the abrogation of rights. Additionally, the project works with adult relatives, community leaders (including local clergy, church elders and FBOs), and national-level stakeholders to train them in the methods pioneered by Positive Vibes.

Through this approach, targeted children in this project (i.e. the children of PLWHA members and caregivers in 53 support groups, their siblings and peers, plus the children associated with partner organizations) will access quality, community-level services at four levels, via:

1. Direct service: Positive Vibes will provide the children with psychosocial support, health education and legal protection through its Children's Voices methodologies. Children will also have the opportunity to engage in an "empowerment project" where they take what they have learned and share it with others in the community via drama, posters, media (if available) and other outreach activities.

2. Services accessed in the community: through Positive Vibes modules and subsequent follow-up activities (which will be identified, designed and implemented by the children under the guidance of trained facilitators and support group members), the project will provide the participating OVC with a platform to access and, where necessary, advocate for improved social, welfare and legal services.

3. Training of OVC Parents and Caregivers; indirect services to OVC will be reinforced by working in parallel with the OVC parents and guardians, thereby preparing and assisting the adults to respond to the needs identified by their children through the Children's Voices activities;

4. Additional training and indirect services from FBOs and other service providers; Positive Vibes will also enhance the capacity of those responsible for providing pastoral care and other services to OVC under their care – e.g. FBOs, religious leaders, teachers, formal health and home-based care workers, and government social workers.

With FHI/FABRIC's assistance, Positive Vibes will work towards improving the quality of services provided to OVC in line with the QA standards adopted from the Ministry of Gender Equality and Child Welfare. In this second year, up to 70 local facilitators and 220 caregivers and agency-staff (from partner organizations) will be trained in some of the methods employed by Positive Vibes, such as AIDS & Me, Body Mapping, Tree of Life, Hero-Books, and the promotion of child-empowerment projects. It is hoped that there will be sufficient local facilitators from the first year to conduct all second-year activities, but if that is not the case then the budget will be adjusted or additional funding will be sought to provide additional training and mentorship support from the lead facilitator/s.

In FY 2008 COP, FHI/FABRIC began its capacity-building relationship with Positive Vibes through the TOCAT organizational assessment, in order to strengthen Positive Vibes' ability to implement, monitor and evaluate the project's activities, thereby ensuring that the quality of training, facilitation and implementation is maintained and that the necessary reporting requirements are met. This was with dual aim that: a) Positive Vibes can develop a group of community-based Children's Voices facilitators who can continue carrying out these methods in the future, and b) Positive Vibes will gain the administrative capacity and financial resources to scale up the project (directly or through partners) throughout the country. This process is expected to continue in FY 2009 COP.

FHI has hired a full-time Technical Officer to assist Positive Vibes in its management, technical, programmatic and community roles. Furthermore, in FY 2008 COP FABRIC requested an extension of the funding granted for October 2008-September 2009 for a 20 month period (at no extra cost - until 31 May 2010) in order to extend direct services to 500 OVC in each year (i.e. 500 + 500), train 440 caregivers, reach a total of 5000 children indirectly.

Activity Narrative: Positive Vibes will continue to advocate for the greater involvement of HIV-positive people (adults and children) from participating support groups, area networks and community-based forums. Within this context, FHI/FABRIC will support the continued distribution and use of a new curriculum on Counseling HIV+ Children that was drafted and tested in conjunction with Catholic Health Services and Lifeline-Childline, with the approval of MoHSS. Finally, FHI/FABRIC will assist Positive Vibes in its linkages with government agencies, Community AIDS Co-ordinating Committees (RACOCS and CACOCS), and non-governmental AIDS service organizations such as Yelula-Ukhai, the Social Marketing Association, CAFO, and Catholic AIDS ACTION.

In FY 2009 COP FHI/FABRIC and Positive Vibes will ensure quality of care and services to OVC through a rigorous Monitoring and Evaluation (M&E) system that will culminate with a national gathering of the organization's participants to disseminate "lessons learned." Furthermore, plans will be undertaken in FY 2009 COP to help Positive Vibes achieve long-term sustainability through direct funding with USAID and/or other donors. Finally, FHI/FABRIC and Positive Vibes will work to ensure that the methodologies and lessons-learned through the project are continued with little or no outside support at the community level wherever the project has been able to provide services. In the final months of the FABRIC project (June until mid-August 2010), FHI will work on the FABRIC close-out and write the final report.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16125

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16125	3780.08	U.S. Agency for International Development	Family Health International	7358	1575.08	Track 1	$530,446
7401	3780.07	U.S. Agency for International Development	Family Health International	4404	1575.07	Track 1	$218,797
3780	3780.06	U.S. Agency for International Development	Family Health International	3068	1575.06	Track 1	$333,563

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: $10,928,270

Program Area Narrative:

Namibia has a well established, functional HIV testing program. According to the Namibia Demographic and Health Survey (NDHS) of 2006/2007, among people aged 15-49, 87% of men and 92% of women knew where one could get an HIV test. Among women, 45% have ever been tested for HIV while 29% reported being tested in the 12 months preceding the interview. For men, 32% had ever been tested while 18% were tested in the 12 months preceding the interview. These data from the NDHS indicate men are less likely than women to be tested, a trend that is observed in the Annual Progress Reports (APRs) since 2004. Namibia's HIV testing program also includes testing in PMTCT settings. Two years preceding the NDHS survey, 73% of women who gave birth received HIV counseling during antenatal care for their most recent birth. Nearly all women tested received their results. According to the National HIV sentinel survey of 2006, HIV prevalence among pregnant women was 19.9%. Data for the 2008 survey are being analyzed. Using the spectrum model, adult National HIV prevalence is estimated to be 15.3%.

Given the high HIV prevalence, the government of Namibia has prioritized intervention to increase the number of individuals who know their HIV status. The HIV testing program continues to be faced with a number of challenges including, but not limited to, human resources, appropriate infrastructure, low couples and male uptake, and access to testing services. Two principal approaches have been adopted for HIV testing: (1) facility-based HIV testing including client initiated and provider initiated testing and counseling, and (2) community-based testing. The community-based component is delivered through stand alone sites (i.e. New Start sites). In the future, a work place program will be integrating HIV testing.

Since COP04, counseling and testing (CT) activities have included technical assistance to the Ministry of Health and Social Services (MOHSS) at the national level. The CT Technical Advisor supports the MOHSS in the development of national guidelines, curricula and training, as well as the establishment of rapid HIV testing and quality assurance (QA). Other support to MOHSS includes HIS support, health facility renovations, and procurement of CT test kits and consumables. Namibia's HIV testing program has been successful in rolling out Rapid HIV Testing (RT), availing more clients to their results on the same day of testing and allowing referral for appropriate services. In COP09, USG support will continue to enable the rollout of RT services to more health facilities, as well as CT training for health workers.

To address the human resource constraints, the USG is also supporting a very innovative strategy of utilizing community counselors (CCs) for the provision of CT services. The introduction of CCs in mid-2005 has been a major boost for provider-initiated integrated CT services as well as voluntary counseling and testing in community-based centers. These CCs are equipped to deal with clients in a wide range of settings including PMTCT, TB, STI and ART clinics, and general outpatient clinics. CT is now routinely offered to pregnant women, TB and STI patients in hospitals, health centers, clinics, and, increasingly, to patients with suspected HIV-related symptoms. Community counselors receive a six week didactic and six week practical training and RT training. The CCs are certified as rapid HIV testers after performing 50 tests under supervision. Quality assurance results for CCs thus far show nearly 100% concordance with ELISA. In COP09, refresher trainings for the deployed CCs will be enhanced to include prevention with positives (PWP), couples counseling, and pediatric counseling, among other areas. For COP09, costs for 650 CCs will be distributed across the following program areas: Preventing Mother to Child Transmission (7%), Abstinence and Be Faithful (53%), Other Prevention (8%), HIV/TB (9%), Counseling and Testing (13%), and ARV Services (9%).

Namibia is characterized by long distances to health service delivery facilities with a sparse population and low number of people ever tested for HIV. Part of the efforts to mitigate this is to take services closer to the people. In FY2008, the first ever National HIV Testing event took place in May for three days. A total of 33,760 persons were tested and received their results. Two-thirds of these testers were being tested for the first time. While men are generally underrepresented in accessing routine CT services, they represented 40% of the testers during this event. Given the success of this occasion, COP09 funding will be used to support promotion of two CT events, one of which will coincide with the World AIDS Day commemoration. The national testing events will result in more people knowing their HIV status and accessing other HIV services through referral.

The National HIV Testing event was also utilized, for the first time, to test outreach/mobile-based services. Given the vast distances and rural populations of Namibia, outreach/mobile services are critical to providing HIV and other public health services to all corners of the country. After the event, the MOHSS gave approval for VCT outreach, and community-based centers have piloted the outreach activities in combination with promotional events such as a bicycle give-away campaign with good results. As a result of these outreach activities and a comprehensive training for site specific community mobilizers, sites with chronically low uptake have significantly improved their client flow. In accordance with the national strategy, COP09 funding will support the provision of pilot mobile outreach CT services, including mobile/outreach vans, related equipment, and personnel. One of the community-based sub-partners has been graduated to direct funding and will be providing CT services under the New Start franchise.

In COP08, the USG is providing support through IntraHealth to implement a network of 12 community-based, free-standing CT centers and six integrated testing centers (centers within health facilities) in 10 regions. The network began in 2003 with EU funding and six centers. Since FY05, USG funding has expanded the network to eight more centers, including the integration of CT within PMTCT and ART programs in five MOHSS supported mission hospitals and one health center. As a result of continued USG support for these services, the network has seen dramatic increases in client numbers; the total number of CT tests administered rose from 13,425 in COP04, to 31,061 in COP05, 48,000 in COP06, and 66,883 in COP07. On average, more than 5,500 tests per month were administered during that year final year.

Unlike integrated HIV testing sites, stand alone or New Start facilities are sometimes faced with low uptake of services. In COP09, USG-supported community-based testing partners will implement focused community mobilization and a behavior change communication strategy targeting first time testers, couples, and male testing. The New Start program has trained community mobilizers in Interpersonal Communication (IPC) to motivate clients in the neighborhood of the facilities to utilize them. This strategy has resulted in an increased number of clients being tested in the New Start facilities. IPC activities are combined with other promotional activities.

USG support for community-based centers is being leveraged by the Global Fund (GFATM), which has been providing funding for a USG community-based CT partner to set up a community center at Eenhana, the first 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, financed principally by the USG and the GFATM. The GFATM has also provided an assistant CT coordinator in the MOHSS to work with the National CT Program Coordinator and the USG-funded Technical Advisor.

Challenges to CT activities include a persistent stigma toward HIV testing in some regions, which has resulted in low uptake of testing services particularly among men. Community-based programs and integrated sites in mission hospitals have made significant progress in increasing the number of men tested, which now stands at 42% among new testers, while the re-testing rate has decreased to about 20%, with some centers recording only a 10% re-testing rate. Stigma of testing has been reduced significantly by engaging communities neighboring these facilities in activities such as male conferences, community meetings, and community presentations.

Members of the military and other uniformed forces are among the most at risk populations in Namibia. In COP06, the Namibian Ministry of Defense, with support from the USG Department of Defense, initiated HIV testing within the military at two sites. COP08 sites will be increased to four. In COP09, outreach services will also be added and this military program is expected to reach about 4,000 new HIV testers.

Quality services being rendered in the HIV testing program are continuously being reviewed to assure the highest standards possible. In this regard, the need to develop quality assurance protocols and manuals was recognized and provisions were made to develop them in COP08. These tools will be rolled out in COP09. A QA structure headed by the CT national office (through a QA officer based at MOHSS and regional QA officers) will be rolled out in COP09. To improve management and direction, the New Start program will have regional supervisors who will work closely with MOHSS QA team. The Namibia Institute of Pathology will support the laboratory quality assurance program.

In COP09, through USG support to the HIV testing program, a total of 274,000 HIV tests will be administered nationally with about 219,200 being first time testers. This will increase the number of Namibians who know their HIV status, also resulting in a greater number of those requiring HIV treatment services.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	1068.09	**Mechanism:**	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	3926.24330.09	**Planned Funds:**	$2,888,610
Activity System ID:	24330		

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$150,000 FUNDING CHANGE FROM HVCT TO HVTB**

This activity is a continuation of COP08 activities and includes four primary components: (1) The Community Counselor Initiative, (2) procurement and distribution of HIV test kits and supplies, (3) promotion of counseling and testing through Namibia's National HIV Testing events and (4) provision of outreach-based counseling and testing services which is a new activity.

1. Community Counselor Initiative
FY 2009 COP funding for Community Counselors (CCs), who dedicate part of their time to this activity, is distributed among six program areas through Ministry of Health and Social Services (MOHSS) activities: Preventing Mother to Child Transmission (9%), Abstinence and Be Faithful (49%), Other Prevention (13%), HIV/TB (8%), Counseling and Testing (12%), and ARV Services (9%).

PEPFAR funding for the "Community Counselor package" includes: salaries for the 650 CCs who are deployed in public health sites, including correctional facilities; 13 regional coordinators; a national coordinator; and an assistant national coordinator (implemented through MOHSS in partnership with the Namibian Red Cross Society). The package further includes refresher training (implemented by MOHSS through a local training partner); supervisory visits by MOHSS staff who directly supervise the CCs; support for planning meetings and an annual retreat for CCs. In FY09 the salaries for community counselors, which has been held at US$230 per month since the program was implemented, will be increased by 35%.

By the end of September 2008, a total of 495 CCs were deployed and working in MOHSS health facilities, with a retention rate of 95%. Priority sites for deployment include ANC, TB clinics, ART clinics, and outpatient departments (where nearly all STI cases are seen). With COP08 support, an additional 155 CCs will be trained and deployed to give a cumulative total of 650 by September 2009. The additional CCs will accommodate loss through attrition, enhance provision of outreach-based counseling and testing, initiate counseling and testing services within correctional facilities and expand prevention with positives (PwP) efforts. With FY09 funding, 300 deployed CCs will also receive refresher training in rapid HIV testing, couples counseling, prevention with positives (PwP), and preventive care counseling for children and Provider Initiated HIV Testing and Counseling (PITC) in clinical settings. In addition, the IntraHealth-supported New Start Counselors will receive refresher training through the MOHSS supported mechanism.

2. Procurement of HIV Test Kits and Supplies
With PEPFAR support, MOHSS will continue to purchase the following: Determine and Unigold test kits (using a parallel testing algorithm) to be used at MOHSS sites for HIV testing of a projected 100,000 clients; ELISA or a new MOHSS-approved rapid test device will be used as a tie-breaker in rare instances of discordance; HIV rapid test starter packs to launch new testing sites; and rapid HIV test supplies for training CCs. Funding to support MOHSS' testing of an additional 50,000 clients who are TB patients or TB suspects are reflected in the HVTB program area.

Test kits and supplies for a projected 250 MOHSS sites will be procured and distributed to health facilities by the MOHSS' Central Medical Stores through existing mechanisms. A parallel rapid HIV test kit and supply system to cater for a projected 25 New Start and MOD sites will be continued through SCMS in FY09. The MOHSS will continue to carry out a feasibility assessment for implementing oral fluid rapid HIV testing in specific settings, including outreach and correctional settings.

3. Promotion of CT through an Annual National HIV Testing Event
In FY08, the MOHSS held its first ever National HIV Testing Event over three days which witnessed a total of 33,760 persons getting tested and receiving results. Two-thirds of these testers were being tested for the first time. While men are generally underrepresented in accessing routine CT services, they represented 40% of the testers during this event. With the success of the National Testing Event in 2008, Ministry of Health is planning to promote two CT events in FY09 with a newly added regional event coinciding with the World AIDS Day commemoration. Funding 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. As is the tradition in Namibia, the World AIDS Day commemoration will be done in one of the regions identified by the MOHSS. Outreach-based HIV counseling and testing services will be provided during World AIDS Day for the first time with the 2008 event.

4. Provision of Outreach Counseling and Testing Services
This is one of the new priority areas for FY09. The MOHSS launched Guidelines for Outreach/Mobile Counseling and Testing Services towards the end of 2007. In 2008, the MOHSS was able to carry out a very successful National HIV Testing event that witnessed, for the first time in Namibia, the use of outreach/mobile-based services. Given the vast distances and rural populations of Namibia, outreach/mobile services are critical to providing HIV and other public health services to all corners of the country. In FY09, funding will be used to support the pilot provision of mobile/outreach CT services in accordance with the national strategy. Funding will support procurement of 2 mobile/outreach vans, related equipment, and personnel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16156	3926.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$681,804
7336	3926.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$777,000
3926	3926.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$821,898

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $520,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3897.23953.09

Planned Funds: $832,467

Activity System ID: 23953

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This area includes provision of salaries and other benefits for trainers and support staff who ensure the quality of counseling and testing (CT) services in public facilities. Positions outsourced through Potentia and seconded to the Ministry of Health and Social Services (MOHSS) include: (1) 14 CT training staff, including eight CT trainers, one driver, one community counselor training coordinator, one specialized counseling trainer, one rapid test training coordinator, and two rapid test trainers, (2) 11 rapid testing quality assurance technicians, and (3) 34 case managers

Because the 34 case managers are not providing HVCT services exclusively, a portion of the funding to support their positions is also reflected in HVAB, HVOP, HBHC, PDCS, HTXS, PDTX, and HVTB.

There is a critical human resources gap at facility levels to delivery quality HIV prevention, care and treatment services in Namibia. The lack of pre-service training institutions for doctors and pharmacists in Namibia, coupled with limited ability to train other allied health professionals, contributes to a chronic shortage of health professionals who can provide comprehensive CT services on the scale and at the level of quality that is required.

1. CT Training Staff. Beginning in FY06, Potentia 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. The CT will be deployed to the MOHSS' VCT Unit, National Health Training Center, and Regional Health Training Centers.

To increase capacity for decentralized training, eight trainers and one driver will train health workers in counseling and testing, rapid testing, and couples counseling. An additional position, the Community Counselor Training Coordinator, is placed at the MOHSS VCT program to develop curricula, train trainers, provide mentoring and evaluation support, and plan and implement supervision strategies for this cadre of health workers. A specialized counseling trainer will take the lead on Prevention with Positives and alcohol/substance abuse training. One Rapid Test (RT) training coordinator will be supported as the lead person at the national level to identify trainees from health facilities and organize trainings. This activity also includes the cost of two RT trainers. Gradually, these personnel will be absorbed into the MOHSS workforce as funding allows.

2. Rapid Testing Quality Assurance Technicians. FY 2009 COP funds will be used to support 11 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 individual staff based on guidelines established by the Namibia Institute of Pathology (NIP) and the MOHSS
• Ensure the confidentiality, accuracy, and safety of rapid testing carried out in MOHSS facilities
• Conduct site visits to ensure the integrity of testing sites and the performance levels of the staff
• Review data collection for accuracy and completeness
• Relay findings 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.

3. Case Managers. FY 2009 COP will also continue to support 34 case managers who commit 10% of their time to HVCT activities. Potentia was first funded to recruit and hire 34 clinical case managers with COP08. Case managers fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. Some, but not all, of the duties of the case managers include:
• Counseling patients on adherence, prevention with positives, and disclosure/partner referral
• Tracing patients who "slip through the cracks"
• Facilitating support groups
• Referring patients to other health and social services, including counseling for drug/alcohol treatment and domestic violence
• Encouraging men to seek services and to support their partners and children in doing the same.

Some delays have occurred in start-up of this activity in 2008 and thus the case managers are funded at 0.83 FTE in 2009; carryover funds will be used to make up the remaining 0.17 FTE. These delays resulted from discussions regarding merging this case management program with the work being done by voluntary "expert patients" who provide supportive services to others with HIV/AIDS, including accessing facility- and community-based services, adherence, and disclosure. The newly envisioned case management program will have these expert patients working alongside case managers with backgrounds in psychology or social work. Case managers and expert patients will be trained by I-TECH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16194

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16194	3897.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$764,540
7343	3897.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$682,419
3897	3897.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$153,651

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $832,467

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1058.09

Mechanism: Cooperative Agreement U62/CCU025166

Prime Partner: Development Aid People to People, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 24319.09

Planned Funds: $150,000

Activity System ID: 24319

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one primary component: support for Development Aid from People to People's (DAPP) Field Officers to mobilize communities to access the Ministry of Health and Human Services' (MOHSS) newly-initiated mobile CT services.

With USG funds and through other funding sources, DAPP leverages basic resources to support Field Officers (FOs) in providing education about HIV prevention, care (including TB) and treatment and to make referrals to available services. Funding under this activity will support:

1. Partial salary support and personnel costs for FOs in areas where CT outreach teams will be piloted;
2. Salary and related personnel costs for one outreach coordinator who will serve as the primary liaison with the MOHSS;
3. Travel costs, including bicycles for DAPP FOs;
4. Printing of simple flyers and other inexpensive promotional materials in local languages that DAPP FOs will distribute within targeted communities, including churches; and
5. Nominal costs associated with hosting coordination meetings that will be required between MOHSS, DAPP, and community stakeholders.

A detailed description of DAPP's door-to-door Take Control of the Epidemic (TCE) Program, which will be the platform for these mobilization efforts, is contained in the following program areas: HVAB, HVOP, HBHC, and PDCS. The TCE Program is a highly organized house-to-house mobilization strategy that aims to educate and empower members of a community to reduce the risk of HIV and stigma and improve access to HIV and TB services. DAPP's sister interventions in Zimbabwe and Botswana have been evaluated and the findings from both countries showed that TCE program exposure was positively associated with better HIV-related knowledge, less stigmatizing attitudes, and HIV testing.

The TCE program was initiated in northern Namibia in 2005 with support from the Global Fund (GF) and PEPFAR. PEPFAR currently supports the TCE program in Omusati, Oshana, Ohangwena, Oshikoto, Kavango, Khomas, and Caprivi Regions.

PEPFAR is committed to the continued support and enhancement of this important prevention activity and intends to utilize DAPP field officers for the delivery of new prevention and communication activities related to prevention with positives, responsible drinking, and male circumcision education. Funding from PEPFAR will support salaries for a total of 408 FOs and both GF and PEPFAR will continue to provide technical support to DAPP.

Overall PEPFAR funding for DAPP door-to-door efforts in FY2009 COP has been reduced and expansion into new regions and activities has been put on hold to sharpen the focus of DAPP's efforts. Both PEPFAR and the Global Fund supported technical reviews of the TCE program conducted by CDC technical advisors. The technical reviews identified the need for more targeted efforts to impact behavior change and link individuals to services.

With FY2009 COP funds, CDC/Namibia and CDC/Atlanta will continue to work closely with DAPP to begin an impact assessment of the TCE program and to revise and harmonize the TCE curricula as well as produce relevant job aids. The assessment and refined curricula should also allow DAPP to improve linkages to community- and facility-based services, and expand their efforts to mobilize at-risk persons to access CT services at both facility-based and outreach sites, DAPP FOs are successful at promoting the importance of knowing your status to clients with whom they interact; however, many of these clients live in rural areas with little or no access to CT services. The May 2008 National Testing Day event clearly demonstrated that Namibians are eager to access outreach services and in 2008, the Permanent Secretary of the MOHSS approved delivery of CT in non-traditional settings for the first time. DAPP FOs in select sites will work in collaboration with three MOHSS outreach teams to link clients to testing.

With FY2009 COP funds, the MOHSS will implement three outreach teams that will deliver prevention counseling, CT services, and eventually ART services to remote areas of Namibia. Each MOHSS outreach team will consist of: a camper van; four community counselors (two to provide counseling and testing and two to coordinate logistics and supplies); a nurse; and a driver. DAPP FOs will assist the MOHSS in developing a monthly schedule of visits to remote communities. The date of visits to each community will be kept consistent (e.g. the first Thursday of each month) so that there will be minimal confusion about where and when the team will visit.

For each outreach team, CT services and prevention education will be implemented first. A regimented evaluation program will be put in place to determine cost per client, success in reaching first-time testers, coordination between MOHSS and DAPP, and community receptiveness. Clients who access outreach services will be asked how they were referred to assess DAPP FOs' ability to mobilize communities. Once CT services are successfully implemented, ART will be phased in, one team at a time. If the outreach teams are able to effectively deliver these aforementioned services, other components may be added, including TB screening and DOTs, PMTCT, case management, and alcohol counseling and referrals. As components are added, DAPP FOs will be oriented on how to mobilize communities for these services as well.

DAPP FOs will work in conjunction with the MOHSS team, community leaders, and local radio stations to promote each outreach visit. The outreach team will make every effort to position the van in a central location, but there may be some clients who still may face difficulties in reaching the site. DAPP FOs will further coordinate with churches and other community groups to provide transportation as necessary.

MOHSS personnel will carry out the initial linking of positive-testing community members with ART. FOs will assist the MOHSS with this effort by ensuring that positive clients keep subsequent appointments and adhere to their medications. FOs will also link these clients to DAPP's network of 53 support groups for people living with HIV/ AIDS and their families.

Activity Narrative: These pilots will be evaluated in 2009 to determine whether DAPP could eventually begin to deliver door-to-door CT services to complement the MOHSS' CT outreach efforts.

From October 2007 through September 2008, DAPP FOs were able to reach 97,598 individuals with prevention messages, significantly exceeding their established target of 40,000. FOs register each member of a household to avoid duplicate counting. DAPP's network of volunteers will further assist FOs with mobilizing communities to access CT outreach services. From October 2007 through September 2008, the FOs recruited 55,862 active "passionates" -- volunteers who assist with delivery of health messages and referrals. FOs will utilize this network of passionates to spread the word about upcoming outreach team visits to their communities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3868.23988.09

Planned Funds: $480,924

Activity System ID: 23988

Activity Narrative: NEW/REPLACEMENT NARRATIVE

I-TECH/University of Washington components of this activity include: (1) training of health care workers in the provision of counseling and testing (CT), couples counseling, and rapid testing; (2) training of physicians in provider-initiated testing and counseling (PITC); (3) training of new community counselors and refresher training for existing community counselors; and (4) development of a curriculum for provision of counseling and testing and psychosocial support for children.

Quality HIV Counseling and Testing (CT) services are an essential component of successful HIV and AIDS programs. As access to antiretroviral treatment is scaled up in Namibia, there is a critical opportunity to simultaneously expand access to HIV prevention, which is paramount in turning the tide of Namibia's HIV epidemic. Without effective HIV prevention, there will be an ever increasing number of people who will require HIV treatment. HIV counseling and testing services stand out as the primary interventions which play a pivotal role both in treatment and in prevention.

Increased access to HIV testing and counseling is essential to promoting earlier diagnosis of HIV infection. This can in turn maximize the potential benefits of life-extending treatment and care, and allow people with HIV to receive information and tools to prevent HIV transmission to others.

In Namibia, as in many other low and middle income countries, the primary model for HIV testing has been the provision of client-initiated voluntary counseling and testing services. Increasingly, provider-initiated approaches in clinical settings are being promoted (i.e. health care providers routinely initiating an offer of HIV testing in a context where the provision of, or referral to, effective prevention and treatment services is assured).

The current reach of HIV testing services remains low in Namibia. This is mainly due to a shortage of skilled health care workers nationally. Only a small percentage of those who need voluntary counseling and testing, because they may have been exposed to HIV infection, have access to it. Even in settings in which voluntary counseling and testing is routinely offered, such as programs for prevention of mother-to child transmission, the number of people who avail themselves of these services remains low.

Concerned by persistent late diagnoses of HIV infection and a high proportion of people with HIV who are unaware of their HIV status, and in light of evidence that people who are aware of their HIV status reduce risk behaviors, the Ministry of Health and Social Services (MOHSS) of the Republic of Namibia has introduced provider-initiated HIV testing and counseling (PITC) in all public health facilities in the country. PITC can be an important addition to the range of approaches available for scaling up HIV CT and facilitates access to HIV treatment, prevention, care and support services.

Stigma and discrimination continue to deter people from having an HIV test. To address this, the cornerstones of HIV testing scale-up must include improved protection from stigma and discrimination as well as assured access to integrated prevention, treatment and care services. The conditions under which people undergo HIV testing must be anchored in a human rights approach which protects their human rights and pays due respect to ethical principles. Young people require special attention to their needs through the provision of confidential youth friendly health services.

To achieve this program objective and to contribute to the PEPFAR prevention goal, I-TECH (through Potentia) recruited and deployed a Counseling Programs Advisor to the MOHSS Counseling and Testing Unit. The main role of the advisor is to assist the MOHSS in developing effective HIV CT guidelines and training materials as well as to provide supervision to the training agency subcontracted by the MOHSS to train counselors. The advisor also trains health care workers and community counselors

To date more than 1000 health care workers have been trained and are offering CT services in health facilities country wide. A total of 525 community counselors have been trained to date and are complementing health care workers (HCWs) in offering CT services. I-TECH has collaborated with the MOHSS in integrating the PITC component into the CT guidelines as well in the training materials. Furthermore, I-TECH has helped the MOHSS develop a national community counselor training curriculum that is now being used as the standard curriculum for the training of HIV community counselors nationwide, including those staffing public facilities and outreach units (new in FY 2009 COP).

With the FY 2009 COP funds, I-TECH will train 250 health care workers (HCWs) on the provision of CT services and 250 HCWs on the provision of couple counseling. An additional 200 HCWs will be trained on HIV Rapid Testing. Fifty doctors will be trained in PITC to enable them to make an offer of CT to patients. Furthermore, in FY 2009 COP, 100 community counselors will be trained and deployed to health facilities on a national level. With FY 2009 COP funds, I-TECH will develop a child counseling curriculum which will be a stand alone course to guide the provision of CT services for children as well as guide service providers on the provision of psycho-social support to children infected and affected by HIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16220

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16220	3868.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$480,924
7351	3868.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$397,518
3868	3868.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$270,987

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $480,924

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1404.09

Mechanism: Cooperative Agreement U62/CCU024419

Prime Partner: Namibia Institute of Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 7992.23979.09

Planned Funds: $870,000

Activity System ID: 23979

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is a continuing activity that contains two components which serve as the foundation for the quality assurance (QA) provided at the national level to all rapid HIV testing sites in Namibia. In FY09, funding is being requested for: (1) ongoing rapid testing (RT) QA support (evaluation of new RT kits, preparation of starter packs, provision of quality controls and proficiency panels, oversight of certification processes, ELISA tests for 5% retesting of all rapid tests performed, and supervision of RT sites); (2) salary support for 7 staff (1 national communicable disease (CD) QA manager, 1 national HIV RT QA manager, 3 QA medical technologists, and 2 administrative assistants).

These activities support rapid and extensive expansion of provider-initiated testing and counseling (PITC) as well as existing VCT. The NIP is responsible for validation of any new RT technologies before being used in Namibia and for making recommendations to the Ministry of Health and Social Services (MOHSS) on the RT algorithm and selection of test kits; training and post-training certification of all rapid testers before they can issue results to clients; site inspection of all new RT 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 RT sites; retesting of 5% of all rapid tests done at sites by ELISA and addressing any performance issues with the tester; and submission of reports on rapid test QA to the MOHSS CT unit.

To date a total of 1,043 testers including health workers and community counselors have been successfully trained. Among these, 887 have been certified and 156 are in the process of certification. From July 2008 to September 2008, 3,234 retests were performed for testers' certification and 1,566 retests performed as part of the current quality assurance standard which requires 10% retesting. NIP and the MOHSS have since agreed to lower the retesting standard to 5%. During the same period, 148 sets of External Quality Assurance proficiency panels and 370 Quality Control sets were sent out to the RT sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16165

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16165	7992.08	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	7367	1404.08	Cooperative Agreement U62/CCU024419	$920,000
7992	7992.07	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	4384	1404.07	Cooperative Agreement U62/CCU024419	$691,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $165,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3078.09 **Mechanism:** The Capacity Project

Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	4736.26961.09	**Planned Funds:**	$3,422,511
Activity System ID:	26961		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Since October 2007, IH has been supporting counseling and testing (CT) services through a network of 17 New Start (NS) centers in collaboration with the MoHSS and with funding from the PEPFAR. By the beginning of COP FY 2009, Capacity will be managing 16 NS centers (10 standalone, 6 integrated). This includes an additional NS center situated in Windhoek and established at the beginning of COP FY 2008.

IH will scale up CT outreach/mobile activities for all supported sites as per the approved guideline. As a result, increased number of outlets will be providing CT services to reach communities. With exception of the CCN NS, sites are managed by NGOs and FBOs making up 10 CT implementing partners. The partners, operating as franchise members in 10 out of 13 regions of Namibia, provide services under a sub-agreement with Capacity which in turn provides funding, program oversight, performance support and technical assistance. This narrative details the continued consolidation of NS services for COP09.

The main objectives during this implementation period will be: 1) to increase the number of first-time clients who have been counseled and tested for HIV, and received their test results from 65,000 to 105,964, 2) to strengthen the referral system through an effective client tracking system, 3) to sustain an effective M&E system through use of a continuous improvement of data management system and 4) to build capacity to allow partners to graduate for direct funding.

Capacity will continue to support NS Centers focusing more on behavior change interventions through partnership with C-change. Using the C-change models, CMs will be trained and re-trained on Interpersonal communications (IPC) and group information sessions. These sessions will aim to communicate messages that bring about behavior change amongst NS clients. It is proven that group education has indeed shortened the pre-test counseling time and will continue to allow counselors to focus greater attention on the post-test counseling with view to develop a client focused risk reduction plan. Multiple concurrent partnership (MCP) has been identified as one of the key drivers of the epidemic. Hence, a special emphasis will be drawn on addressing MCP in all post test counseling sessions to foster positive behavioral and social change.

Capacity will also continue to strengthen the in-room testing approach piloted in COP FY 2008 and to be rolled under the MoHSS guidance in order to ensure further shortening of waiting time as additional services are being introduced. Most NS centres will be conducting outreach testing services, therefore reaching underserved communities in remote areas and/or workplaces. CM staff from the NS centers will visit communities identified in conjunction with the RACOC's and other local partners and prepare them for the arrival of the outreach testing team.

The rapid testing activities will be conducted by NIP certified NS staff and will follow the MoHSS protocols for outreach HIV testing. The NS outreach team will place special emphasis on reaching high risk groups such as mobile populations as well as respond to requests from communities for outreach testing services. This service will increase from twice monthly to weekly if community response dictates it. Some sites currently poorly performing on the client counselor ratio will be assigned primarily the role of outreach launching pad. Demand for this service will continue to be created by the NS center CMs through local language radio spots, liaison with traditional, community and political leaders. In facility-based sites, IH will continue the provision of provider initiated testing and counseling (PITC) as a way of increasing the number of individuals knowing their HIV status and consequently accessing HIV care and treatment. This approach which is already successful since COP FY 2006 for PMTCT, TB, STI clients who are routinely offered HIV testing will be extended and monitored closely to include all clients/patients visiting our health facilities regardless of reasons of the visit. This screening approach endorsed by WHO applies to Namibia as a generalized epidemic. An “opt-out” approach will be utilized in order to ensure the testing remains voluntary and confidential. Proper reporting system will be put in place to document success.

In COP FY 2008, MoHSS planned to review VCT guidelines with special emphasis on Pediatric HIV testing and counseling. The guidelines are expected to address issues on age of consent, disclosure, training for health care providers and testing technologies. In COP FY 2009, all six facility based sites under IH will implement early infant testing, diagnosis, and follow up using the PITC approach. Ultimately, Pediatric HIV TC will be routinely offered as part of care for infant /child presenting to health facilities with signs, symptoms or medical conditions that suggests HIV infection. To ensure quality service delivery, all staff will receive training in child counseling as well as skill building on how to work with families of HIV-infected children. IH will adopt a family-centered care approach to address the multigenerational effects of HIV, integrate care, decrease stigma and promote family wellness benefiting infants, adolescent and their parents.

NS network will be supported to continue to offer the following prevention activities: Men's sexual and reproductive health including education, information and referral for MC, STI education, screening and referral, TB screening and referrals, brief motivational interviewing for alcohol, family planning counseling and referral and where applicable commodities supplied through the MoHSS supply system and lastly some sites will provide general health information.

In addition, owing to the increased number of marital sex transmission of HIV reported in Sub-Saharan Africa and a discordant couple rate of about 10% in our dataset, special emphasis will be placed on increasing the couple counseling skills amongst our counselor, scaling up demand creation for couple counseling and therefore increase the uptake of couple counseled. Partner testing, notification and disclosure will be part of a full package of Prevention with positive that will be implemented in all CT sites using minimum steps approach (STI screening, condoms: correct and consistent use, FP, family testing).

The IH team will continue to partner with NawaLife to expand an aggressive demand creation campaign for HIV testing. This partnership will focus mainly on mass media communication to increase testing numbers at both New Start centers and other facilities (MoHSS and public sector). Nawa life will also undertake region specific promotional campaigns targeting specific communities. Community mobilizers will be used to

Activity Narrative: reinforce messages from the national campaign through outreach activities at Cuca shops, workplaces, etc. Promotional initiatives such as the popular "win a bicycle campaign" in partnership with BEN Namibia will be actively pursued as well as capitalizing on the national testing days (NTD) when a huge surge in testing numbers will always be expected.

In COP FY 2009 the IH will continue to increase quality of CT provision and services through sharpening, consolidating and updating the training and supervision of CT counselors and developing an effective, functional and measurable referral system utilizing reliable tools. The management of the NS network at both IH and implementing partner level will be led by a highly trained and functional team mix of HIV counselors, medical and social work professionals. Quality of NS services and IH interventions will be monitored by the MER officer through mystery client surveys, client exit interviews and questionnaires and focus group discussions (FGD's). The findings from the FGD's will be used to guide NS social mobilization strategies in collaboration with EngenderHealth and C-Change. In addition, the findings of these FGD's will be shared with NawaLife and incorporated into the demand creation campaign.

Training and re-training of new start staff will continue and modules to be covered will include, MER and data management, CT center management training, receptionist training, personal growth, basic and VCT/TC counseling, couples, child and whole family counseling. These trainings will be done both internally and through the MoHSS training agency. Special efforts will be made to ensure that accurate information is understood by NS counselors about the window period, the importance of adequate prevention counseling with negative testers, TB referrals for all positive testers, alcohol and HIV, gender based violence and couples counseling strategies. The IH team will continue to reinforce adherence to standardized minimum hiring requirements for new start staff. Elevated educational and experience requirements will build quality staffing into all NS sites and adequate salaries will decrease attrition and inefficient repetition of trainings. As part of gender mainstreaming activities, Capacity will continue to train all NS staff on male friendly services, male engagement and women vulnerabilities in order to support positive gender transformation in both individuals and couples. This will be done in collaboration with EngenderHealth and LL/CL.

The IH will work closely with the MoHSS as a member of the CT technical working group providing guidance and technical expertise on both clinical and counseling issues. The IH will also continue partnering with the Namibia Institute of Pathology (NIP) who will provide clinical quality assurance oversight at all NS sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16135

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16135	4736.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$3,993,591
7405	4736.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$4,014,936
4736	4736.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$846,808

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $273,800

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	4420.09	**Mechanism:**	SCMS
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	7448.26994.09	**Planned Funds:**	$518,500
Activity System ID:	26994		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is an ongoing activity from COP07. The main focus of this activity is to maintain a comprehensive supply chain management system to support counseling and testing activities. This includes support to 18 USG supported sites [16 IntraHealth and 2 Catholic AIDS Action] as well as support to the 4 fixed Namibian Ministry of Defense sites. Program successes in COP07 and COP08 include setting up a direct delivery system for rapid test kits and supplies to supported sites, implementation of inventory control and logistics management information systems in supported sites, installation of an automated data capture and database system for VCT logistics data, and the procurement and distribution of required rapid test kits and related commodities. Continued training and supportive supervision activities were carried out to ensure optimal operations.

In COP08, SCMS continued the upgrading of storage facilities in CT sites as well as provided additional storage facilities to accommodate the scale up of CT activities of the VCT partner. This activity will continue in COP09 with new sites that are being added to existing ones. Training shall be provided to all CT sites, both existing and new, including outreach and mobile clinics in inventory management of CT commodities. This will be in addition to refresher courses that will be provided periodically to existing and new personnel of CT sites in Logistics Management Information Systems (LMIS) and Inventory Control Systems (ICS). New sites shall also be trained in the automated LMIS as the software is rolled out. These trainings shall be followed up with supportive supervisory visits and on-the-job trainings as may be indicated.

In COP09, SCMS will continue to procure all the rapid test kits and related supplies according to regulations and will deliver the supplies directly to the USG supported sites. SCMS commodity deliveries will facilitate the achievement of VCT partners targets as follows: IntraHealth/CAPACITY Project, 105,964 clients to be tested in sixteen (16) fixed sites and an equivalent number of mobile/outreach outlets; I-TECH/DOD supported MOD/NDF MAPP, 4,000 clients at four one provider initiated sites and four mobile/outreach sites; CAA, 14,400 clients at the two sites. A total number of 128,717 tests plus quality control (3.5%) for the parallel algorithm of Detremine and Unigold will be procured.

Continuing with the roll-out of the logistics system automation that was implemented in COP08, SCMS will provide ten (8) additional computers; software, hardware and related accessories to new and also existing sites managed by IntraHealth, CAA and ITECH, and provide training to personnel in the automated LMIS and inventory control system. SCMS will provide scanners and accessories to outreach and mobile VCT sites that will be added to scale up CT activities. Training will be provided on inventory management and tools. SCMS will support the set up and operation of new and outreach /mobile VCT sites with equipment and accessories such as battery powered cool boxes to ensure that heat-sensitive commodities' qualities are preserved throughout the outreach period. SCMS will also support store upgrades and renovation and overall training in inventory and logistics management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16186

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16186	7448.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7373	4420.08	SCMS	$648,500
7448	7448.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$410,136

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$90,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	6169.09	**Mechanism:**	DOD/I-TECH/U. of Washington
Prime Partner:	University of Washington	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	19398.25860.09	**Planned Funds:**	$500,000
Activity System ID:	25860		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity from COP FY 2008 was transferred to I-TECH from SMA. Activities support the Ministry of Defense and the National Defense Force (MOD/NDF) to provide counseling and testing under the Military Action and Prevention Program (MAPP). Counseling and testing services for this most-at-risk population target military staff, their families, and civilian workers. Many costs that will be covered by COP09 funds, such as fixed site refurbishment and purchase of mobile service units, are start-up costs that will not be incurred in future years.

With I-TECH assuming the role of providing technical assistance to the MOD/NDF to strengthen and expand counseling and testing (CT) services with FY 2009 COP funds, focus has shifted toward:
1. The provision of CT on military bases by military staff;
2. Technical assistance to the MOD/NDF to establish internal CT supervision and management systems;
3. Support to the MOD/NDF for the expansion of CT services through diagnostic and provider-initiated testing (PITC),
4. The opening of two new CT sites and the introduction of mobile services; as well as the integration of additional clinical services at CT sites (TB screening, referrals and advice on male circumcision, discussion of gender-based violence and male norms, prevention for PLHIV, and alcohol use screening).
5. I-TECH will focus on a rapid scale-up to ensure that military personnel working on all 23 military bases can access quality military CT services, an exploration of the feasibility of also offering treatment and care via mobile and outreach CT units, and an increase in PICT through motivating health care staff working in sick bays on each base. A priority focus will be developing strong linkages between PICT at base sick bays with mobile CT services, as well as improving access for HIV negative individuals to continuing counseling and support, and access for HIV positive individuals to other clinical, preventive, psychosocial and spiritual care.
6. Rapid scale-up will be achieved through the procurement of two mobile units (one with FY 2008 COP funds and one with FY 2009 COP funds) that will travel to military bases without static counseling and testing centres, linking with health care staff at sick bays on each base. The purchase of these two mobile units will be considered as start up costs and will require additional funds to be incurred in FY10.
7. Motivate more soldiers living with HIV/AIDS to join the support groups at the military bases. Support groups established on military bases will be eligible to compete for small amounts of funding for innovative activities.
8. I-TECH will work closely with the MOD/NDF and the Ministry of Health and Social Services to ensure that the majority of military personnel are informed and actively participate in the HIV National Testing Day.
9. I-TECH will continue to build the capacity of military personnel to conduct counseling and testing services. Under FY 2009 COP, 30 medics and counselors will be trained in counseling and rapid testing. In addition, 30 nurses will be trained on counseling to offer provider-initiated services.
10. To increase the quality of CT services and referrals, I-TECH will assist the MOD/NDF to establish a structured supportive supervision system utilizing coaching checklists, suggestions books, and client exit interviews.
11. To ensure continuous quality improvement of CT activities across the military network and to strengthen the institutional capacity of the MOD to manage the CT program, I-TECH will assist the MOD/NDF to establish quarterly CT and Referral Program Review meetings that initially focus on data cleaning and shift toward analysis of data and identification of areas for improvement.
12. Rapid Testing (RT) quality assurance will be supported by the MOD laboratory staff and their partnership with the Namibia Institute of Pathology (NIP). NIP will continue to certify MOD/NDF staff trained in RT.
13. To ensure standardization of CT services across the country, the MOD/NDF has adopted the MoHSS's National Guidelines for Counseling and Testing and utilizes I-TECH supported MoHSS CT training.
14. An uninterrupted supply of rapid tests and medical consumables for military CT services is built upon the MOD/NDF's existing procurement arrangements with the MoHSS's Central Medical Stores and the MoHSS's partnership with Supply Chain Management System (SCMS). I-TECH will continue to use this system for the MOD/NDF kits and medical consumables for the counseling and testing program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19398

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19398	19398.08	Department of Defense	University of Washington	7385	6169.08	DOD/I-TECH/U. of Washington	$500,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $55,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	1157.09	**Mechanism:**	N/A
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	24349.09	**Planned Funds:**	$297,900
Activity System ID:	24349		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This area includes one component: Salary and related personnel costs for CDC's Counseling and Testing Technical Advisor.

Since 2005, PEPFAR has funded a technical advisor to assist the Ministry of Health and Social Services' (MOHSS) National Counseling and Testing Coordinator via a non personal services contract. By FY 2009 COP, this position will be converted to a personal services contract (PSC). While this conversion will increase costs somewhat, it is necessary for two primary reasons:
(1) to reflect the inherently governmental functions of these positions, and
(2) to rectify the double taxation of these positions by both the US and Namibian governments. The double taxation results from the lack of a ratified bilateral agreement between the two countries that covers non-PSC positions. While reducing taxation costs, this conversion will result in increased ICASS costs.

The CT Technical Advisor has and will continue to play a key role in the deployment of community counselors to public health facilities, outreach teams, and correctional facilities. MOHSS established the community counselor cadre in 2004 to assist doctors and nurses with provision of HIV prevention, care, and treatment services, most importantly by providing HIV counseling and testing (CT) services to PMTCT, TB, and STI patients as well as to partners of persons on ART whose HIV status is unknown. CCs are further trained to provide adherence, supportive, and STI/TB counseling, as well as to link and refer patients from health care delivery sites to community HIV/AIDS and TB services.

With FY 2008 COP support, the number of CCs will increase to 650 by December 2008. New initiatives will place CCs in correctional facilities in 2008 and on outreach teams in 2009. Policy development, quality assurance, and support to field services are important aspects of the technical advisor position. The advisor will continue to provide technical assistance to the head of the Counseling and Testing Unit within MOHSS' Directorate of Special Programmes to increase access to CT services and provider-initiated testing and counseling (PITC) in the clinical setting.

The advisor will also guide the national program in the continued implementation of national CT 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, correctional facilities, and newly-initiated outreach teams.

Each MOHSS outreach team will consist of a camper van; four community counselors (two to provide counseling and testing and two to coordinate logistics and supplies); a nurse; and a driver. Teams will use community input to develop a monthly schedule of visits to remote communities. The date of visits to each community will be kept consistent (e.g. the first Thursday of each month) so that there will be minimal confusion about where and when the team will visit.

For each outreach team, CT services and prevention education will be implemented first. The advisor will assist with implementation as well as a concurrent evaluation program. The evaluation program will be put in place to determine cost per client, success in reaching first-time testers, coordination between the outreach teams and community partners, community receptiveness, and success in linking HIV-positive clients to care and treatment services.

The advisor further plays a key role in the recruitment, training, and allocation of CCs for CT services and to support other programmatic areas, including PMTCT, AB, condoms/other prevention, TB/HIV, and care and treatment services. Within ART sites, CCs provide adherence and couples counseling, among other responsibilities. The advisor will be intimately involved with CDC advisors in the MOHSS' continuing implementation of the prevention with positives initiative at the national level.

Lastly, the technical advisor will continue to serve as the co-chair of the National HIV Testing Day (NTD) steering committee. This event was first held in 2008 with the goal of expanding access to CT. Using outreach points and expanded hours, over 33,000 persons were tested over the course of the three-day event. Of those who tested, nearly two-thirds were first-time testers. The advisor will continue to play a key role in NTD planning and implementation, as well as similar testing events coordinated with World AIDS Day.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $297,900

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	7648.09	**Mechanism:**	Nawa Life Trust Cooperative Agreement
Prime Partner:	Nawa Life Trust	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	12334.26979.09	**Planned Funds:**	$546,278
Activity System ID:	26979		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity is a continuation of COP FY 2007 CT activities and links with the support to the national Take Control campaign and community mobilization and outreach activities.

According to the Report of the 2006 National HIV Sentinel Survey, nearly 20% of Namibians are living with HIV. According to the 2005 Follow-Up Survey conducted by the Social Marketing Association (SMA) of Voluntary Counseling and Testing Services, approximately 70% of people infected with HIV do not know their status (see HBHC). Men are less likely to ever have been tested than women.

The goals of all Counseling and Testing (CT) activities are to use communication interventions to increase the overall uptake of HIV testing services in Voluntary Counseling and Testing (VCT) Centers as well as within public health facility settings (including the reduction of clients opting out of recommended HIV testing in PMTCT/TB programs). The key behavioral objective is to mobilize people that have not been tested before to go for HIV testing. Based on current research results, this will require increasing a sense of risk perception and decreasing fear of positive results among the target population as well as helping create convenient opportunities for testing. Additionally, activities aim at reinforcing HIV prevention behaviors (ABC) for those who test negative and positive prevention behaviors (dietary changes, prevention of opportunistic infections, safer sex practices, promotion of partner testing) among those who test positive (see also HBHC).

NLT will continue its key demand creation activities, which includes the New Start radio (scaled back to six radio stations with the most reach), related media campaigns and support to community mobilization. As with all campaigns, there will be no new development of campaign mass media materials in COP FY 2009 beyond materials supporting events or promotions or additional language adaptations. Rather efforts will be focused on intensifying depth, breadth and dosage as well as on continuing to strengthen local community mobilization activities.

To this end, additional tools for community mobilizers will be developed. Based on the outcome of pilots in COP FY 2007/08, NLT will set aside small promotional support budgets for each New Start site that can be used by the community mobilizer to increase presence and reach in communities. In addition, the integration of community mobilizers with CAF and other NLT programs will be strengthened. This will also involve including community mobilizers in CAF trainings as possible.

In addition, NLT will focus its demand creation campaign on the weakest site in COP FY 2009, which is expected to be Mariental, Rehoboth or Katima Mulilo. This will result in site–specific mini campaigns that will focus on the area’s particular needs but still incorporate the themes of the national campaign to maintain consistency of messages. In consultation with IntraHealth, NLT will conduct site assessments to determine the specific barriers and needs of each site. NLT will base the conceptualization and development of localized demand creation activities on these findings and other existing and available research. Once NLT determines the barriers at the selected sites towards HIV testing, it will also consider conducting a more outreach testing activities in COP FY 2009.

NLT will support IntraHealth in the expansion of outreach HIV testing, especially to those sectors that would not traditionally focus on the provision of testing services such as schools NLT will be instrumental in promoting this initiative through print and broadcast media based on technical guidance from IntraHealth. This initiative will be conducted in consultation with the MoHSS. Outreach testing will provide community members with convenient opportunities to access such services, and also help assuage clients’ concerns of confidentiality because counselors will be from areas outside of the selected testing sites. Qualitative data from NLT’s 2007 KAP surveys indicate that people view confidentiality as one of the greatest barriers to accessing HIV testing services, citing familiarity of counselors to clients as one of the seminal reasons for this perceived challenge.

NLT will also play a supportive role in National Testing Day 2010 and will cater for support of community mobilization activities and limited support of mass media placements.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16108

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16108	12334.08	U.S. Agency for International Development	Nawa Life Trust	7648	7648.08	Nawa Life Trust Cooperative Agreement	$546,278
12334	12334.07	U.S. Agency for International Development	Nawa Life Trust	8367	8367.07	NLT	$462,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 27318.09

Planned Funds: $421,080

Activity System ID: 27318

Activity Narrative: APRIL 2009 REPROGRAMMING: Catholic AIDS Action (CAA), an indigenous Namibian organization, was earmarked to receive PEPFAR funding as a prime partner for the first time under COP 09. However, CAA did not pass Defense Contract Audit Agency (DCAA) pre-award survey. They will therefore implement COP 09 activities as a sub-partner under IntraHealth.

During FY 2009 COP, two CAA sponsored New Start Centers, in collaboration with the Capacity Project at IntraHealth, the Ministry of Health and Social Services (MoHSS), and Nawa Life Trust, will provide voluntary counseling and testing services for 11,520 individuals. Since 2003, CAA has worked with the Social Marketing Association (SMA) and then IntraHealth in the provision of community counseling and testing services through one free standing VCT center in Windhoek's Katatura section and one in Oshakati Region. CAA uses the nationally approved algorithm and guidelines for the provision of these voluntary counseling and testing services which include community outreach mobilization, group support for people living with HIV, and referrals for additional clinical services such as ART, PMTCT and TB screening and treatment. Other medical interventions include HIV infection prevention information (including male circumcision), prevention for positives, support for HIV negative individuals to remain negative and referral to home based palliative care services through CAA. Designated staff at each center has also been trained in couple counseling approaches. This encourages both parties to come for testing and mutual disclosure of results.

Each facility also has a registered nurse that can screen clients for other Sexually Transmitted Infections (STIs) using a syndromic approach. If a client tests positive, they are referred to the closest GRN facility for ART evaluation and also to the CAA home based palliative care program.

An outreach coordinator at each of the two New Start Centers works with the CAA staff, home care volunteers, and peer educators to increase demand for VCT services through community education and mobilization. This outreach occurs in a variety of school, local business, and church settings. CAA continues to implement a Male Engagement Curriculum in its community education work that specifically targets men to increase their utilization of VCT.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $219,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $1,215,324

Program Area Narrative:

Namibia has achieved a very successful roll out of antiretroviral treatment since the inception of its program in 2003, and exceeded its PEPFAR five-year treatment goal of 23,000 in the third year of PEPFAR implementation. The USG's main accomplishment in the ARV drug program area has been its ongoing support of the Ministry of Health and Social Services (MOHSS) in its approach to ARV drug procurement for the public sector. USG funding in this program area now supports just a single activity: ARV procurement through the MOHSS.

A joint procurement plan for ARV drugs was developed in 2007 and implemented by the MOHSS, the USG and the Global Fund to consolidate ARV procurement through the MOHSS Central Medical Stores (CMS). Currently, 93% of the drugs procured with PEPFAR funds are FDA-approved generics and 7% are FDA-approved branded products. Funds from MOHSS and other donors will continue to be used to procure non-FDA-approved products.

In 2008, the MOHSS committed to absorbing costs of ARVs previously paid for through the Global Fund and further indicated the goal of absorbing ARV costs covered by PEPFAR by 2012. This commitment has been documented in the Partnership Compact for Namibia currently under development.

In FY2009 COP, MOHSS will receive approximately $1.2 million from the USG for ARV drug procurement for FDA-approved products through the CMS. USG Namibia anticipates an additional $2.57 million Partnership Compact supplement upon completion of its Compact with Namibia during calendar year 2009. This additional funding will supplement the $1.2 million currently requested in FY2009 COP. In keeping with MOHSS plan to absorb ARV costs, the total dollar amount of USG support for direct ARV procurement will decline for the first time since PEPFAR began, from $5.1 million in FY2008 COP to $3.7 million in FY2009 COP.

USG funds for ARV drug procurement in FY2009 COP will strongly leverage the resources of the MOHSS and the Global Fund, which funds the bulk of ARV procurement, and the Clinton Foundation, which supports pediatric and second line treatment commodities.

The supply chain for ARVs and related drugs works well and cost-effectively in Namibia, with a state-of-the-art pharmacy information system and inventory practices that have virtually eliminated ARV stock-outs. (Please note that SCMS support for further refining and improving pharmaceutical supply chain management is now described in the OHSS section of the COP. This support had been funded in the ARV Drugs program area in past COPs.)

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1068.09
Mechanism: Cooperative Agreement U62/CCU024084
Prime Partner: Ministry of Health and Social Services, Namibia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: ARV Drugs
Budget Code: HTXD
Program Budget Code: 15
Activity ID: 3883.24331.09
Planned Funds: $1,215,324
Activity System ID: 24331

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes one component: funding support to procure FDA-approved ARVs through the Ministry of Health and Social Services' Central Medical Stores.

This is a continuation of activities initiated in FY06. The Central Medical Stores (CMS) of the Ministry of Health and Social Services (MOHSS) procures and distributes all ARVs in Namibia in the public sector, including mission-managed health facilities. Through a single procurement structure, the CMS uses funds from the MOHSS, the USG, the Global Fund, and other partners, including the Clinton Foundation, to simplify procurement and maximize purchasing power.

The PEPFAR FY 2009 COP Budget Committee unanimously agreed to temporarily remove $2.5 million from the MOHSS' ARV funding in FY 2009 COP. USG will restore these funds once a Partnership Compact is signed between the US and the Government of the Republic Namibia (GRN). The GRN has clearly signaled that its first step toward sustainability is absorption of all ARV costs. In 2007, the GRN commissioned a costing exercise from the European Commission to project future HIV/AIDS costs, including ARVs.

In 2008, the GRN agreed to absorb ARV costs previously covered by the Global Fund and further indicated the intension to absorb ARV costs covered by PEPFAR by 2012. As a result, the USG has listed this effort as one of the milestones toward sustainability in the Partnership Compact. Once the Compact is signed, the $2.5 million required for PEPFAR's portion of ARV costs for Namibia will be restored as USG's sign of good faith and commitment to work with the GRN to progress toward total Namibian ownership of its HIV programming.

As of September 2008, ART services had rolled out to 101 sites in Namibia, including a number of outreach sites conducting regular, but not daily, clinics. In FY07, 41,285 individuals had received treatment, including 5,609 (13.6%) children. ART services remain congested at a number of sites, and the continuing 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, 6) roll-out prevention with positives strategies nationwide (excepting three control sites involved in the PwP pilot study), and 6) increase the involvement of people living with HIV/AIDS (PLWHAs) in palliative care and/or adherence support programs to strengthen the adherence strategy.

By 2010, an anticipated 66,854 persons will be on ART in Namibia. Namibia has standardized first and second-line regimens. Currently, 71% of adults on first-line regimens are currently on stavudine/lamivudine/nevirapine (d4T/3TC/NVP) or zidovudine/lamivudine/nevirapine (AZT/3TC/NVP), 21% are on stavudine/lamivudine/efavirenz (d4T/3TC/EFV) or AZT/3TC/EFV, and 8% are on a tenofovir (TDF) containing regimen. Only 2% of patients on ART are on second-line regimens. New national treatment guidelines were released in April 2008 which moved ART away from d4T due to toxicity. The MOHSS and its partners are assessing the financial implications of these new treatment regimens, as well as the costs associated with adopting a higher CD4 threshold for initiating ART.

The Clinton Foundation/UNITAID will continue to work with CMS to negotiate substantial price reductions for CMS for pediatric and second-line drugs, and signed a multi-year memorandum of understanding with the MOHSS to continue to assist CMS with bringing down drug costs in 2008. These negotiations have resulted in the addition of low-cost pediatric fixed dose combination (FDCs) to CMS' formulary, which is likely to substantially improve adherence and efficacy and reduce wastage from previous regimens which involved messy and difficult-to-measure syrups.

In 2007, a procurement plan for 2007 was developed and implemented by the MOHSS, the USG and the Global Fund to consolidate drug procurement through the CMS. Currently, 93% of the drugs procured with PEPFAR funds are FDA-approved generics and 7% are FDA-approved branded products. Funds from MOHSS and other donors will continue to be used to procure non-FDA-approved products. The supply chain for ARVs and related drugs works well and cost-effectively in Namibia, with state-of-the-art pharmacy information system and inventory practices that have virtually eliminated ARV stock-outs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16157

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16157	3883.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$4,152,489
7335	3883.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$4,500,000
3883	3883.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$3,600,000

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $2,311,413

Program Area Narrative:

In FY 2009 COP, the US Government (USG) laboratory support team will continue its strong collaboration with the Namibia Institute of Pathology (NIP), first initiated in FY 2007 COP, to provide laboratory services in support of HIV and HIV-related prevention, treatment, and care.

Contributions of a USG-funded laboratory scientist stationed at the NIP continue to provide enhancement 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 were accomplished in FY 2006 COP. 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 when drug resistance is suspected and for all patients six months after initiation of HAART.

Expertise in TB testing will be of critical importance due to ongoing surveillance for drug-resistant TB. Laboratory staff will also contribute to prevention activities by screening for TB and assisting with STI diagnosis, among other activities. Costs for bio-clinical monitoring are covered under MOHSS. A costing analysis of the USG-supported laboratory services is planned to be conducted with FY 2008 COP funding.

In addition, in FY 2009 COP trainings will be supported for NIP technical and managerial staff from the central and peripheral laboratories based on an ongoing assessment of training needs. Training activities will continue to be focused on laboratory management and will include development of a strategic plan for national laboratory services, a feasibility assessment for establishing a national public health laboratory, bio-clinical monitoring of testing technologies and instrumentation, and quality systems for TB and opportunistic infections (OIs). The USG will continue to work with the International Lab Consortium Partners (ILB) to deliver training. In addition to the short-term training, the USG will continue to support the Polytechnic of Namibia's (NIP) Medical Technology School long term training through the American International Health Alliance (AIHA) twinning program described in the OHSS program area.

The first threshold survey of drug-resistant HIV using the 2006 national sentinel survey specimens was completed in 2007; the testing was performed at the National Institute for Communicable Diseases (NICD) in South Africa by a Namibian scientist. Such testing continues to be a priority for FY 2009 COP, although capacity limitations within NIP and the MOHSS will remain challenges. In FY 2009 COP, NIP and the MOHSS will continue threshold surveys at sentinel sites using 2008 ANC sentinel surveillance specimens as well as using early warning indicators and monitoring HIV drug resistance at selected ARV sites. Arrangements will be made for Namibians to complete training on viral RNA extraction and genetic sequencing at NICD in South Africa.

In FY 2007 COP, the Partnership for Supply Chain Management (SCMS) project facilitated the design of a new laboratory logistics management system for the NIP. This design was developed in close collaboration with all key stakeholders, including USG-funded implementing organizations and other donor organizations, including the Global Fund. In FY 2009 COP, this activity will continue with focus on strengthening the effectiveness and efficiency of NIP's laboratory supplies logistics system.

The Namibian Ministry of Defence (MOD) and National Defence Force (NDF) uses the laboratory facilities of NIP for testing purposes. Emphasizing the unique nature of the military and the issue of confidentiality of data, the MOD has expressed the need to establish their own laboratory facilities within the military hospitals where ART services will be provided. The first MOD lab was established in FY 2008 COP and another lab will be established at another MOD ARV site in FY 2009 COP. NIP will support these initiatives with PEPFAR funding.

As part of improving the quality of services, and to reduce turnaround times for results, laboratory testing will be further decentralized and transportation of specimens and results reporting will be improved at remote facilities. More facilities will be connected to the USG-supported lab information system at NIP (MEDITECH) to improve access to lab results. NIP staff will also participate in planned PHEs and will have regular meetings with clinical staff to review quality of services.

NIP is a national network of thirty six laboratories covering the whole country. There is one central reference lab in Windhoek, regional labs in Oshakati (northwest) and Rundu (northeast), and additional sub-regional and health facility laboratories.

NIP is a para-statal institution, receiving fees for services to the MOHSS and private institutions. PEPFAR provides funding to pay these fees to the MOHSS rather than directly to NIP to increase MOHSS oversight and ownership of the bio-clinical monitoring program. Recurrent costs such as these fees are expected to be among the first costs targeted for absorption by the MOHSS when a Partnership Compact is developed between USG and the Government of the Republic of Namibia (GRN).

Major challenges in Namibia related to laboratory services include the lack of qualified laboratory professionals who are Namibian and willing to work in the public sector, and the vastness of the country. Another challenge is the rapid roll-out of care and treatment services to the whole country without commensurate decentralizing of laboratory services. The national laboratory strategic plan will be developed with assistance from the Association of Public Health Laboratories.

The partnership with international institutions, the planned medical technologists training program at the Polytechnic of Namibia and the development of an NIP training policy, through FY 2009 COP support, will assist Namibia in strengthening laboratory capacity to support all health care programs.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 4661.09 **Mechanism:** N/A

Prime Partner: International Laboratory Branch Consortium Partners

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 3858.23941.09

Planned Funds: $400,000

Activity System ID: 23941

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This is a continuing activity in FY 2009 COP.

The International Laboratory Branch (ILB) consortium partners will continue to provide assistance to fill the training gaps identified at the Namibia Institute of Pathology (NIP) as well play a key role in training of trainers (TOT) in the following manner:

1. The Association of Public Health Laboratories (APHL) will provide assistance with laboratory and leadership management including strategic planning for the national laboratory system.

2. The American Society of Clinical Pathology (ASCP) will support training on bio-monitoring assays such as CD4 methods and instrumentation, chemistry and hematology, and further development of the training resource center.

3. The Clinical Laboratory Standards Institute (CLSI) will help NIP prepare for laboratory accreditation (SANAS), through assessment of NIP's quality management system practices through an active gap analysis and effectiveness assessment program, and standardized laboratory methodology and quality assurance.

The CDC GAP International Laboratory Branch has established a consortium of four US partners with laboratory expertise. The partners include the Association of Public Health Laboratories (APHL), American Society of Clinical Pathology (ASCP), American Society for Microbiology (ASM), and Clinical Laboratory Standards Institute (CLSI). ASM's efforts are reflected under the HVTB program area as their primary areas of focus and include tuberculosis smear microscopy, culture and drug susceptibility testing.

In FY 2007 COP, an in-service Laboratory Training Unit was established within NIP to provide training on new technologies as well as refresher trainings. The ILB consortium partners will continue to provide short-term technical trainings while NIP manages the logistics of the trainings to be conducted. Equipments and reagents procurement for the trainings will be covered by NIP through their cooperative agreement with USG.

In FY 2008 COP, in collaboration with the CDC Office of Global Health (OGH) Field Epidemiology and Laboratory Training Program (FELTP) and the South African National Health Laboratory System (SA-NHLS), the GAP ILB and TB/OI/HIV Program Team (T/HP) established a TB/OI/HIV Regional Laboratory Training Center in South Africa, the African Center for Integrated Laboratory Training (ACILT). ACILT has the explicit mission of training and certifying personnel in standardized techniques and promoting EQA for: TB AFB smear microscopy (for both light and fluorescent microscopy); establishment of EQA programs for TB AFB smear microscopy; mycobacterium culture (using both manual and automated methods); first-line drug susceptibility testing (DST); OI/STI diagnosis; HIV diagnosis, monitoring, and EQA; and bio-safety and infrastructure development. This regional laboratory training center will be used as appropriate to complement Namibia training needs not provided through ILB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16241

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16241	3858.08	HHS/Centers for Disease Control & Prevention	International Laboratory Branch Consortium Partners	7360	4661.08		$350,000
7358	3858.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$0
3858	3858.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3128	1157.06		$396,700

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 1404.09

Mechanism: Cooperative Agreement U62/CCU024419

Prime Partner: Namibia Institute of Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 17320.23982.09

Planned Funds: $939,093

Activity System ID: 23982

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity contains four components: (1) procurement and maintenance of equipment; (2) renovation of laboratories; (3) laboratory training; and (4) salary support for laboratory trainers and an administrative assistant.

1. Namibia's antiretroviral treatment program is rapidly expanding with emphasis on bringing these services closer to patients in remote areas. By its mandate, the Namibia Institute of Pathology (NIP) is required to support the treatment program wherever it is launched. NIP will continue to strengthen its peripheral laboratories in providing diagnostics and basic bio-clinical monitoring services accessible to the patients in remote areas. This will minimize transport of samples to central testing facilities and improve turnaround time. Funds will be used to procure and maintain laboratory equipment for this purpose.

2. Renovations of the molecular diagnostic laboratory and selected peripheral NIP laboratories will accommodate the high volume of testing, make work places safer for laboratory workers, and improve turnaround times.

3. Support the NIP laboratory training unit to handle logistics of all trainings. During FY07 and FY08, ITECH was funded to provide logistical support to the training unit. This responsibility will be handled by NIP's training unit in FY09, a more sustainable arrangement. Workshops will be organized with assistance of the International Laboratory Branch (ILB) consortium partners. The presenting partner will be selected depending on NIP's ongoing training needs. Potential areas for training will be: laboratory management, including strategic planning for the national laboratory system (APHL); bio-monitoring assays such as CD4 methods and instrumentation, chemistry and hematology (ASCP); OI focusing on tuberculosis smear microscopy, culture and drug susceptibility testing, and bio-safety (ASM); and standardized laboratory methodology and quality assurance (CLSI). Funds will be allocated to send NIP staff to attend complementary trainings at the African Center for Integrated Laboratory Training (ACILT) in Johannesburg as well as relevant trainings outside of Namibia.

4. Support the salaries of the 2 technical trainers and the administrative assistant assigned to the training unit.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17320

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17320	17320.08	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	7367	1404.08	Cooperative Agreement U62/CCU024419	$826,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $380,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 24351.09

Planned Funds: $272,320

Activity System ID: 24351

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In a continuation from COP08, this activity will provide funding for 0.7 FTE for a laboratory scientist seconded to the Namibia Institute of Pathology (NIP) by CDC. To reflect the TB responsibilities of this position, the remaining 0.3 FTE is funded through the HVTB program area.

The laboratory scientist provides support to NIP for strengthening HIV diagnosis in young infants, introducing HIV incidence testing into routine antenatal surveillance, continuing surveillance for HIV drug-resistance, improving TB diagnosis and quality assurance. Since FY05, CDC has placed a laboratory scientist at NIP as a technical advisor (TA) 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 was developed and the use of dried blood spots (DBS) was field-tested. During FY06, in collaboration with the Ministry of Health and Social Services (MOHSS) PMTCT program, the diagnostic DNA PCR was introduced for symptomatic infants and HIV-exposed infants at six weeks of age. The TA played a focal role in ensuring that technicians at the central and peripheral NIP labs were trained in PCR, new equipment was purchased, and health workers were trained in the collection of dried blood spots.

The TA will continue to work with the International Laboratory Branch Consortium to coordinate ongoing information sharing between NIP and other laboratories. These continuous quality improvement activities will focus on laboratory management, logistics, strategic planning, and technical training, with a particular emphasis on TB diagnostics. During FY07, the Association of Public Health Laboratories collaborated with NIP to follow up the management training with strategic planning efforts. In COP09, the TA will continue to work with the NIP and the MOHSS to improve turnaround times between specimen collection and receipt of test results by expanding placement of NIP's Meditech lab information system in all ART sites and decentralizing testing to peripheral areas through expanded use of point of care equipment. The TA will also continue to provide assistance to NIP for program reporting.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $272,320

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 6169.09

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

Prime Partner: University of Washington

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 4490.25862.09

Planned Funds: $250,000

Activity System ID: 25862

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

I-TECH will continue to work closely with NIP to support the MOD/NDF to operate their own laboratory facilities within the military hospitals where care and treatment services are provided.

1. In FY09 the military laboratory facilities will continue to cater for HIV screening, CD4 and other basic laboratory bio-clinical monitoring tests necessary for the diagnosis of HIV infection, evaluation of patients before initiation of HAART, and for the monitoring of patients on HAART.

2. COP09 funds will be used to establish a second laboratory facility at the 2nd ARV site, procure laboratory equipment and assist the MOD/NDF to establish a military laboratory network, strengthen quality assurance and build capacity.

3. I-TECH will provide technical assistance to the MOD/NDF for strategic planning and strengthening of the military's laboratory network. I-TECH will provide assistance in logistics and quality assurance. Quality assurance support focuses on pre-analytical (specimen collection, storage, client preparation, specimen referral system) and post-analytical (results reporting, archiving, specimen storage and disposal) processes, as well as external quality assurance.

4. I-TECH will assist the MOD/NDF to establish an effective and sustainable equipment maintenance process in order to ensure uninterrupted services.

5. I-TECH will facilitate the training of an additional five military laboratory personnel through the CDC's International Laboratory Branch Consortium partners and NIP in order to strengthen laboratory systems and ensure provision of quality and sustainable laboratory support services within the military.

6. As ART services expand, I TECH will also conduct further training needs assessment in this important program area so that additional military personnel can be trained to ensure sustainability.

I-TECH will work closely with the MOD/NDF, NIP and the Polytechnic of Namibia to ensure that the MOD/NDF benefits from the long and short term laboratory training programs provided through the Polytechnic of Namibia.

Please review the activity narrative from COP08:

As an expansion of the Military Action and Prevention Program (MAPP), the Ministry of Defense/ Namibian Defense Force (MOD/NDF) has initiated a new HIV/AIDS care and treatment program for its military personnel under FY 2006. Laboratory support is essential for implementation of an ART program in the military. Currently, the MOD/NDF uses the laboratory facilities of the National Institute of Pathology (NIP) for testing purposes. Emphasizing the unique nature of the military and the issue of confidentiality of data, the MOD/NDF has expressed the need to establish their own laboratory facilities within the military hospitals where ART services will be provided.

I-TECH will work very closely with the MOD/NDF and the NIP to establish these laboratory facilities. It is estimated that by the end of the reporting period a total number of 1600 military members will be receiving ART within the military settings during FY 2008. Laboratory services will therefore cater for patient evaluation before initiation of ART, monitoring the clients on ART and the counseling and testing services.

The MOD/NDF has so far trained four laboratory technicians who are seconded to NIP while the MOD/NDF laboratory facilities are being established. Once the laboratory facilities have been established at the two ART sites, these four technicians will be expected to work at those two facilities.

I-TECH will also facilitate the training of at least six military laboratory personnel through NIP in order to ensure appropriate use of the new equipment and provision of quality services and sustainability of services at the military facilities. As the ART services expand, further training needs assessment in this important program area will be conducted so that additional military personnel can be trained to ensure sustainability.

The MOD/NDF will continue to collaborate with the NIP in identifying and selecting critical members to be trained as laboratory technicians in order to ensure the suitability of services in the MOD/NDF facilities. In addition, the MOD/NDF will also continue to seek the support of NIP in terms of quality assurance of the services provided in the military laboratory facilities.

CD4 testing is an important tool for determining clinical eligibility for HAART and coupled with other basic laboratory tests for monitoring HIV-disease. The Ministry of Defense (MOD/NDF) has indicated that it essential to perform CD4 testing as well as other basic monitoring tests within military laboratories in order to ensure effective and sustainable ART service provision within the military health delivery system. CD4 tests are currently being sent to NIP. Due to increased referrals from the military counseling and testing services and the need to regularly monitor patients on HAART, it is anticipated that the requests for CD4 counts will increase markedly in the short term. NIP not only provides these essential services to MOD/NDF but NIP also provides such services to the Ministry of Health and Social Services and other ART service providers, which sometimes delays the return of results to clients such as MOD/NDF.

I-TECH will collaborate with Supply Chain Management Systems (SCMS) in the procurement of equipment and pharmaceuticals for the MOD/NDF ART facilities. Logistics for the procurement of pharmaceuticals will be discussed in details between the MOD/NDF, I-TECH and SCMS.

I-TECH will support MOD/NDF to renovate and upgrade the current laboratory services.

The Defense Attaché Office (DAO) PEPFAR program manager will manage this program and administer

Activity Narrative: funding through I-TECH Namibia.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16110

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16110	4490.08	Department of Defense	University of Washington	7385	6169.08	DOD/I-TECH/U. of Washington	$250,000
8553	4490.07	Department of Defense	University of Washington	6169	6169.07	DOD/I-TECH/U. of Washington	$135,000
4490	4490.06	Department of Defense	University of Washington	3363	3363.06	I-Tech/MoD Treatment, Training, and Oversight	$0

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

*   TB

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 4420.09

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 7451.26996.09

Planned Funds: $450,000

Activity System ID: 26996

Activity Narrative: NEW/REPLACEMENT NARRATIVE

To ensure long-term sustainability of the work of the Namibia Institute of Pathology (NIP), the Partnership for Supply Chain Management (SCMS) will assist in improving national capacity. This will be done through assessments, systems development and supporting policy development, trainings and skills transfer to NIP staff, and the creation of systems and policies that are consistent with the vision and capacity of the NIP. 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. The other focus of this activity is to support NIP to ensure that laboratory reagents and supplies are being provided in sufficient supply and moving through a supply chain system that will support the scale-up of the ART program. The NIP is a parastatal organization mandated to provide laboratory services in Namibia; it operates 36 laboratories across the country.

In COP08, SCMS facilitated the design of a Laboratory Logistics Management System for NIP through a consultative process. SCMS also provided support to redesign the layout of the central warehouse of the NIP and assisted in reorganizing the contents, thus freeing up about 30% of the space without adding additional infrastructure. With COP09 funding, support provided to NIP will ensure that Laboratory Logistics Management System is operated optimally. For this task, SCMS will continue to support the position of a Laboratory Logistics Advisor placed at NIP. SCMS will consultatively develop Standard Operating Procedures (SOPs), a quality manual, Job Aids and train staff on the system.

In COP08, SCMS provided support to do a preliminary review of the materials management module of Meditech® and the initial gaps in the inventory control parameters were noted. A further in depth gaps analysis was made. With COP09 funding, support will continue through formal training of staff at both the central and facility levels, a focus on the gaps found in the analysis and work to increase the knowledge pool at NIP. On the job training and supportive supervision strategies will be carried out periodically to ensure that the system operates optimally and necessary adjustments to the inventory control parameters are made. Support will also be provided for the maintenance of the systems for laboratory equipment management and tracking developed in COP08.

With COP08 funding, support was provided for the review and development of Disposal Policies to govern disposal of obsolete and non-functional equipment and supplies. With COP09 funding, support will be provided for implementation of the SOPs and Job Aids and also physically removing and destroying accumulated equipment in the various NIP warehouses and stores. Continued support will be given to improve and make safe the storage facilities for flammable and corrosive reagents.

SCMS will continue to focus on waste management (disposal of infectious medical waste) by supporting NIP and/or MoHSS in facilitating development and putting in place relevant SOPs and guidelines, maintenance contracts and relevant training of operators.
In COP09 SCMS will continue to work with the NIP in pursuing ISO certification for the central stores through supporting the strengthening of systems and procedures for re-accreditation of the central laboratory, followed by the regional laboratories.

In COP09 SCMS will continue to provide support to strengthen NIP's procurement management systems.

Continued support will also be provided to support standardization, forecasting and quantification of reagents, supplies and equipment.

In COP09, SCMS will also support tertiary institutions to introduce laboratory logistics in their curriculum for training of laboratory technicians.

These activities will ensure that the supply of laboratory supplies remains uninterrupted to support the scale -up of ART services in Namibia.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16188

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16188	7451.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7373	4420.08	SCMS	$450,000
7451	7451.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$389,404

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $225,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $5,868,234

Program Area Narrative:

November 7, 2008

HVSI COP 09 Program Area Summary

The US Government (USG) supports Namibian strategic information (SI) initiatives related to HIV/AIDS within the framework of Namibia's multi-sectoral Integrated Action Plan (IAP) to monitor and evaluate the national response to HIV/AIDS. The IAP outlines SI priorities, including monitoring and evaluation (M&E), health management information systems (HMIS), surveys and surveillance, and public health evaluations (PHE). The IAP is based on Namibia's National M&E Plan, which is designed to track progress toward the 3rd Medium-Term National HIV/AIDS Strategic Plan (2004-2010). Harmonization of USG SI activities with Namibian frameworks and priorities will ensure national ownership, maximum impact, and sustainability.

Namibia's ability to implement the IAP is limited by inadequate human resources, insufficient expertise in SI disciplines, weak information systems, and the absence of a functioning, internationally recognized institutional review board (IRB). USG activities in FY 2009 COP will strengthen Namibian SI capacity through: (1) highly skilled technical advisors; (2) human resources for data entry and management; (3) information technology hardware and software; (4) support in certifying three national IRBs: and (5) other capacity building activities in SI. These activities include support for M&E training and technical assistance in Namibia via implementing partners, scholarships for M&E workshops and short courses at internationally recognized institutions in the region.

The USG SI team is also working with host-country counterparts to prioritize and address SI gaps by building capacity in the integrated use of existing data sources and by promoting key surveys to identify population characteristics related to HIV and TB transmission and prevention. The objective of supporting these gaps is to provide information that will facilitate the design of prevention, care and treatment activities, while building local capacity in SI skills. USG representatives sit on the national M&E committee to ensure coordination of USG SI support with that of government ministries, civil society, and other development partners.

A priority of the USG SI team is to support and improve the national health information systems (HIS) that provide critical data on HIV/AIDS and TB indicators. Since FY 2002, the USG has supported the development of paper-based and electronic information systems that allow calculation of these critical HIV and TB indicators. Since FY2005 COP, the USG has also supported an HIS technical advisor who assists the HIS and M&E subdivisions in the Ministry of Health and Social Services (MOHSS).

Since the FY 2007 COP, the USG has supported: (1) review and revision of the ART clinic-based patient monitoring system (based on the WHO ART card), which included development and roll-out of a locally engineered, computerized system (Filemaker) to capture and report on critical indicators; (2) roll-out and enhancement of the ART pharmacy management information system (PMIS) and commodity tracking system; (3) design and roll-out of the electronic TB information management system; and (4) design and roll-out of a revised routine HIS that captures key epidemiological outcomes (on HIV/AIDS, TB, mortality, PMTCT, and VCT).

The USG will also continue to support the national OVC database in FY 2009 COP through technical assistance (via an implementing partner) to the Ministry of Gender Equality and Child Welfare. In addition, the USG will provide technical assistance via an implementing partner to the Ministry of Education's management information system.

Continuing from the FY 2008 COP, the SI team will also support the information technology component of the HIVQUAL program to facilitate HIV quality-of-care evaluation at the facility level. HIVQUAL relies on a computer-based tool to summarize selected indicators bi-annually, and the SI team will support maintenance and use of that tool in coordination with HIVQual international.

In FY 2009 COP, the USG Department of Defense (DoD) will continue working closely with the Government of Namibia's Ministry of Defence/Namibia Defence Force (MOD/NDF) to build capacity in SI, including the ability to gather and analyze service delivery and survey data, and to analyze the data to improve the quality of care and treatment programs to strategically plan in response to evolving needs, programmatic innovations, and new technologies. DoD will also support the MOD/NDF in building a Health Management Information System for the roll out of their VCT, laboratory facilities and ART services. Continuing from FY 2008 COP activities will be support to the MOD/NDF in compiling the prevalence survey report and disseminating it to relevant authorities. In addition, the USG is supporting short and medium training in M&E for MOD M&E officers as well assisting the MOD in establishing its M&E system.

As noted above, support for M&E systems is another USG priority. A USG technical advisor for M&E has been seconded to the MOHSS M&E Sub-Division since FY 2006 COP and this advisor led USG support for the first national M&E plan, which was launched in late that same year.

During FY 2007 COP, this M&E plan was translated into the Namibia IAP using a 13-component framework developed by a consortium that included the USG, UNAIDS, the World Bank, and other international HIV M&E stakeholders. In FY 2009 COP the USG will support continued refinement and implementation of the IAP.

Since the FY 2007 COP, the USG has supported 13 regional level M&E officers (one per region), who are using various data sources to lead SI activities in each region. In FY 2009 COP the USG will continue to support national and regional implementation of the IAP, with the 13 regional M&E officers playing a pivotal role in data collection, program monitoring, and basic analysis.

Capacity building is a central tenet of the IAP, and the USG supported the development of a Namibian M&E curriculum in FY 2008 COP, and in FY 2009 COP will continue support for the delivery of this curriculum to appropriate personnel in government and partner institutions. USG FY 2009 COP activities will also support the development of key M&E products (annual HIV/AIDS report, UNGASS report, quarterly bulletins) through contributions made by various members of the SI team.

The USG also supports surveys and surveillance systems to: inform the design of prevention, care, and treatment programs; provide inputs for epidemiological projections, and monitor progress toward prevention, care, and treatment goals. In FY 2009 COP, this support will include implementation of the bi-annual sentinel HIV survey and possible incidence testing on banked samples from the 2006 and 2008 sentinel surveys, if deemed appropriate. To establish HIV infection levels in the Namibian military, the USG will continue to support a prevalence study that began in FY 2008 COP. The USG will also continue to support: the implementation of the first ever AIDS Indicator Survey (AIS) with HIV biomarker to evaluate HIV prevalence in the general population; a health facility survey to assess the availability and quality of HIV/AIDS services; and, a behavioral and prevalence survey of prisoners. As has been planned since FY 2005 COP, the USG will also support a survey of TB cases to assess the extent of drug-resistant TB and drug-resistant HIV throughout Namibia. Implementation of a smaller, less in-depth version of this survey took place in 2007 after much delay due to inadequate laboratory capacity, but this challenge has now been overcome. The drug resistance survey implemented with FY 2009 COP funds in 2010 is expected to be comprehensive in nature and to be adequately supported by USG technical advisors to the MOHSS.

Continuing from FY 2006 COP, the USG will support training on the use of the EPP/Spectrum software packages to support HIV-related projections. Using these and other tools, the USG assists in modeling the projected need for clinical, laboratory, and pharmaceutical services through 2014. The USG will continue to support policy decisions by refining projections based on newly available programmatic and survey data and by disseminating computerized policy tools such as EPP Spectrum to policy makers and program planners.

Continuing from FY 2008 COP, the USG Namibia team will build programmatic M&E capacity in community-based, faith-based and non-governmental organizations through training and support visits. As in FY 2007 COP and FY 2008 COP, when the USG Namibia team worked extensively on determining minimum standards of quality for OVC services, the SI team and USG partners will continue emphasizing minimum standards of services to all areas supported by PEFPAR in prevention, care and treatment. Data quality issues will also be addressed through adapting the PEPFAR/Global Fund data quality tool to the local context and working with partners to increase the reliability of their data. Training and supportive supervision will be provided by USG staff and implementing partners to ensure that data quality activities are underway and personnel are properly trained.

Formative evaluations for improving health communication programs and targeted program evaluations as well as operations research will be supported through NGO implementing partners. Such activities include: (1) a KAP survey among MARPs; (2) an outcome evaluation of an integrated income generating and care program; (3) a KAP survey among teachers; and (4) VCT mystery-client evaluations.

In FY 2009 COP, the USG will also support PHEs across the various program areas. Continuing PHEs include: (1) an ART adherence survey; (2) an assessment of infant feeding practices; (3) an evaluation of a comprehensive prevention intervention for HIV care and treatment settings; (4) a quasi-experimental study on changing gender norms that support HIV risk behaviors among men in Namibia; (5) an evaluation of the Windows of Hope life skills prevention program; and (6) an evaluation of compliance to

guidelines on treatment and prescription for HIV/AIDS. At the time of the FY 2009 COP submission, Team Namibia was awaiting final word from the PHE review committee regarding the PHEs newly proposed for FY 2009 COP.

Members of the current USG SI team include the SI advisors for CDC and USAID, the HIV/AIDS project coordinator for DOD, the M&E technical advisor for CDC, the HIS technical advisor (CDC), and, new to FY 2009 COP, an SI program assistant at USAID. SI team members communicate daily to support SI activities and meet regularly (at least monthly).

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 4420.09

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 7452.26997.09

Planned Funds: $80,000

Activity System ID: 26997

Activity Narrative: NEW/REPLACEMENT NARRATIVE

(1) In collaboration with MoHSS-DSP and other stakeholders, SCMS will review a systems and options analysis of available tools (ADT, Meditech, Inventory control system for VCT, HBC kits, filemaker); on the tools currently in use in country. To further enrich the options analysis, SCMS will support a visit(s) to other countries to learn best practices, and recommend options on the way forward in use of tools or synchronization of available tools (US$7,855)

(2) In COP09, SCMS will continue TA to the Logistics Management Information System (LMIS) capable of monitoring national pipelines of ARVs, Test Kits, Laboratory Supplies and other HIV/AIDS related commodities, and also provide TA and support to the HIV/AIDS logistics management unit (HLMU) activities of the MoHSS for the collection and management of HIV/AIDS-related logistics information in support of the LMIS.

(3) In collaboration with MoHSS-DSP and in-country partners, SCMS will participate in the development and implementation of a Central Data Depository (CDR) for HIV/AIDS commodity related data, that will enable the capture, storage, aggregation, processing, transmission and online presentation/reporting for all HIV/AIDS related commodity data capable of managing service statistics, essential logistics data and other related data for ARVs, RTKs, HBC kits, Laboratory reagents and supplies and other HIV/AIDS related commodities. The CDR will receive data from diverse sources to be managed in one solution; these primary source systems include, MSH/SPS ADT/NDB; NIP's Meditech; IntraHealth ICS and HBC supply logistics systems. System requirements, technical design, implementation approach, and supporting material will be defined and documented as appropriate. The developed and implemented CDR for all HIV/AIDS related commodity data will enable efficient managing of the national HIV/AIDS program. SCMS will also support IT specialist services for the implementation and operations of the CDR and needing primary sources systems (US$21,755).

(4) SCMS will continue to provide staff to MoHSS Pharmaceutical Services Division for the position of ART Logistics Pharmacist seconded to the MoHSS handling ART data, LMIS and HLMU activities (US$42,000).

(5) Monitoring and Evaluation: Support the development & implementation of an M&E system to ensure the generation and utilization of quality information to support HIV/AIDS supply chain management activities (US$8,390). This system will extract key supply-chain information from existing information systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16189

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16189	7452.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7373	4420.08	SCMS	$84,700
7452	7452.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$319,483

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$42,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	7656.09	**Mechanism:**	PACT TBD Leader with Associates Cooperative Agreement
Prime Partner:	Pact, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	8038.26990.09	**Planned Funds:**	$325,000
Activity System ID:	26990		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The USG goal of building institutional capacity in Namibia is to increase the effectiveness and capacity of indigenous partners to achieve expanded, quality, and sustainable services while managing their own financial and human resources. Pact's comprehensive capacity building package of support will place a premium on interventions that improve organizational and institutional sustainability, which includes programmatic accountability and using programmatic data for effective decision making (i.e. good M&E). In COP09, Pact will work with 14-20 local non-governmental, faith-based, and community-based partners to improve programmatic accountability, evidence-based management, target planning, and the implementation of (and development of, if necessary) quality assurance tools based on sound evidence.

To improve programmatic accountability, management, and planning, Pact provides monitoring and evaluation assistance to subgrantees both through direct technical support as well as through identified M&E activities built within subgrants. Direct support to subgrantees includes:
(1) assistance with developing M&E plans through participatory approaches; with full M&E assessments for new grantees;
(2) regular review and use of tools for M&E reporting, data collection, data quality improvement, data analysis, presentation, and feedback;
(3) comprehensive M&E trainings;
(4) communities of practice (collaboratives) to share M&E tools and to address common M&E challenges through peer approaches;
(5) focus on ensuring well defined outcomes, with appropriate indicators to measure outcomes and impact on beneficiaries
(6) substantial one-on-one support for partners on M&E plans, tools, and use of information to strengthen programmatic accountability and management of their own programs through documented evidence and information;
(7) regular data verification with feedback for systems strengthening; and
(8) feedback and sharing meetings for cross-learning, sharing of successes, and linking among partners.

Trainings planned for COP09 include basic M&E training for any new subgrantee organizations and new subgrant M&E staff. Higher-level areas of technical support among grantees with more advanced M&E skills and resources include: data quality management, database management, evaluation tools and methodologies, beneficiary involvement and input in monitoring service quality, and community-based monitoring. Support through subgrants cover tailored M&E activities from development of tools to collection, analysis, use, and feedback. Pact also continually advocates for increased M&E skills and an appropriate level of human resources dedicated to M&E among subgrantees' programs. When requested, Pact provides support to the recruitment of M&E staff, including assistance in developing job descriptions and scopes of work.

Pact will also work closely with existing partners (such as EngenderHealth's Male involvement program and AED/C-CHANGE) to ensure that relevant local partners are incorporating and using key male involvement indicators and BCC indicators. Pact also is supporting one grantee, Bicycle Empowerment Network Namibia (BENN), who is partnering with another grantee (Walvis Bay Multipurpose Center) to fully implement their monitoring and evaluation plan around an income generation activity for the WBMPC PLWHA support group.

Pact will also contribute substantially to USG efforts to develop and apply quality assurance tools across all program areas covered by subgrantees. Various areas of assistance for quality assurance and quality improvement include peer education programs, home-based care service delivery, and improvement based on OVC service standards. Pact Namibia will assist grantees to apply the tools to inform and improve quality of existing programs. This specific activity will be undertaken in consultation with stakeholders including USG-supported partners, the Ministry of Health and Social Services (MOHSS), the Ministry of Gender Equality and Child Welfare.

During FY07, Pact and its subgrantees participated in the development of quality standards for OVC services. Pact will work with subgrantees and other partners to develop and implement monitoring tools for capturing service areas according to OVC standards, evaluating quality of services, monitoring outcomes of programs, assuring child-based assessments (using a version of the CSI tool adapted for Namibia), and reporting to appropriate reporting bodies (e.g. MGECW's OVC database). Pact will also ensure progress in linkages, referrals to other services, and follow-up while strengthening the documentation of referrals and follow up.

Assistance in strategic information for subgrantees must also be supported by Ministry engagement and ownership. In collaboration with other key partners, Pact will assist key line ministries to nationalize the quality assurance tools and reporting standards. Pact will particularly focus on the Ministry of Gender Equality and Child Welfare (MGECW); SI activities with the MGECW are integrated into ongoing support to the Ministry for strengthening the country's OVC programs (See Pact OVC). Among these are: continued support to the MGECW, the OVC Permanent Task Force and the database subcommittee, and NGO partners regarding the implementation and use of the national OVC database (see OVC). Pact will directly assist further establishment of MGECW's nascent M&E unit, including continued technical support to monitoring OVC results against the national M&E plan. As this requires participation by civil society, Pact will work closely with all partners on the linkages.

In addition, Pact plans to continue employing a full-time M&E specialist (starting with COP07 resources) seconded to the MGECW. This position was based on the recommendation of a recent gap analysis conducted jointly by USG, UNICEF, and MGECW. The M&E specialist focuses on: (1) building the capacity of the M&E unit, (2) ensuring the National OVC M&E plan is appropriately implemented at all levels, (3) providing guidance to the MGECW on M&E capacity, reporting, and feedback at various levels, (4) addressing evidence-based quality standards and lead the nationalization of OVC quality improvement tools, (5) ensuring only necessary OVC data are collected at appropriate levels and as such support the

Activity Narrative: national OVC database system to streamline data and its use, (6) developing new reports from the OVC database system, (7) assisting the MGECW to improve their information dissemination (an identified gap in the Gap Analysis) and (8) ensuring appropriate linkages and building on existing systems such as the MOHSS's SPM and HMIS systems and Ministry of Education's (MOE) EMIS (supported by AED).

Lastly, Pact will work closely with USG, the MGECW, the MOHSS, RM&E unit, Global Fund, and all partners to ensure harmonization across reporting requirements and formats in order to streamline the burden of reporting to multiple donors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16181

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16181	8038.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$301,302
8038	8038.07	U.S. Agency for International Development	Pact, Inc.	4409	4072.07	Community REACH	$167,198

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $259,626

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6169.09

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

Prime Partner: University of Washington

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 4493.25863.09

Planned Funds: $128,000

Activity System ID: 25863

Activity Narrative: NEW/REPLACEMENT NARRATIVE

I-TECH will continue to work closely with the MOD/NDF to continue to build capacity in strategic information, including the ability to gather and analyze service delivery and survey data, utilize data to improve the quality of care, and to strategically plan in response to evolving needs, programmatic innovations, and new technologies.
Specifically, I-TECH will assist the MOD/NDF to:
1. Conduct own HIV/AIDS prevalence survey. Present prevalence survey results through a survey report and workshops for MOD/NDF senior personnel. I-TECH will work with the Ministry to develop a protocol for conducting the survey.
2. Conduct quarterly Referral, Counseling and Testing (CT) Program Reviews. During the first few reviews, participants will review data from other sites and make recommendations for cleaning data. Reviews will evolve into the use of data for improving the quality of care and planning.
3. Assist the MOD to conduct Quarterly Care and Treatment Program Reviews with a proposed structure similar to the Referral and CT Reviews.
4. Merge HMIS systems for the laboratory, clinic, and pharmacy. Train staff in data management using the merged system.
5. Procure and expand computer/internet connectivity to additional military health sites.
6. Expand HIMS for CT expansion and train CT staff to manage data and information.
7. Build capacity of MOD/NDF IT Specialist in systems management and hardware maintenance.
8. Conduct a Data Use Workshop to coincide with MOD/NDF planning and budgeting cycle.
9. Assist MOD/NDF to evaluate access to services among military staff, their families, and civilian employees working on military bases.
10. Facilitate the participation of MOD/NDF's personnel in relevant Strategic Information training programs at national and international level.
11. Assist the MOD/NDF to establish a monitoring and evaluation system. There is currently no system in place and I-TECH has developed a paper-based HMIS and is working on establishing an electronic one. I-TECH has already started providing training to MOD/NDF personnel and will continue to assist the Ministry to establish a system where all HIV/AIDS related data can be recorded and tracked. This system should be able to feed into the national M&E system of the Ministry of Health and Social Services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16228

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16228	4493.08	Department of Defense	University of Washington	7385	6169.08	DOD/I-TECH/U. of Washington	$128,000
7891	4493.07	Department of Defense	University of Washington	6169	6169.07	DOD/I-TECH/U. of Washington	$90,000
4493	4493.06	Department of Defense	University of Washington	3363	3363.06	I-Tech/MoD Treatment, Training, and Oversight	$60,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $17,600

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3072.09

Mechanism: N/A

Prime Partner: Social Marketing Association/Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 27332.09

Planned Funds: $46,000

Activity System ID: 27332

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING**

Funding for this activity expands on SMA's FY 2007 COP HIV/AIDS AB prevention program for the (i) PolAction project with the Namibian Police under the Ministry of Safety and Security (MoSS) and (ii) Corridors of Hope (COH) project. Both projects started in 2005 and target the most at risk population (MARPs).

MARPs included are female sex workers (FSWs), transport workers, fishermen, female out-of-school youth (FOSY), police and PLWHAs. Secondary targets include the general community, male out of school youth (MOSY) and in-school Youth (ISY). For police, all 13 regions across Namibia are covered through six SMA regional offices working through the Police Regional HIV Coordinators and the Police HIV Peer Educators. For the other MARPs, the following regions are targeted: Khomas, Erongo, Oshana, Omusati, Ohangwena, Kavango, Caprivi, Omaheke and Karas.

Specific components of this activity include the following:

1) Training and Capacity Building
In order to build capacity in the Management of Information system, seven Research/MIS staff will undergo refresher training on data management and seven SMA BCC Officers and three research staff will also undergo refreshers in MIS, Field Research interviews, Focus Group Discussions (FGD) and Key Informant Interviews (KIIs). During FY 2009 COP, four MIS staff and seven BCC officers will also be trained on the collection of MIS using information from the listening group device as explained in the AB and OP activity areas. Peer Educators will be trained and monitored in using MIS forms.

SMA plans to train 40 individuals (eight Police Peer Educators [PEs] and 32 other PEs from CBOs and FBOs working with MARPs) on how to complete referral cards and MIS forms monitoring the referral system and how to respectfully obtain regular feedback on program impact. SMA will also provide the Namibian Police with technical assistance and capacity building with regard to strategic information.

2) Management of Information (MIS)
The MIS system introduced during COP08 will be reviewed continuously and adjustments made based on lessons learned. Project Monitoring and Evaluation Plans will also be updated in collaboration with USAID's M&E Advisor.

MIS forms allow for the tracking of all outreach activities, the PEPP model and referral management, and in FY 2009 COP, the integration of information obtained through listening group sessions, an approach initiated to link the mass media effort of other partners with the messages provided at the community level.

At the service delivery level, all BCC officers and PEs/volunteers fill out forms for each outreach event, recording information such as the type of event, topics covered, number of people reached, challenges, lessons learned and successes. PEs also record all peer session information, such as names and gender of all participants, modules covered and classification of modules (AB or OP). PE sessions are evaluated by BCC officers or peers using evaluation forms. BCC officers collect monthly summary sheets from all PEs and the data are captured at regional SMA offices, before transmittal, in electronic format, to the SMA head office.

A referral system was established in COP08 to refer people who attend SMA activities to other services. Referred services include C&T, STI, TB and support services for people living with HIV/AIDS. Referral cards (clinic and non clinic based) were developed to monitor the number of people referred and the type of services to which they are referred. Referral boxes are available at the service delivery points to collect the referral cards. Appointed BCC officers collect the content of these boxes from the referral points on a monthly basis. The referral directory, developed in conjunction with other partners, will be updated and referral cards adjusted accordingly.

3) Quality Assurance
This component sets parameters for minimum standards, defined in terms of targets and impact needs to be refined during COP08. Information from assessment tools, including checklists, training assessments and peer education tools will be used to identify gaps and challenges and to assess program implementation on a continuous basis. The use of these tools will be expanded to include workplace programs and integration of the TB strategy (new initiatives for FY 2009 COP). Also, feedback from qualitative and quantitative research, field trips and periodic field reports are analyzed during SMA's quarterly review meetings to improve the quality of the program.

4) Supervision
Senior management's quarterly regional supervisory visits evaluate performance and ensure quality of implementation. Regional coordinators supervise BCC officers who in turn supervise PEs. The PEPP model includes tools for the supervision of PEs and peer sessions.

5) Research
SMA will continue to build a research team with the capacity to assess existing evidence that supports sound programmatic decision making, utilizing both qualitative (FGDs and KII) and the quantitative Tracking Results Continuously (TRaC) surveys research. During FY 2009 COP, SMA plans to conduct pre- and post PEPP surveys among FSW, FOSYs and Police. The use of pre- and post questionnaires will be expanded to include private sector companies opting for this service in the workplace program, a new initiative under COP08. Qualitative studies through FGDs and KII for concept and pre-testing of IEC materials and community mapping will also be done. To build on the TRaC survey (COP08) among MARPs, a second round will be conducted in COP10. SMA will only conduct USAID-funded research with approval from USAID's M&E and Prevention Advisors. Results will be shared with partners and interested parties.

An operations research will be conducted to investigate attrition both at the Peer Educators' level and that of

Activity Narrative: the participants. Findings from the study is expected to guide SMA to come up with relevant incentives for the Peer Educators and to further review the number of sessions for the PEPP manual. A review of existing literature will also be done on HIV message priorities for the MARP as SMA revises the existing PEPP manual to highlight priority messages for the different target groups. The completed pre and post PEPP questionnaires will be analyzed to measure the impact of the PEPP among the participants.

6) Technical support
In addition to technical support from PSI and USAID, SMA will work with the following organizations to build capacity and foster a culture of cross learning:
- University of Namibia (UNAM) – SMA will provide internships to 2-4 students and will also seek guidance on International Review Board (IRB) approval issues.
- International University of Management (IUM) – Collaborate on input with regard to concept development and surveys.
- MoHSS – Collaborate with the Research Department and the Division of Special Programs on issues relating to research & M&E.
- Collaborate with research agencies such as SIAPAC, Vision Africa, and others for some of the protocol development and field surveys.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 12176.09

Mechanism: TBD-OVC/Prev RFA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 21270.26949.09

Planned Funds:

Activity System ID: 26949

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$80,000 FUNDING CHANGE FROM AED TO TBD**

The Academy for Educational Development (AED) prevention activities with the Ministry of Education (MOE) have been focused on reducing the number of new HIV infections among teachers, learners and their families, and mitigating the impact of HIV/AIDS on these persons. AED has been funded through an associate award mechanism that is anticipated to end in October 2009. There is currently an external evaluation planned to review the impact of development assistance on the education sector through USAID Development Assistance resources. USAID's education sector program will come to an end in September 2009. As such, USAID/Namibia will work closely with the USG Namibia Team as well as chairs of the Prevention and OVC Technical Working Group in OGAC to design an RFA that continues to support the National Plan of Action for HIV/AIDS (MTP-4) and contributes to the USG/GRN Partnership Framework goals.

With the decentralization of education services to regions, the influx of technical assistance and support from the Millennium Challenge Corporation, and the increased emphasis on USG coordination with development partners, USAID plans to seek support from the OGAC TWG co-chairs of OVC and Prevention, the in-country USG team, and the respective Ministries to design a competitive HIV/AIDS intervention within the Education system and/or with OVC that focuses on:
• preventing new infections among OVC;
• supporting early identification, diagnosis, and treatment of those OVC that are HIV positive
• preventing HIV positive OVC from re-infecting others
• targeting higher risk OVC engaging in transactional sex
. providing psychosocial support to OVC, especially OVC living with HIV/AIDS

Recent 2006/7 National Demographic Health Survey data showed an overall increase in the number of orphans and vulnerable children since 2000. DHS data also revealed that teenage orphans and vulnerable children may be at a greater risk of early sexual debut in Namibia because they may lack adult guidance to help them to protect themselves. In fact, young women who are OVCs are more likely to have sex before age 15 than non-OVCs. According to the Ministry of Health and Social Services in Namibia, there is an average of 40 new HIV infections everyday in Namibia, 43% of which are amongst the 15-24 year old age group.

It is critical for USAID/Namibia to program strategically, potentially build on a foundation of support to the education sector, and consider the right balance of a combination of prevention interventions appropriate to Namibia's generalized epidemic setting. USG Namibia must enter into a partnership agreement/compact with the GRN. As such, investments made in OVC prevention/education over the next five years must also be clearly articulated and coordinated with a reciprocal partnership agreement from the GRN.

The GRN held a mid-term review of their National Strategic Plan on HIV/AIDS Medium Term Plan III (2004-2009) (MTP III), and analyzed the efficiency, effectiveness, relevance, equity, and inclusiveness of their multi-sectoral response to the epidemic. Twenty three years after seeing the first infection in country, it is clear that Namibia is beginning to see a feminization of the epidemic, decimation of its productive working age population in-country, and growing prevalence rates of HIV infection among the female population (young girls). Orphans continue to grow without the nurture and care of parents, and a younger generation is faced with hard choices for survival. Recent antenatal clinic surveillance data points to a potential decease in prevalence amongst youth, however the data is difficult to extrapolate and correlate to a decline in overall prevalence across the country.

USAID/Namibia Mission will seek out technical support from OGAC and the USG Namibia team to design the most cost-effective, high-impact intervention that will improve the provision of quality HIV/AIDS prevention, care and treatment services to OVC. The final TBD partner will be selected based on an RFA that reviews the current array of OVC and prevention programs, look strategically for programming gaps in the respective portfolios, and analyzes data in country to target interventions that are age-appropriate and evidence-based. The intervention will also have an programmatic evaluation component to guide further expansion, and address key issues related to stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21270

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21270	21270.08	U.S. Agency for International Development	Academy for Educational Development	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	$50,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	4665.09	**Mechanism:**	Global Health Fellows Program
Prime Partner:	Public Health Institute	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	8012.27001.09	**Planned Funds:**	$228,662
Activity System ID:	27001		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

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. He 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 and to the local M&E counterparts in the various line ministries, but particularly in the Ministry of Health and Social Services. 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 government of Namibia and development partners in order to provide guidance on program development, evaluation, and coordination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16205

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16205	8012.08	U.S. Agency for International Development	Public Health Institute	7377	4665.08	Global Health Fellows Program	$505,000
8012	8012.07	U.S. Agency for International Development	Public Health Institute	4665	4665.07	Global Health Fellows Program	$255,603

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $130,726

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner: Potentia Namibia Recruitment Consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3892.23956.09

Planned Funds: $1,069,229

Activity System ID: 23956

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity is a continuation of FY 2008 COP activities. The activity provides salary support for various cadres of Strategic Information (SI) staff.

Potentia is a private-sector Namibian human resources agency used to contract personnel that are necessary to support positions for program implementation that are not yet established as formal Government of Namibia (GRN) staff and thus must be hired by a third party.

Each year, Namibian public health services provide PMTCT to more than 40,000 women, VCT to >75,000 additional people, ARV treatment to >55,000, and TB treatment to approximately 20,000 (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.

Since FY 2004 COP, data clerks and analysts hired through Potentia have successfully analyzed and summarized ART and care data to service providers and policy makers at the local and national levels to help track and improve services. National level staff report to the Namibian Government and partners including PEPFAR, the UN, WHO, and the Global Fund. In FY2006COP and FY2007COP the responsibilities of this cadre were expanded beyond routine data collection and reporting to assist, with analytic guidance from USG technical advisors, with national surveys that enable more in-depth program evaluation.

SI personnel included here are those supporting collection, analysis, and reporting of ART, PMTCT, VCT, and TB activities: data clerks, data analysts, graduate student analysts, M& E program administrators and evaluation officers. Representatives from both the USG and the Ministry of Health and Social Services (MOHSS) 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 FY2009COP. Training efforts, combined with a more efficient computer-based management information system, will increase the quantity and quality of program design evaluation (including targeted evaluation) so that successful intervention strategies can be identified and disseminated.

Personnel:

1. Facility-based Data Clerks: The number of facility-based data clerks will remain at 29 in FY 2009 COP, which includes an additional three at a senior level. In FY2007COP the data clerk role was expanded from a focus on ART exclusively to include facilitating data collection, entry and report dissemination for PMTCT, VCT, and TB programs. There is periodic turnover among the data clerk cadre, but a number of clerks have been with the program since June of 2004. When possible, experienced data clerks are promoted to a senior data clerk level.

2. Regional Data Clerks: These positions were created in FY2007COP with one per region. These clerks 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. PCR Data Clerk: This position has been in place since FY 2007 COP and is placed at the national level to coordinate data collection for the growing volume of PCR testing for early infant diagnosis. This clerk receives PCR testing results linked to post-natal PMTCT information. Entry and management of this data enable effective monitoring of the early infant diagnosis program.

4. Data Analysts: Since FY 2005 COP, 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 one senior and one junior data analyst and expanded to include an additional junior and senior data analyst in FY2007COP. The data analysts are assigned to the head office of the MOHSS National Health Information System in Windhoek.

5. Program Administrators for M&E Unit: These three positions will continue from FY 2007/08 COP. They assist with surveillance, evaluation, database management and compiling and disseminating M&E data from around the country. One will coordinate surveillance efforts called for by the National M&E Plan; the second is in charge of technical evaluations; and the third will assist with database management, data quality assurance, and collecting and disseminating HIV-related M&E data from government sectors outside of health and from NGO partners.

6. UNAM Information for Action Fellowship Programme: To support the National AIDS Program with analysis and dissemination of a survey that can be used to improve care and prevention services, the USG, in collaboration with the MOHSS Response Monitoring and Evaluation sub-Division, will offer five scholarships for Namibians who present the best proposals for analysis of recent survey data from Namibia.

These human resources will support the collection and processing of quality data for all HIV services in the country and thus play a central role in the overall SI program area as all SI activities rely on high-quality data. Potentia personnel will target the general population with emphasis areas in strategic information, capacity building, and public health evaluation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16196

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16196	3892.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$1,069,229
7338	3892.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$1,177,833
3892	3892.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$531,229

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,069,229

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3872.23991.09

Planned Funds: $900,000

Activity System ID: 23991

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In FY2009 COP, this continuing activity will support seven components: (1) training workshops in various health sector tools; (2) training workshops in monitoring and evaluation (M&E); (3) training workshops in health information systems; (4) workshops for review of existing M&E frameworks and plans; (5) support for basic program evaluation of the Integrated Management of Adult and Adolescent Illnesses (IMAI) approach; (6) System for Program Monitoring (SPM) trainings; and (7) data triangulation:

The Ministry of Health and Social Services (MOHSS), Response Monitoring and Evaluation (RM&E) sub-division is tasked via the Medium Term Plan III (MTP-III) to monitor the effectiveness of Namibia's HIV/AIDS response. The MTP-III, which covers the time period from 2004 – 2009, outlines a comprehensive vision to combat HIV/AIDS in Namibia. The RM&E unit is tasked with collecting and reporting on the data necessary from the relevant stakeholders to monitor the HHIV/AIDS response. The RM&E unit has developed a strategic M&E plan, the purpose of which is to guide the country's response through the use of critical information on core indictors. However, inadequate human resources, insufficient funding, and lack of technical capacity have hindered the country's ability to develop and implement a cohesive and effective national M&E system.

This activity will focus on training to support the RM&E unit of the National AIDS Program and the National Health Information System (HIS) unit 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, TB and STI strategic information, and thus advance the USG priority to use SI for program and policy improvement. This activity will leverage USG-supported technical advisors, equipment, and personnel provided to the MOHSS with PEPFAR and Global Fund support and relates to a variety of other activities focused on data quality and use.

To support these efforts, the USG will use the expertise of I-TECH, which has been supporting the MOHSS in training healthcare workers in skills and theory related to HIV/AIDS since 2003. I-TECH, in collaboration with CDC, will assist the MOHSS in coordinating training workshops, on data collection and processing, for those responsible for M&E/HIS around the country. I-TECH will assist the MOHSS in coordinating travel, venue, accommodations, and meals for the workshops listed below, while technical instruction and facilitation will be the responsibility of topic-area specialists.

I-TECH will also continue to support and strengthen the M&E capacity of partners such as the University of Namibia (UNAM) and National Health Training Centers (NHTC) as well as the Regional Health Training Centers.

These funds will support the following sub-activities:

1. Training workshops in various health sector tools. This is a continuing activity from FY2004 COP – FY2008 COP. The USG will support six central training workshops, with 15 persons per training, including data clerks and HIS officers. The training will build their data entry, management, and reporting capacity so that they will be proficient in using the MOHSS management information systems for ART/PMTCT/VCT/TB/STI. Data clerks, analysts and other 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 train a total of 120 people.

2. Training workshops in M&E. This sub-activity is a continuation from FY2008 COP. The USG will support one national training workshop for MOHSS personnel (national and regional) and selected partners to build their capacity in the theory and practice of M&E for HIV/AIDS programs. Persons from other line ministries involved in HIV/AIDS, as well as other key partners, will also be trained. I-TECH will provide for travel, accommodations, and meals for participants as well as the meeting facilitators. This activity will support the training of 30 people.

3. Training workshops in health information systems. This sub-activity is a continuation from FY2007 COP. The USG will support six regional workshops to build capacity in the electronic Namibian Routine Health Information System. Each regional training workshop will last five days and will accommodate 15 participants. Regional training workshops will place in Tsumeb, Otjiwarongo, Windhoek, Oshakati, Rundu, and Swakopmund. These training courses will build capacity for health information systems officers to use the National electronic system. This activity will support the training of a total of 180.

4. Workshops for the review of existing M&E frameworks and plans. Monitoring and evaluation of the HIV/AIDS/TB response is guided by nationally approved guidelines and a framework to organize implementation of these guidelines. Though the national guidelines provide broad M&E direction, it is critical that sub-national (regional and organizational) M&E plans be developed and implemented. This activity will support five workshops to review the national M&E plan and to review, develop where needed, and implement regional and institutional M&E plans.

5. Support basic program evaluation of IMAI. The MOHSS in Namibia has adopted the IMAI approach to realize expansion and decentralization of ART services. This strategy entails task shifting from specialized to less specialized health care workers, from doctors to nurses, and from nurses to community counselors. The task of prescribing treatment and monitoring patients living with HIV has shifted from doctors to nurses at first level facilities. In FY2009 COP, I-TECH will roll out IMAI to an additional 32 sites. In order to assess the impact of IMAI, I-TECH will collaborate with the MOHSS to evaluate its effectiveness and use the results to modify the program to more effectively decentralize services and improve their quality.

6. System for Program Monitoring (SPM) trainings. This activity will support M&E training activities for program implementers and program managers, including key personnel from all government sectors involved in HIV/AIDS activities as well as relevant non-government organizations. With the assistance of a

Activity Narrative: Regional M&E expert, an M&E curriculum for the country was developed based on international standards and the criteria used by PEPFAR, Global Fund, UNAIDS and the National AIDS committee (NAC). The SPM is the system by which all non-health sector HIV/AIDS related activities are reported through the Ministry of Regional and Local Government to the NAC. The national M&E tools will also be covered in these training workshops. A total of six trainings will be supported with 15 people per training, for a total of 90 people trained.

7. Data Triangulation. An aspect of this activity that is continuing from FY2008 COP is data triangulation. Through the University of Washington partnership with the University of California San Francisco (UCSF), I-TECH will continue to assist with the data triangulation exercise which was started in collaboration with UCSF, the MOHSS, UNAM and CDC. The aim is to build capacity in Namibian program officers, M&E personnel, and the academic and research community to triangulate data from multiple sources, including surveillance, program data, and special studies. This triangulation activity will provide much needed information which will be used to address key program and policy questions.

Triangulation is a short-hand term for synthesis and integrated analysis of data from multiple sources for program decision making. It is a powerful tool used to demonstrate program impact, identify areas for improvement, direct policy changes, and direct new and enhance existing programs. It strengthens understanding of complex health issues and provides support for making evidence-based public health decisions. The goal of this activity is twofold: to conduct the country-driven data triangulation process to answer key questions prioritized by the country team, and to build the long-term in-country capacity of local stakeholders to use data from multiple sources to provide an evidence base for program and policy decision -making.

The process is guided by the in-country team, led by the MOHSS, and in close collaboration with USG staff. The first stage of the triangulation exercise has been completed, priority questions have been identified, and a task-force formed. The activity will move forward to the next stages of gathering source documents, synthesizing data, and organizing a stakeholder workshop for joint analysis and interpretations of data. The MOHSS and CDC agree that this exercise will be valuable in order to take advantage of the vast amount of data that are currently gathered annually to answer country-specific questions. This continuing collaboration is important to build in-country capacity in the methods used to conduct triangulation and will ultimately allow for the in-country team to continue with the triangulation process to answer future questions that can be used for decision-making. The in-country team and the Triangulation Task Force who will all benefit from this capacity-building exercise in the methods of data triangulation will total 35 people.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16223

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16223	3872.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$965,089
7355	3872.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$313,807
3872	3872.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$13,728

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$900,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	1068.09	**Mechanism:**	Cooperative Agreement U62/CCU024084
Prime Partner:	Ministry of Health and Social Services, Namibia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	3879.24334.09	**Planned Funds:**	$510,000
Activity System ID:	24334		

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$200,000 FUNDING CHANGE FROM HVSI TO HVTB**

FUNDING: $510,000 ($710,000 original - $200,000 to HVTB)

Within this activity there are two main components: (1) Ministry of Health and Social Services (MOHSS) Response, Monitoring and Evaluation (RM&E) support; and (2) antenatal care (ANC) sentinel surveillance 2010 support.

Timely data collection, processing and reporting are essential to measure progress in the National Strategic Plan for HIV/AIDS and to improve services through program evaluation and public health evaluation. The following activities are supported with this funding:

1. MOHSS RM&E Support

a. Computer equipment and connectivity:
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.
i) Computers, including monitors, printers, and uninterrupted power supplies will be procured for all new data clerks and health information systems officers in all ART/PMTCT/CT/TB clinic sites. Where necessary, replacement equipment will be provided for existing data clerks. We assume a replacement of 10% of the computers in the field and will include replacement parts for computer systems that require maintenance.
ii) Software (including antivirus) upgrades.
iii) Memory sticks (65) for ease of transferring files will be purchased for new data staff.
iv) Fast, secure email access to all facility and regional informatics personnel.
Rapid, efficient, secure exchange of data is critical to program monitoring and improvement, but it remains a challenge in Namibia.
v) In FY2006/07COP patient care books were updated to conform to WHO standards. This activity will support production of approximately 20,000 patient books during FY2009COP.
vi) 3G devices for wireless communication by RM&E staff while in the field.
vii) Three laptop computers will be purchased to facilitate training and travel by RM&E staff.

b. Produce patient record forms and site registers for collection and dissemination of routine ART/PMTCT/CT/TB data:
Provision of ART is a complicated endeavor and thorough record keeping is critical to ensure quality patient care. The MOHSS has developed patient booklets and registers to facilitate this record keeping. Record keeping is also essential to PMTCT, TB treatment, and voluntary counseling and testing. This activity will support routine printing of necessary forms, booklets, and registers and their dissemination to the site level.

c. Support medium-term training:
One of the major challenges facing the Namibian response to HIV/AIDS is limited human capacity. Human capacity strengthening through short courses (workshops) has limited ability to provide the more sophisticated skills needed to generate high quality SI in Namibia. This activity will support medium-term training courses (2-4 weeks) for 3-6 staff members from the national RM&E steering committee. This support will cover airfare, tuition, room and board for the participants.

d. Printing and dissemination of RM&E Annual Report:
Dissemination of RM&E reports is essential to inform program managers and policy makers of the HIV/AIDS response. This activity will support the printing and dissemination of this report. Printing will be contracted to the lowest local bidder who is trustworthy and dissemination will occur through regional level dissemination workshops coordinated by the RM&E sub-division.

e. Provide training on database server
In FY2008COP, the USG supported the procurement of a database server to be housed at the Office of the Prime Minister, which will house the various program databases and make them available to those who need to use the data. MOHSS data analysts will be trained in management of data on an SQL server. This will allow efficient management of health data at the central level.

f. Office furniture for RM&E renovated space
The response to HIV/AIDS in Namibia has grown exponentially in recent years and the RM&E staff needs to experience similar growth to ensure strategic information is available to support program and policy. The current RM&E staff complement is limited by the office space available to them. FY2007COP support renovated existing space into which RM&E is continuing to expand. This activity will provide office furniture for expansion into that space. This space is co-located with the national health information systems offices to facilitate collaboration between these related subdivisions.

g. Strengthen monitoring and evaluation capacity at government governing bodies and umbrella organizations:
Quality monitoring and evaluation (M and E) will require capacity building at line ministries and umbrella organizations for civil society. This activity will provide M and E courses for M and E officers at these organizations.

2. ANC Sentinel Surveillance 2010
Every two years the MOHSS conducts an ANC Sentinel Survey to measure HIV prevalence among pregnant women. This funding will support the planning, tool development, training of selected sites, supportive supervision visits to each participating site, the analysis of the results, and the printing and dissemination of the final report.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16159

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16159	3879.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$409,146
7332	3879.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$558,520
3879	3879.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$266,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3859.23970.09

Planned Funds: $1,518,700

Activity System ID: 23970

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity has four main components, three of which are continuing: (1) support local costs for data triangulation activity; (2) office support for SI-related ePMS/HIS and CDC; (3) three technical advisors, and (4) prison HIV prevalence survey (new):

1. Local data triangulation funds: These funds will contribute to the data triangulation exercises by supporting local costs to host the stakeholders' workshops, bringing in the regional data analysts and officers to participate and learn, and to fund local staff travel for data analysis training. (This activity is further described in the I-TECH HVSI narrative).

2. ePMS/HIS and CDC SI support:
This component relates to the USG-supported SI technical advisors and includes: data and monitoring and evaluation (M&E) personnel supported through Potentia; equipment and communications supported through the Ministry of Health and Social Services (MOHSS); training supported through I-TECH; and support to the TB and ART information systems.

- Technical support for software applications: Namibia has adopted or developed information systems for both ART and TB that are separate from the routine Health Information System. These systems are patient -based (with one record per patient per encounter) and hence are more complex than the aggregate systems maintained for routine program information. This activity will support technical assistance to help maintain these systems in the form of training on the software, technical and supportive supervision to newly rolled-out sites, database management, consultants for updating and reprogramming the software based on feedback, and protocol revisions (e.g. new changes to ART guidelines).

-Regional Support Visits: SI personnel will visit the field periodically to support and supervise activities with an emphasis on capacity building. USG will support visits by the response monitoring and evaluation (RM&E) Unit to visit all regions and districts during FY 2009.

-Software support and training: This is to ensure that all CDC staff members that need to use an appropriate statistical package (SPSS, SAS, STATA, etc) have updated licenses and training to be able to use the software to enhance the programs on which they work.

3. Support for three technical advisors (M& E, HMIS, SI): The three SI Technical Advisors to the MOHSS are an integral part of the USG SI program. The MOHSS M&E unit responsible for all monitoring and evaluation is currently undergoing reorganization. In response to any resulting changes, CDC will refine the duties of the three TA positions accordingly.

The first position is a Monitoring and Evaluation Technical Advisor position seconded to the MOHSS RM&E subdivision. The subdivision had requested an epidemiologist to advise on program evaluation, surveillance activities, research, and operations research. The second position is a Health Information Systems Technical Advisor seconded to the MOHSS to advise on and help manage all health information systems for PEPFAR-supported health sector programs (ART, PMTCT, VCT, pharmacy, and lab). The third position is a Strategic Information/M&E Advisor that sits within the MOHSS and CDC and advises on routine program monitoring, program evaluation, data capture and tool development, data triangulation, HIVQual, costing, PEFPAR-related SI, and other special SI projects.

In the past these positions have been funded through a contract with Comforce, but by FY2009COP they will be funded as Personal Service Contractors (PSC) in line with current CDC strategic planning.

4) Prison HIV prevalence survey:
The HIV/AIDS Program in the Government of Namibia's Department of Prison Services, Ministry of Safety and Security has asked CDC Namibia to provide technical assistance in conducting an HIV prevalence study in the national prison system. Although voluntary HIV counseling and testing is currently offered to the incarcerated population and prison staff, there is varied delivery and uptake of these services. At present, the rate of HIV infection among prisoners is unknown. Prisoners likely represent a population in Namibia with an increased vulnerability to HIV infection, and therefore assessing the current impact of HIV/AIDS in prisons could help to improve the health of infected inmates by increasing linkages to medical and social services. In addition, an assessment of potential routes of HIV transmission in prisons will help to inform the development of prison HIV/AIDS programs and serve as an advocacy tool for HIV/AIDS-related prison policy. The survey will be conducted in six Namibian prisons, and will include HIV testing as well as assessment of risk behaviors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16242

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16242	3859.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7390	1157.08		$345,012
7359	3859.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$946,951
3859	3859.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3128	1157.06		$337,567

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $350,000

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1376.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 27492.09

Planned Funds: $92,643

Activity System ID: 27492

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity is for the Strategic Information (SI) program assistant, who will closely assist the USAID SI advisor (activity #8012) in all the program monitoring & evaluation responsibilities of that position. The SI program assistant (a locally filled position) will, after careful training and with close mentoring by the SI advisor, assist the SI advisor in these activities:
(1) reviewing and approving partner progress reports, M&E plans, and COP submissions;
(2) reviewing and advising partners on evaluation protocols;
(3) training partners on M&E and data quality;
(4) verifying partners' reported data through site visits and data quality assessments; and
(5) assisting the GRN and other development partners as needed in their M&E activities, including training, data quality assessments, evaluations, and surveillance activities.

The SI program assistant will be closely mentored by the SI advisor so that local capacity in SI is built. It may seem that the SI program assistant will be responsible for a significant amount of technical work, but that responsibility will be assumed gradually. The idea is to build local capacity and to provide crucial assistance to the SI advisor.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,263

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11680.09

Mechanism: Academy for Educational Development (AED) Cooperative Agreement TBD

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 21271.28579.09

Planned Funds: $0

Activity System ID: 28579

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This PHE activity, Process and Outcome Evaluation of the Windows of Hope Life Skills Prevention Program for Namibian Learners, Aged 10-14 Yrs, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is NA.08.0096.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21271	21271.08	U.S. Agency for International Development	Academy for Educational Development	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	$50,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7648.09

Mechanism: Nawa Life Trust Cooperative Agreement

Prime Partner: Nawa Life Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3768.26980.09

Planned Funds: $100,000

Activity System ID: 26980

Activity Narrative: NEW/REPLACEMENT NARRATIVE

NawaLife Trust (NLT) conducts qualitative evaluations to assist in program planning and implementation efforts and to guide message design and implementation of mass media campaigns.

The local Namibian PHE Committee concluded that the following SI activities proposed by NLT will be considered as basic program evaluations. With COP FY 2009 funds, NLT will do the following evaluations:

(1) Qualitative process evaluation of NawaCinema. This evaluation will answer these questions: (a) What are the perceived challenges for NawaCinema facilitators in conducting program sessions? (b) What are the perceived successes by facilitators of the NawaCinema program? (c) Do audience members consider the NawaCinema content and methodology helpful and effective in raising HIV prevention knowledge and efficacy? (d) What can NawaLife Trust and Community Action Forums do to improve the attendance and participation levels and the quality of videos and facilitation for the NawaCinema program? (e) How are messages gleaned from the NawaCinema program being applied and shared within the implementing communities? (f) What is the perceived level of support by community members and stakeholders for the NawaCinema program? NLT will use in-depth interviews to gauge the perceptions of NawaCinema facilitators. This will be complemented with focus group interviews conducted with previous NawaCinema audience members.

(2) Formative evaluation of Take Control campaign messages. NLT will conduct 6 focus group discussions (FGDs) to understand: (a) what difficulties target audience members (25-49 yrs with an emphasis on men in steady relationships and on 15-35 year old social drinkers) have in understanding, accepting and applying knowledge from mass media messages relating to conducting safer relationships and drinking responsibly; and (b) what can be done to improve mass media messages on these issues? These FGDs may or may not be connected to a panel-based research sustained by Take Control partners.

(3) Formative evaluation of NawaSport mass media materials. NLT will conduct 6 FGDs that explore: (a) what difficulties target audience members (15-35 yrs with an emphasis on men) have in understanding, accepting and applying knowledge from messages relating to reducing partners, encourage men to go for HIV testing and reduce alcohol consumption; and (b) what can be done to improve mass media messages on these issues?

(4) Formative evaluation of IEC materials that focus on VCT, secondary prevention, and multiple concurrent partners. NLT will conduct 6 FGDs that assess: (a) what difficulties target audience members (16-49 yrs with an emphasis on men in steady relationships) have in understanding, accepting and applying knowledge from IEC messages relating to VCT, secondary prevention and multiple concurrent partnerships; and (b) what can be done to improve mass media messages on these issues?

For all evaluations, NLT will create study protocols and submit them for approval from their USAID SI advisor and then from a local IRB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16143

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16143	3768.08	U.S. Agency for International Development	Nawa Life Trust	7648	7648.08	Nawa Life Trust Cooperative Agreement	$126,470
7454	3768.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$465,692
3768	3768.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3061	1146.06	Health Communication Partnership	$975,515

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1388.09

Mechanism: MEASURE DHS

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 16859.26967.09

Planned Funds: $125,000

Activity System ID: 26967

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

An early funding request of US$125,000 was made so that the SPA could proceed in early 2009. Funding is also being provided by Global Fund. A technical working group (TWG) & steering committee have been established for the SPA and the AIS, with representatives from the Central Bureau of Statistics, the Global Fund, MOHSS, the UN family, WHO, USAID, and CDC. Data collection for the SPA is expected to commence in early 2009 and be completed by the middle of 2009. The MOHSS will lead in data collection, with technical assistance from the TWG and Macrointernational (under cooperative agreement with USAID). The final SPA report should be completed by the end of FY2009.

Please review the activity narrative from COP08:

This is a new activity in FY 2008 and relates to the Namibia Institute of Pathology (7367), CTS Global (7355), the Partnership for Supply Chain Management (7373), and the Public Health Institute (7377).

In FY 2005, the USG Namibia allocated funds to ORC Macro to support the Ministry of Health and Social Services (MOHSS) in planning, coordination, tool development, implementation, data collection, data analysis, and report writing for the HIV-focused Health Services Provision Assessment (SPA). The SPA is designed to assess the capacity of health facilities to respond to the HIV/AIDS epidemic through a series of structured interviews administered to various clinical personnel at a probability sample of health facilities country wide. Technical committee meetings for the SPA began in August 2005 with the development and refinement of the survey tools. Data collection was anticipated for beginning to mid-2006, yet implementation was delayed due to the availability of key MOHSS counterparts. In FY 2006, this survey was again put aside due to other pressing priorities such as the Demographic and Health Survey (DHS). The money was reprogrammed to support the DHS as it was more expensive than initially planned.

In partnership with MOHSS counterparts and close collaboration with the Response, Monitoring and Evaluation unit (R,M&E) annual work plan, the SPA has become a priority for FY 2008. The $500,000 will be allocated to Macro International in order to continue the process they began in 2005. They will provide technical assistance to MOHSS counterparts to update the survey instruments, collect data, analyze the data and write the final report.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16859

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16859	16859.08	U.S. Agency for International Development	Macro International	7363	1388.08	MEASURE DHS	$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1388.09

Mechanism: MEASURE DHS

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 19404.26968.09

Planned Funds: $450,000

Activity System ID: 26968

Activity Narrative: NEW/REPLACEMENT NARRATIVE

Funds for this activity (an AIDS Indicator Survey (AIS)) will be provided by PEPFAR and the Global Fund. The proportions provided by each will depend on the final total costs of the AIS, which are still being determined by the AIS Technical Working Group (TWG) and the AIS Steering Committee. The TWG includes representatives from the Global Fund, USAID, CDC, MOHSS, the Central Bureau of Statistics, and the UN family. It is expected that data collection will be completed by the end of 2009 and the report will be written sometime in early 2010. Technical assistance will be provided by Macro International (under cooperative agreement with USAID).

The population-based AIS was developed to provide countries with the tools necessary to obtain survey-based indicators for effective monitoring of national HIV/AIDS programs. Existing HIV surveillance systems are often ill-equipped to capture the diversity of HIV epidemics around the world or to explain changes in epidemics over time. Strengthened systems aim to concentrate resources where they will yield information that is most useful in reducing the spread of HIV and in providing care for those affected. The AIS survey, combining behavioral data with biomedical surveillance and care and support indicators, is an essential part of this expanded second generation surveillance.

The design for the AIS was guided by the need to have a survey protocol that will provide, in a timely fashion and at a reasonable cost, the information required for meeting HIV/AIDS program reporting requirements, including supporting assessment of trends between survey rounds. Current M&E guidelines suggest population surveys should be conducted at 2-3 year intervals. To meet these demands, the approach taken in the protocol is standardized and indicator-driven and is intentionally streamlined in order to facilitate data collection, processing, analysis, and reporting. The protocol allows for some customization of the survey design and adjustment of the sample to meet varying data needs. However, to keep the survey implementation rapid and cost-effective, changes in the basic protocol should be kept to a minimum.

AIS SURVEY INSTRUMENTS
The AIS consists of two survey instruments: the household questionnaire and the individual questionnaire. Surveys can either opt for paper questionnaires or, as appropriate, use of personal data assistants (PDAs). The household questionnaire includes a “household schedule,” which is used to identify eligible men and women (based on age, typically ages 15-49) for individual interviews and to obtain information on basic characteristics of the household and its members. Specifically, information is obtained on parental survivorship and residence, which provides the basis for the calculation of the number of orphans and vulnerable children. In addition, indicators on care and support and on orphans and vulnerable children are included as part of the household questionnaire.

The individual questionnaire, which is used to interview both women or men, obtains data on: background characteristics, pattern of marital unions, age at sexual debut, patterns of sexual behavior in the last 12 months, condom use, experience with sexually transmitted infections (STIs) and treatment response to self-reported STIs, knowledge and attitudes related to HIV/AIDS, and coverage of HIV-testing. In some countries, testing for HIV may be incorporated into the AIS. An additional module on adult mortality is included in the AIS Package which may also be added to the AIDS Indicator Survey.

In developing the AIS instrument, particular attention was focused on questions directly relating to AIDS Program M&E indicators, in particular UNAIDS, UNGASS/AIDS, UNICEF and the President’s Emergency Plan for AIDS Relief indicators. The AIS is intended to provide countries with the survey-based indicators for effective HIV/AIDS program monitoring.

During the last decade there has been an increased effort to track the progress in the area of HIV/AIDS. A number of international agencies and organizations have developed indicators designed to aid in this process, many of which have been incorporated into the AIS.

SAMPLE DESIGN
The AIS sample design is typically a conventional two-stage cluster sample survey which is representative at the national level and for both urban and rural areas. To ensure high quality results, a minimum of 60 sample points are selected in both the urban and rural domains, for a total of 120 clusters. If sub-national estimates are desired (e.g., provincial or regional estimates), a larger sample would most likely be required. Sample design and size also depends on whether or not HIV testing is included and if so, the estimated prevalence rate and estimated level of acceptance to participate. The second sampling stage typically involves selection of an average of about 25 households per clusters, for a total of approximately 3,000 households. In all households, all women and men age 15-49 are generally eligible to participate. Survey results are presented by sex, age group (youth, other ages) and by urban/rural residence.

ORGANIZATIONAL ARRANGEMENTS
AIS surveys are typically conducted by the government statistical offices, in close collaboration with the Ministry of Health. A Steering Committee and/or a Technical Advisory Committee is usually established to guide the design and implementation of the survey as well as to invite comments from the broader audience of potential survey stakeholders as a means of enhancing the usefulness and acceptance of the survey.

Macro International provides technical assistance for the AIS through the MEASURE DHS project. Typically, an AIS with HIV testing requires about 8-10 visits at critical stages by staff with varying expertise (e.g., survey design, sampling, biomarker training, data processing, report writing). Macro also provides the use of its package of standard materials like the core questionnaires, field manuals, data processing programs, report templates, and data dissemination materials.

TIMETABLE
Namibia has begun initial discussions with Macro for the AIS to begin data collection in approximately September 2009. The Ministry of Health has formed a Technical Working Group that has met multiple times and will begin more intensive planning 6-10 months prior to the projected start of the data collection as per

Activity Narrative: the Macro recommendations. This is especially important since HIV testing will be included in the AIS, in order to allow for ethical review of the testing protocol and for ordering and shipping of supplies. CDC TA for lab is included in this TWG in order to advise on the testing and logistics management as well as the USAID and CDC SI/M&E Advisors. The survey takes approximately 12-18 months to complete, including 6-8 months of preparation (design, approvals, sampling, pretesting), 2-3 months of fieldwork, 2 months of data processing and tabulation, and 2-3 months for report writing, editing, and formatting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19404

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19404	19404.08	U.S. Agency for International Development	Macro International	7363	1388.08	MEASURE DHS	$1,650,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 7458.26964.09

Planned Funds: $40,000

Activity System ID: 26964

Activity Narrative: NEW/REPLACEMENT NARRATIVE

IntraHealth (IH) will support all its sub-partners in the use of information for effective program management. This will be done through improving and harmonizing data collection tools; ensuring data coordination, data mining, analysis, and ultimately dissemination; and using evidence-based program planning and improvement. The following are some of activities in different program areas.

The main activities included in this program area will include:
1. Electronic Patient Management System Support:
1.a. IH will continue its support to both the MoHSS and FBH sites through technical assistance in updating the created system whenever needed.
1.b. The support is mainly central and managed by the chief of party, the newly recruited M&E officer and the HRIS/informatics technical advisor.
1.c. Continue the maintenance and support of the software through troubleshooting solving activities and training of MoHSS IT staff, TOT training and FBH staff. This training will involve newly recruited staff and Data Clerk as well as refreshing training for currently trained staff.
1.d. Support of the IMAI sites whenever requested by the MoHSS and FBHs to ensure proper roll out of the software beyond the district hospitals whenever requested.
2. VCT software Support:
2.a. IH will continue the activities started in COP07 (creation of the software) and will build on activities proposed in COP08 concerning the roll out of the VCT software to both integrated VCT and standalone sites.
2.b. Training of staff and updating the system as needed.
3. M&E Staff training:
3.a. In order to strengthen implementing partners' SI capability, IH will support the training of 30 staff members from operational levels on M&E through workshops organized with the help of local and regional consultants in collaboration with RM&E and other USG partners. This will aim at ensuring capacity building of the partners for a sustainable monitoring system and routine evaluation activities with special emphasis on data quality, analysis, and use.
3.b. Regional M&E workshop in Pretoria to enroll one senior staff to attend this workshop.
3.c. Regular and periodic (at least quarterly) data quality assessment activities for data auditing.
4. Mystery Clients:
4.a. IH will train a 4-5 mystery clients per region to serve the assessment of client satisfaction and service quality in different services outlets for its partners' organization mainly on VCT. This will include daily subsistence allowances, traveling, accommodation, etc as costs for the mystery clients' services.
4.b. IH will use local expert to help in analysis of mystery clients reports.
5. Focus group discussions: As part of quality assessment services for VCT sites, IH will support and strengthen focus group discussions aiming to improve programmatic decision-making. Suggestion box may be added as a tool for the same aims. IH staff are active members of the national M&E technical working group committee and as such will continue to support the strengthening of this committee which in turn supports the activities of the MOHSS Response M&E division. One of the major activities is the National multi-sectoral monitoring and evaluation of HIV/AIDS program. Working towards its full implementation will ensure that Namibia follows the "three ones" principles of UNAIDS. Finally, IH will work with the MOHSS Research unit, the RM&E subdivision, and other USG partners to revive the national research agenda and ensure the wealth of data gathered during the past PEPFAR implementation years can be systematically and rigorously investigated to produce information for planning and decision making based on Namibian evidence. Community meetings will be fostered to disseminate in layman language critical information pertaining to the different program areas in order to increase community ownership and involvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16137	7458.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$42,624
7458	7458.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$143,287

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7650.09

Mechanism: Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 17037.26972.09

Planned Funds: $175,000

Activity System ID: 26972

Activity Narrative: NEW/REPLACEMENT ACTIVITY

This activity under Management Science for Health's Strengthening Pharmaceutical Systems project (MSH/SPS) has two components: 1) implementation of the ART Commodity Tracking System at treatment facilities; and 2) support for data quality, program monitoring and the Pharmacy Management Information System (PMIS).

1) The ART Commodity Tracking System: The strategic information activities described below will facilitate improved procurement and distribution of ART commodities nationwide. This activity is related to USG technical advisors supported through CTS Global (7233) and strategic information personnel supported through Potentia (7338).

ART commodities tracking has been an on-going activity since COP 06. In line with the decentralization of ART services, strengthening pharmaceutical management, patient management and reporting at all identified sites is essential. MSH/SPS will continue to support health facilities using the ART Dispensing Tool (ADT), thereby ensuring that all sites providing full ART services and ART outreach services enhance their work with timely information for decision making.

MSH/SPS will also rollout the ADT to 15 new treatment facilities with the highest volume of patients and train and refresh 40 pharmacy and nursing staffs that use the ADT in new and existing facilities that are already using the ADT. To promote the rational use and planning of ART services, MSH/SPS will obtain data on the number of patients, by category, receiving treatment at facilities and also encourage the use of the ADT tool for periodic reviews of the use of ARVs and OI medicines.

In conjunction with the Ministry of Health and Social Services' (MoHSS) Directorate of Special Programs as well as the Pharmaceutical Services Division, MSH/SPS will also identify critical information gaps in the delivery of ART in Namibia which can be adequately filled by the ADT, and amend the ADT accordingly. MSH/SPS will enhance reporting systems from the ADT National Level Data Base by incorporating additional reports and queries as required by the MoHSS. Data on ARV consumption from this database will be used by the SCMS-proposed Central Data Repository to enhance national level quantification of ARVs

MSH/SPS will also continue to support the Information Systems Administrator at the MoHSS Pharmaceutical Services Division to ensure that the ADT and other electronic tools are adequately supported and maintained. (This position is part of the HTXS support through Potentia.)

The ADT will also be updated to enable reporting on PMTCT activities in the country; once this system is implemented, up to 60% of PMTCT patients will be reported on and adequately covered. Linkages between the ADT and other systems such as the Health Information System (HIS) and the Electronic Patient Management System (ePMS) used in the MoHSS, will also be strengthened.

Finally, data from MSH/SPS' ART Commodity Tracking System (ACTS) will be utilized by SCMS to ensure timely quantification for the central medical stores.

2) Support for data quality, program monitoring and the Pharmacy Management Information System (PMIS).

The PMIS was launched in July 2007 and subsequently implemented in all 13 regions of Namibia. Information from the system is used both at local facility and national levels for monitoring and evaluating pharmaceutical system performance for planning purposes and to guide decision-making. .In FY 2009 COP, MSH/SPS will continue to support the implementation of the system, especially in strengthening data quality and collection and aspects of reporting. In addition, MSH/SPS will provide technical assistance for utilizing the PMIS to monitor the quality of pharmaceutical care and services, including ART services, at treatment facilities. Using the information gathered from the PMIS, MSH/SPS will provide technical assistance in identifying weaknesses and designing interventions to improve quality of treatment and care services at all levels of the healthcare system.

MSH/SPS will also provide technical assistance to the MoHSS for the roll-out and implementation of some of the PMIS indicators at the Primary Health Care level, especially for monitoring pharmaceutical care and services following the decentralization of ART services and palliative care to this level. MSH/SPS will further provide technical assistance for the incorporation of some key PMIS indicators into the HIS and the National Essential Indicator Framework.

In addition, MSH/SPS will provide technical assistance to the MoHSS & the PMIS taskforce for the planned review of both system implementation and system indicators, incorporating feedback from the users and making revisions as necessary.

MSH/SPS will also support a series of activities to improve data quality including: improving timeliness, completeness, accuracy and quality of data collected and reported; conducting data quality audit activities in selected facilities; and providing training on data quality to all regional pharmacists from the 13 regions. MSH/SPS will also provide support for data synthesis and triangulation of HIV treatment data and link this information with other care indicators, e.g. palliative care, IPT, CPT, and CB DOTS.

MSH/SPS will continue providing technical assistance to the MoHSS-convened Monitoring and Evaluation Committee by submitting reports on specific pharmaceutical indicators, as requested.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17037

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17037	17037.08	U.S. Agency for International Development	Management Sciences for Health	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A -00-07-00002-00	$180,600

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $8,642,507

Program Area Narrative:

Despite tremendous obstacles, including one of the highest rates of HIV in the world, severe shortages of health care providers, and sparse populations across vast distances, Namibia has excelled at rolling out HIV programs, ranking among PEPFAR countries first for ART coverage and second for PMTCT coverage. Emerging as a newly independent nation liberated from apartheid only in 1990, the Government of the Republic of Namibia (GRN) should be commended for its ongoing commitment to bringing HIV prevention, care and treatment services to its residents.

The Partnership Compact Concept Paper between the US Government (USG) and the GRN recognizes the GRN's success to date in delivering recurrent services. The Concept Paper commits the USG to focusing more on agreed-upon priority areas, including prevention, systems strengthening, and human capacity development. Some of the most pressing systems strengthening needs include:

- Pre- and in-service training for Namibians in HIV and HIV-related fields;
- Public health leadership training for current managers and supervisors to include personnel management, fiscal management, and using data for decision making;
- Integrated and comprehensive health information systems (to include clinical, laboratory and pharmacy systems) that are networked between central and peripheral levels;
- Infection control for both patients and health care workers, especially in view of increasing numbers of MDR and XDR tuberculosis cases in Namibia;
- Enhancements to health facilities to better serve the burgeoning number of individuals in need of services;
- Decentralization of services via outreach and task-shifting to reach rural communities;
- Strategic planning to guide sustainability and the possible integration of HIV care and treatment services within primary health care; and
- Improved linkages between facility- and community-based programs.

Only recently classified as a lower-middle income country, Namibia fares better, in general, than its Sub-Saharan peers in its health status indicators, such as maternal and child mortality, bringing services closer to orphans and vulnerable children and the

increased number of people accessing antiretroviral services. One notable exception is the Namibian population's life expectancy, which at 47 years due to the HIV/AIDS epidemic, is lower than the averages of Sub-Saharan African countries (48 years) and that of lower-middle income countries (67 years). However, Namibia reveals worse health status and health systems indicators than its income group peers. Moreover, its unique geography and population structure further call for broad support to the health system, in order to ensure equity, efficiency, and quality in the scale-up of services to mitigate the HIV/AIDS epidemic.

The Ministry of Health and Social Services (MOHSS) clearly recognizes the importance of coordination with and communication between the large number of donors and stakeholders supporting HIV/AIDS and other health programming in Namibia. Strengthening the Namibian health system is crucial for maximizing the impact and reach of leveraged resources from the MOHSS, PEPFAR, the Global Fund, and other donors. By leveraging limited resources to strengthen the Namibian health system to support HIV services, other programs, such as primary health care and other communicable disease programs, such as TB and STI, are also strengthened. Furthermore, USG officials continue to collaborate with the MOHSS and other ministries on a daily basis to develop and implement HIV-related efforts. This close collaboration increases expertise and ensures country ownership and the sustainability of programs beyond PEPFAR.

In COP09, the USG will continue to support health systems strengthening as a platform to foster and strengthen new and existing collaboration and coordination among donors, the government actors involved in HIV/AIDS programs, public and private sectors, and civil society, in order to maximize results. Through its cross-cutting health system strengthening portfolio, USG will work under the leadership of the GRN/MOHSS to support the sustainable transfer of technical capacity to the GRN and to local institutions.

USG programs will continue to be guided by the GRN's National HIV/AIDS Policy and Third Medium Term Plan (MTP III) to reduce the incidence of HIV infections to below epidemic threshold (1%). USG will support country leadership of HIV/AIDS programming and contribute to:
• Reducing new infections of HIV, STI, and TB through evidence-based prevention programming;
• Continuing to increase access to cost-effective, and high quality treatment, care, and support services for all people living with or affected by HIV/AIDS, with a particular emphasis on outreach-based services in COP09;
• Strengthening and expanding the capacity for local, culturally sensitive responses to mitigate socio-economic impacts of HIV/AIDS;
• Strengthening of an enabling environment so that people infected and affected with HIV/AIDS access equal rights in a culture of acceptance, openness, and compassion; and,
• Developing strategic plans for integrated and coordinated program management to keep pace with increasing ownership of HIV programs and increasing numbers of Namibians needing HIV prevention, care, and treatment services.

The USG aims to achieve maximum improvements in the overall health status of Namibians through improving service delivery for primary health care, alleviating the human resource crisis, facilitating the use of data for participatory decision-making, continuing to strengthen pharmaceutical management, and strengthening the leadership and governance capacity of health sector stakeholders. The USG will seek to leverage HIV/AIDS programming to maximize the positive effects of these interventions into other health areas. All health systems strengthening activities will be guided by a focus on achieving and monitoring results, both in the scale-up of HIV/AIDS programs and the overall improved health of the population.

Strengthening the capacity of Namibian government institutions: Following the recent Health Systems Review, which highlighted the system's strengths and weaknesses, the PEPFAR program will continue to support the capacity development of the GRN and parastatal institutions such as the Namibia Institute of Pathology (NIP) to plan, manage, and implement HIV programs and, in NIP's case, to establish a true national public health laboratory.

With COP09, PEPFAR will continue to support the capacity development of the MOHSS' Directorate of Special Programs, which oversees the national HIV/AIDS response. One fundamental strategy in capacity development that will continue to strengthen capacity is PEPFAR's continued support for technical advisors who work on a daily basis with MOHSS and other ministry counterparts to strengthen PMTCT, care and treatment, TB/HIV integration, capacity building, counseling and testing, laboratory services, clinical quality assurance, monitoring and evaluation, strategic information, health information systems, and OVCs. These TAs will continue to provide day-to-day guidance and assistance to increase the capabilities of their counterparts.

PEPFAR will further assist the MOHSS in addressing Namibia's human resource challenges through recruitment, placement, and pre- and in-service training of health professionals across a wide range of specialties, including community counselors. These community counselors are a cadre of laypersons who provide CT and other supportive services within the clinical setting. The GRN is currently in the process of adding a position for "public health worker" to its staff establishment which will serve as a platform for absorbing CCs and, equally important, will provide an entry-level position for persons who can be groomed to take on increasingly responsible positions within the public sector.

More details on Namibia's health workforce development can be found in the HCD narrative. PEPFAR will also continue to assist the MOHSS in improving the quality of their evidence-based decision making through improved tracking of financial resources for health through National Health Accounts and HIV/AIDS sub-accounts. PEPFAR will also continue to support the Central Medical Stores, the MOHSS' well-established procurement system, to respond to increasing decentralization of services to the peripheral level and to strengthen medicine safety and logistics program. Overall, PEPFAR will assist its counterparts in the Namibian government in both policy development and implementation, as well as in monitoring and evaluation of programs.

Strengthening local partner organizations: PEPFAR will continue to strengthen local non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs) and Regional and Constituency AIDS Coordinating Committees (RACOCs and CACOCs) supporting the delivery of HIV/AIDS services, as well as umbrella organizations, particularly in financial and human resource management and accountability, local leadership, and policy and strategic development. During

COP 09 PEPFAR will continue to assist Namibian organizations to transition to direct funding. These organizations will continue to receive follow-on organizational development support in order to ensure their long-term sustainability.

Furthermore, through participatory assessments, PEPFAR will continue to work with local partner organizations to strengthen strategic planning and evidence-based decision-making. PEPFAR will also support the development of criteria for local partner graduation in order to promote a holistic approach to strengthening organizations. Lastly, PEPFAR will continue to support the expansion of academic training institutions, such as the Polytechnic of Namibia (PoN) and the University of Namibia (UNAM), to provide more training options for future health professionals, by supporting their staff and their organizational development (please see HCD narrative for more details).

Long term training: In addition to providing long term bursaries (scholarships) in country or in other countries, PEPFAR will provide long-term training opportunities for at least two young Namibian students through the Fulbright Scholarship Program to obtain their Masters in Public Health at US universities. Cross-border projects and twinning programs will also be promoted where feasible between Namibia and other southern African countries in order to promote south-south collaboration and the sharing of best principles in addressing HIV/AIDS.

Support for construction, renovation and decentralization: The lack of suitable physical infrastructure in many of Namibia's health facilities, particularly in rural areas, poses a great challenge to service delivery for HIV/AIDS, TB, and primary health care. In COP09, PEPFAR will respond to this challenge by providing targeted assistance in the area of infrastructure. This will include procurement of updated equipment and supplies, renovation and refurbishment of HIV and TB clinical facilities, support for outreach teams to include mobile units, and development of policies for maintenance of health facilities, including a report on the current state of the facilities unit.

PEPFAR support to the Namibian health workforce and human capacity development, as well as to the health information system, can be found in the HCD and SI program area narratives, respectively.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	7650.09	**Mechanism:**	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	17259.26973.09	**Planned Funds:**	$675,462
Activity System ID:	26973		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity has five components: (1) improving governance in medicine regulation; (2) strengthening the regulatory framework to ensure safety and effectiveness medicines; (3) strengthening TIPC and adverse events data collection, analysis and use for regulatory and policy decisions; (4) providing technical assistance for the implementation of the NPMP; and (5) strengthening sustainable human resource capacity for the delivery of pharmaceutical services.

1. Improving governance in medicine regulation. This is an expansion of FY08 activity ID 17259.08 to expand SPS efforts in providing support to build capacity and strengthen medicines regulation systems that will enable the Namibia Medicine Regulatory Council (NMRC) to achieve and sustain a strengthened regulatory system that assures safety, quality, and effectiveness of medicines used in Namibia. SPS will achieve this by applying an integrated approach to medicines regulation through supporting the NMRC secretariat's, registration, inspection and quality surveillance, and therapeutics information and Pharmacovigilance center (TIPC) activities. The integrated approach to strengthening medicines regulation with focus on ARVs will improve local capacity and lead to sustained awareness, improved stewardship in safeguarding public health, containment of safety scares and guarantee public trust in the safety of program medicines. There are two components of this activity; with FY09 funds SPS will provide support to NMRC and PC&I towards the implementation of systems and standards established in FY08 to ensure transparency and good governance in medicine regulation in Namibia. Also SPS will continue on FY08 activities to improve in-country quality assurance. MSH/SPS will work with the MoHSS to ensure that the Quality Surveillance laboratory is accredited by WHO and work with SCMS to strengthen routine quality testing of all HIV medicines used in facilities in Namibia. SPS will provide training to 30 (13 regional pharmacists, 7 principal pharmacists from 7 regions, 7 customs / Ministry of trade officials and 3 MoHSS headquarters staff responsible for inspection) persons on medicines inspection. Experiences gained in FY08 in the implementation of the Minilab technology at selected ports of entry will be scaled up. SPS will also provide other infrastructure support to improve inspection activities. SPS will continued support for the NMRC website and domain and other strategies to ensure free access to medicine regulation information to the public. This activity will enhance transparency and good governance in medicine regulation in Namibia.

2. Strengthening the regulatory framework to ensure safety and effectiveness medicines. This activity is to strengthen the regulatory framework to ensure safety and effectiveness of ARVs, TB and OI medicines. This is an expansion of FY08 activity ID 17259.08. In FY09 SPS will expand efforts at monitoring real-life experiences with the use of ARVs, TB, and OI medicines including other new essential medicines. SPS will improve in-country capacity for post marketing surveillance activities by providing trainings to 30 (1 technical staff from each of the 13 regional/health facility TCs, 10 member of the Essential Medicines committee, and 7 Policy Control and Inspection subdivision of the MoHSS) and health care workers on pharmacoepidemiology methods, comparative effectiveness reviews, and other methods for monitoring the real-life safety and effectiveness of new essential medicines. In FY08 SPS developed a pharmacovigilance model to introduce patient-initiated adverse event reporting. In FY09 SPS will utilize experiences from FY08 to expand the potential of patient-initiated reporting. SPS will collaborate with DSP/TBCAP to train CBOs that support DOTS, home based care and treatment programs in monitoring side effects and adverse drug reactions to ARVs and TB medicines in all the 13 regions of Namibia. Data collected will be useful in defining and quantifying the incidence and prevalence of adverse drug events related to TB medicines. Results from these analyses will inform guidelines changes and regulatory decisions. Also in FY09 SPS will set up 3 sentinel sites to implement an active surveillance activity to monitor the safety of 2nd line ARVs.

3. Strengthening TIPC and adverse events data collection, analysis and use for regulatory and policy decisions. This is an expansion of FY08 activity ID 17259.08 to provide ongoing support to for optimal functioning of the TIPC. In FY08 SPS provided support to TIPC for subscriptions for software, database, journals, infrastructure and the development of IEC materials. In FY09 SPS will continue to provide support to ensure continued functioning of the center. SPS will also provide other support towards the implementation of other TIPC activities including training 120 health care workers on ADR reporting, publication of the Namibia Medicines Watch, and other activities to improve medicine safety monitoring in Namibia.

4. Providing technical assistance for the implementation of the NPMP. In FY06 and FY07 RPM Plus conducted a consultancy that reviewed the National Medicines Policy (NMP). In FY08 SPS collaborated with MoHSS to conduct workshops on the implementation of the National Pharmaceutical Master Plan, NPMP. This is an expansion of FY08 activity ID 17259.08 to support MoHSS with the implementation of key aspects of the NPMP that will facilitate the delivery of ART services. For instance SPS will collaborate with MoHSS towards the finalization of the development of the national formulary initiated in FY08.

5. Strengthening sustainable human resource capacity for the delivery of pharmaceutical services. Unavailability of sufficient, adequately trained and skilled manpower continues to be a challenge in the provision of quality pharmaceutical care services required to support the expansion and scale-up of ART services in Namibia. This is an expansion of FY08 activity ID 17259.08 and focuses on human capacity development. The aim is to improve local capacity at all levels for sustainable pharmaceutical management expertise. This will be achieved in a number of ways:
(a.) SPS will collaborate with the NHTC, Namibia Polytechnic, UNAM, Interim Health Professions Council (IHPC), Pharmaceutical Society of Namibia (PSN), MoHSS and other stakeholders to develop a strategy for increased enrollment and training of pharmacist's assistants and other middle level pharmacy officers. SPS support will strengthen IHPC and PSN continuing professional development (CPD) programs to ensure that pharmacy officers are adequately trained on provision of pharmaceutical services. SPS will collaborate with UNAM, NHTC and stakeholders to ensure sustainable leadership and management training programs and promote the incorporation of continuous quality improvement skills (like MTP-Monitoring Training and Planning) into pre-service training for health providers.
(b.) SPS will support the UNAM pharmacotherapy program for nurses and newly developed pharmacy program to incorporate HIV/AIDS pharmaceutical management modules. SPS will provide support towards the functioning of the local chapter of the International Network for improving Rational Use of Drugs,

Activity Narrative: INRUD.
(c.) SPS will collaborate with MoHSS to review the pharmaceutical staff establishment at the central level to meet the current scope of pharmaceutical services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17259

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17259	17259.08	U.S. Agency for International Development	Management Sciences for Health	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A -00-07-00002-00	$700,462

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $65,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3078.09

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 4738.26965.09

Planned Funds: $400,000

Activity System ID: 26965

Activity Narrative: NEW/REPLACEMENT NARRATIVE

IntraHealth/Namibia, the Capacity is expecting as a result of its COP FY 2006 to 08 capacity building process to transition to direct funding two sub-grantee partners: Catholic Health Services (CHS) and Lifeline/Childline (LL/CL) in COP FY 2009. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY09 funding, i.e., continuing resolution (CR), these 2 organizations may initially have to enter into a 'Leader with Associates Award' under IntraHealth and move to direct funding when they meet 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 the 2 organizations are deemed eligible and are approved by the Pretoria USAID Regional Contracting office.

During COP FY 2006 and COP FY 2007, IntraHealth/Capacity Project (IH) partnered with the MoHSS stakeholder leadership group (SLG) to strengthen existing human resource information systems (HRIS). Working with a comprehensive SLG covering all users and producers of Human Resource for Health (HRH) data has helped ensure ownership of system strengthening efforts. Working together, the SLG agreed on implementation goals including establishment of a charter to define the group's mission, primary roles and responsibilities and decision making processes as well as development of data sharing agreements among and between HRH data managers. In COP FY 2008 and COP FY 2009, IH will continue to build on the successes as well as formalize the remaining activities as planned with SLG. IH will focus specifically on: (i) developing and refining the data collection and reporting tools necessary to provide essential indicators as defined by the SLG; (ii) supporting infrastructure improvements where HRH data are collected and processed; (iii) improving links between MoHSS HRIS systems and the existing Office of Prime Minister (OPM) system; (iv) providing training to better assist the data collection and analysis and improved infrastructure; (v) establishing automated interfaces enabling the sharing of common information generated between the MoHSS and key stakeholders such as NAMAF, CHS, Health Professions Council and others; and (vi) complete the coverage of the networking started in COP FY 2007 and COP FY 2009.

With work in COP FY 2007 heavily focused on strengthening central level systems, we propose to work with the SLG to link the private and public sector systems and to focus on expanding the access to and use of data at the district level in COP FY 2008 and COP FY 2009. For information to reach the MoHSS in a timely manner and in order to move to a fully computerized HRIS, the regions require computers, reliable internet connectivity, and basic data entry and analysis training. In COP FY 2008, IH would have hosted a regional (SADC) data collection and analysis training conference for IntraHealth Country Offices. In COP FY 2009, IH plans to host a local Namibian Data Collection and analysis training conference for the MoHSS and its stakeholders.

To ensure sustainability, IH will continue training on data quality as well as the effective use of information in influencing policy and management decisions. Training on data and information use not only supports the utility and continued strength of HRIS systems but also provides support for many key cross-cutting areas including identifying gender issues, looking for incentive and retention trends and examining distribution of staff with specific areas of specialty.

During COP FY 2007, IH supported Life Line/Child Line (LL/CL) by creating software that captures training sessions, trained staff, facilitators, participants' scores, language and region of service. During COP FY 2008 and COP FY 2009, IH will continue the support and maintenance, as well as training of more staff, to manage the database.

During COP FY 2007, IH assessed the internal operations and management practices of three partner organizations (CHS, LMS and LL/CL). This assessment focused on the HRM and supervision practices in particular and identified a number of weaknesses that were undermining the performance and quality service delivery. In COP FY 2008 and COP FY 2009, IH will continue to strengthen the HRM processes within all partner organizations, particularly in the areas of supervision, and policies and practices to support staff retention, motivation and development.

The Namibian HIV Clinicians Society (HCS) has been a key partner in training private and public health care providers and has become one of the main actors in promoting quality HIV care in Namibian's private sector. The ability of the Society will be further strengthened to respond to the need for continuous professional development through regional branches. With the assistance from IH, the HIV Clinicians' Society will organize professional development seminars, meetings and case discussions for at least 120 participants throughout the country, including private and state practitioners and pharmacists. The Society will facilitate the dissemination of scientific information and lessons learned to its members. For this purpose, IH will continue to support the capacity of HCS to organize training sessions and seminars, and facilitate networking among clinicians. IH will support HCS by continuing support and training of financial and administrative staff seconded to their office.

On strategic planning for PEPFAR indicators, provision of palliative care other than clinical palliative care will be requested to report such activity. FBHs provide facility-based clinical palliative care as well prevention palliative care. To expand the services, IH would have performed the KAP for spiritual care training needs and trained 12 clergy on HIV related issues and link these skilled clergy to the ART sites during COP FY 2008. In COP FY 2009, FBHs will commence offering spiritual care to their HIV patients and families.

IH will continue supporting its local partners on managerial, financial and administrative capacity through training of their staff. During COP FY 2009, IH will train 36 staff from the 10 different organizations/partners in collaboration with PACT as some of the IH partners are also PACT partners.

With CP staff actively involved in the National Male Circumcision task force, the drive towards full scale up of safe MC as part of a comprehensive prevention package within the 6 FBFs by COP FY 2008 will be

Activity Narrative: achieved through advocacy work including media response, education, information (evening lectures) and assist the MoHSS in finalizing the policy guideline and action framework. These activities will be continued during COP FY 2009.

The completion of the situational analysis has provided substance to the action framework for service delivery of MC in selected pilot sites to be started in COP FY 2008 and continued in COP FY 2009. CP will collaborate with MoHSS, other USG partners, UNAIDS and WHO in the task force in designing and providing a national training program on MC SOP in line with WHO/UNAIDS/JHPIEGO Technical Manual. CP and its partners will ensure the performance improvement and the quality of services will be of high standard through continuous supervisory and support visits and reports from trained staff and their organizations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16139

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16139	4738.08	U.S. Agency for International Development	IntraHealth International, Inc	7361	3078.08	The Capacity Project	$500,000
7407	4738.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$282,151
4738	4738.06	U.S. Agency for International Development	IntraHealth International, Inc	3078	3078.06	The Capacity Project	$35,244

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $155,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11530.09

Mechanism: UN Small Grants Fund

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 28143.09

Planned Funds:

Activity System ID: 28143

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The Small Grants Fund on HIV and AIDS (SGF) was established by the Partnership Forum in 2002 as a funding mechanism by which small scale CBOs and NGOs involved in the response to HIV and AIDS could be assisted in carrying out catalytic advocacy, prevention, care and support activities. These organizations have limited capacity and are not usually successful at accessing funding directly from donors. The SGF has, since inception, been supported by the Finnish Embassy, the Embassy of the Kingdom of the Netherlands and the Swedish Embassy. The WHO contributes in-kind support.

The PEPFAR Team in Namibia routinely receives numerous unsolicited proposals for funding from such organizations, but because of constraints in USG funding mechanisms there are often few or no alternatives through which PEPFAR Namibia can spontaneously respond affirmatively to such requests.

Through PEPFAR support provided to the Small Grants Fund in COP FY 2009, future unsolicited, qualified proposals received by PEPFAR Namibia will be forwarded to the SGF for consideration. Successful applicants will receive appropriate capacity building assistance that will be targeted to enhancing grass roots organizations throughout Namibia, thereby adding value to national strategic HIV/AIDS plans (MTPs 3 and 4) and strengthening local responses. Locally well established NGOs and CBOs that can access alternative sources of funding will not be eligible for SGF support.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11181.09

Mechanism: Twinning

Prime Partner: American International Health Alliance

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 27343.09

Planned Funds: $302,000

Activity System ID: 27343

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This area has one component: AIHA's support for a "twinning" arrangement between the Polytechnic of Namibia and the University of Arkansas Medical Sciences to deliver an undergraduate program for medical technologists, the first in Namibia.

In an activity initiated in 2007, PEPFAR will continue to support an arrangement between the Polytechnic of Namibia (PoN) and the University of Arkansas Medical Sciences (UAMS) through the AIHA Twinning Center. 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 was a critical need to more effectively and expeditiously train students with an interest and aptitude for this field.

UAMS was competitively selected as PoN's twin and continues to assist PoN with curriculum development and classroom instruction. This effort will allow for further PoN capacity building, as the guidance shared through this twinning effort will 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.

Initially intended as a one-year arrangement to assist with start-up activities, the twinning will enter its third year with FY 2009 COP support. Support is continuing because of the overwhelming demand for this program; 400 applicants applied for 20 slots in the first year. PEPFAR support will likely be phased out in FY 2010 COP, as the first class of medical technologists graduates.

In addition to PEPFAR support, the PoN program is receiving technical assistance, equipment, and other resources from a variety of stakeholders, including the Namibia Institute of Pathology (the parastatal national laboratory) , PathCare (the largest private laboratory in Namibia), and the Namibia Blood Transfusion Service.

AIHA's role in the partnership is primarily one of coordination and engaging other organizations, such as the American Society of Clinical Pathologists, to provide additional technical support. UAMS continues to provide lecturers, jointly hosts digital video conference training aired in both Namibia and the US, assists with curricula development, and provides guidance on program administration. In addition to their work on the medical technologist program, UAMS is also providing in-kind guidance to PoN on expanding both the environmental health and emergency medicine programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$302,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	1162.09	**Mechanism:**	N/A
Prime Partner:	US Department of State	**USG Agency:**	Department of State / African Affairs
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	27494.09	**Planned Funds:**	$85,000
Activity System ID:	27494		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The Fulbright PEPFAR Fellowship will fund the study of Namibia scholars in the fields of public health, medical technology, epidemiology, behavior change, public administration, business administration, nutrition, palliative care, counseling, and others under the Junior Staff Development Program. The expectation is that a Namibian PEPFAR Fulbright Fellow will spend 2 years in the United States to complete their master's degree and then return to Namibia to pursue a career in the Ministry of Health or one of the other PEPFAR partner ministries, with an NGO, or in academia teaching Namibian students how to fight HIV/AIDS.

By sending them to the United States for their formative post-tertiary education, these Fellows will not only learn the newest techniques in fighting HIV/AIDS but will also develop lasting relationships with U.S. HIV/AIDS academics and professionals that will assist Namibia in its future fight. Further, these scholars will return to Namibia with a far better understanding of both American policy and how Americans think and work. This will improve our day-to-day cooperation at the working level and even more so when these Fellows attain positions of authority.

While the program cannot ensure that all scholars will return and work in Namibia, in the 18 years that this Embassy has run the program, only 1 Fulbrighter has remained in the U.S.

Fulbright Scholars are supported by the Department of State (ECA); the Institute of International Education (IIE), which administers the Fulbright program; the Fulbright program through their educational institution, and through contact with the Embassy.

Scholars are selected through a rigorous process. There is an initial paper selection based on resume, degrees, etc. The Senior Cultural Assistant in the Public Affairs Section at the U.S. Embassy then makes an initial selection of those deemed qualified who are then interviewed by the PAO, visiting American Fulbright scholars, and, in this case, PEPFAR representatives. A short list is created from the interviews and everyone on the list must then take the TOEFL and GRE exams. They also complete an online application. Their applications, test scores, formal transcripts, recommendations etc are forwarded to the Fulbright Program in the U.S. where they are reviewed for completeness and then reviewed by a panel of senior U.S. academic experts. Once finalists are selected, the Fulbright Program then sends their applications to U.S. universities for placement.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$42,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$42,500
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12151.09

Mechanism: I-TECH / CDC MHP Mentoring

Prime Partner: University of Washington

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17361.23976.09

Planned Funds: $658,000

Activity System ID: 23976

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity was first funded in COP08, and includes funding for twinning between a western or African School of Public Health (SPH) to twin with the University of Namibia (UNAM) to build on UNAM's existing MPH program

CDC Funding Opportunity Announcement (FOA) CDC-RFA-PS09-908 will provide the mechanism for open competition and selection of the prime partner for this activity. This FOA closed on October 21, 2008 and will likely be awarded in December 2008. Once the award is made, representatives from the US Government (USG), the Government of the Republic of Namibia (GRN), the University of Namibia (UNAM), and the selected twin will refine a detailed scope of work, objectives, and timelines.

The selected SPH will partner with the University of Namibia (UNAM) to build on the existing MPH program at that institution to develop a master's level program in public health leadership, along with certificate programs in strategic information and nutrition. Human resources capacity development for the health sector has been identified as a major gap in Namibia's ability to turn the tide of the HIV epidemic. While the USG supports the Ministry of Health and Social Services to provide bursaries for Namibians to attend medical, pharmacy and medical technologist schools, more effort needs to be concentrated on building academic institutions in Namibia in order to ensure sustainability and reduce costs.

In Namibia, there is a clear lack of personnel who have received formal education in public health concepts and practices to serve as current and future leaders of Namibia's public health system. Often, persons in high level positions supporting HIV prevention, care and treatment programming in-county are non-Namibians. With PEPFAR support, this activity will subsidize or defray tuition for up to 50 qualified Namibians each year. The leadership program will focus on developing core knowledge, skills and abilities with the goal of producing graduates who can move into mid- and high-level positions within the national and regional governments, bilateral and multilateral organizations, and non-governmental organizations including grassroots organizations.

Coursework in the public health leadership program will include an overview of current issues in public health, with an emphasis on the diseases and conditions most affecting Namibia and sub-Saharan Africa; fiscal, personnel and resource management; gender issues; monitoring and evaluation; basic epidemiology; health policy; technical writing; negotiation skills; advocacy, public relations and community mobilization; and social marketing. The selected SPH will be expected to assist UNAM with curriculum development, provide faculty to teach alongside UNAM instructors, secure equipment, and promote and evaluate the program.

Alongside the MPH degree program in public health leadership, a diploma or certificate program will be developed and offered in clinical nutrition and monitoring and evaluation (M&E). While short-term strategies are supported by the USG and MOHSS to address the serious human resources gaps and capacity constraints in clinical nutrition and HIV, there is a need to support longer-term, sustainable solutions. This activity will strengthen the public health program at the local university and result in a cadre of certified Namibian professionals with a high level of nutritional knowledge who will fulfill the consistent clinical nutrition human resource gaps for the MOHSS and other line Ministries, NGO and private sector partners. Program emphasis will be placed on clinical nutrition assessment, monitoring and rehabilitation of severe acute malnutrition, expanded safe infant and young child feeding education, effective nutritional management with ART and HIV-related symptoms through both theory-based learning and practicum-based learning modules.

These funds will further go to offer an M&E diploma or certificate curriculum at UNAM. The program will continue to engage the Response, Monitoring and Evaluation (R, M&E), Health Information Systems, and Research sub-Divisions within the Ministry of Health and Social Services (MOHSS), and the Central Bureau of Statistics under the National Planning Commission. Ensuring the quality of the content of the courses as well as local and regional relevance will be facilitated through the involvement of R, M &E and their knowledge of other similar programs and M&E curriculum.

This partnership will serve to strengthen the M&E courses at the local university, fulfill the consistent M&E training needs for the MOHSS and the line Ministries, NGO and private sector partners, and create a skilled cadre of Namibians to fill the continual job demand for those equipped with a high level of M&E knowledge and experience.

Although UNAM's SPH is located in Windhoek, we expect the coverage to be national in scope through the provision of distance-based education. Students enrolled in the program will also be required to complete an HIV-oriented practicum in collaboration with governmental and non-governmental organizations located throughout the country.

In COP09, the partnership will explore the feasibility of adding new components in social work and alcohol/substance abuse counseling. Such discussions will begin after the twinning university is defined.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17361

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17361	17361.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7733	7733.08	TBD/CDC MHP Mentoring	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $658,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1068.09

Mechanism: Cooperative Agreement U62/CCU024084

Prime Partner: Ministry of Health and Social Services, Namibia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3874.24335.09

Planned Funds: $950,000

Activity System ID: 24335

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity, funded since COP05, provides scholarships (bursaries) to train Namibian students to become health professionals. Since COP05, PEPFAR has supported a total 943 bursaries for Namibians to study medicine, nursing, pharmacy, social work, public health, and other allied health fields.

Inadequate human resource capacity is among the leading obstacles to the development and sustainability of HIV/AIDS-related health services in Namibia. The USG has recognized pre-service training as instrumental in sustainability of HIV efforts in Namibia, and despite a reduced budget this year, this is one area prioritized for expansion. Funding in COP09 for bursaries has increased by 18% from COP08.

There is a critical human resources gap at facility levels to delivery of HIV prevention, care, and treatment services in Namibia. The lack of pre-service training institutions for doctors and pharmacists in Namibia, coupled with limited ability to train other allied health professionals, contributes to a chronic shortage of health professionals who can provide comprehensive services on the scale and at the level of quality that is required. In 2007, the vacancy rate in the Ministry of Health and Social Services (MOHSS) was 35% for doctors, 22% for registered nurses, 26% for enrolled nurses, and 41% for pharmacists.

Other non-PEPFAR resources from the USG are leveraged to improve Namibia's somewhat weak secondary education to prepare students for health careers. This includes support from the Millennium Challenge Account for textbooks and the Ambassador's Scholarship Program that support scholarships for young girls to attend grades 8 through 12.

COP09 will support bursaries for a minimum of 400 Namibians to train as doctors, pharmacists, pharmacy assistants, nurses, enrolled nurses, laboratory technologists, social workers, public health administrators, epidemiologists, and nutritionists in Namibia, South Africa, and Kenya. Students are bonded to serve the MOHSS upon completion of studies and will work in an area related to HIV/AIDS. In addition to these fields of study, further support for monitoring and evaluation and information technology training is outlined in the MOHSS' HVSI program narrative.

While some students will receive bursaries to study outside of Namibia, many others will receive bursaries to enroll in pre-service programs in Namibia supported with PEPFAR funds. These pre-service programs include the nursing and pharmacy training programs at the National Health Training Center (NHTC) and University of Namibia (UNAM), the medical technology training program at the Polytechnic of Namibia (PoN), and the public health program at UNAM.

1. Nursing and Pharmacy Training. 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 NHTC, who can be trained in two years instead of four years, and for registered nurses at UNAM. These positions are urgently needed as task-shifting and Integrated Management of Adult Illness (IMAI) continues to be rolled out.

2. Medical Technology Training. PEPFAR will support up to 20 bursaries for students in the laboratory technologist program at the PoN, which began enrolling students in January 2008. This new program is supported by PEPFAR through a twinning relationship between PoN and the University of Arkansas for Medical Sciences, through AIHA.

3. Public Health Training. Bursaries will also support students who enroll in the PEPFAR-supported MPH program in public health leadership and certificate programs in monitoring and evaluation and nutrition. These programs were initiated with COP08 funds to support a twinning arrangement with a TBD school of public health and UNAM.

Once funding is approved, PEPFAR will work with the MOHSS' Division of Public Policies and Human Resources Development (PPHRD) to assess current and future needs as well as long- and short-term costs to determine the exact number and type of bursaries that will be supported. In 2009, PEPFAR will work in collaboration with PPHRD to ensure that the bursary program is widely advertised throughout Namibia and to update and refine the application process for the program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16160	3874.08	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	7365	1068.08	Cooperative Agreement U62/CCU024084	$806,857
7328	3874.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	4383	1068.07	Cooperative Agreement U62/CCU024084	$809,308
3874	3874.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	3134	1068.06		$212,500

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $950,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1065.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3869.23992.09

Planned Funds: $597,985

Activity System ID: 23992

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity includes I-TECH's training and technical support to: (1) Namibia's digital video conferencing (DVC) network, (2) the University of Namibia's nurses training program, (3) the Ministry of Health and Social Services' (MOHSS) National and Regional Health Training Centers, and (4) MOHSS' Directorate of Special Programmes.

1. Digital Video Conferencing (DVC) I-TECH, with support and technical assistance from CDC and other partners, has been using DVC to save time and resources and to bridge distances to inform, train and work with people in remote locations simultaneously. DVC has provided opportunities to rapidly share and build on practical experience by allowing those who have been trained to give rapid feedback to trainers and to address local challenges by consulting with colleagues throughout the country. Benefits arise from reduced travel time, lodging, fuel and travel costs and significant increases in the number of people trained and updated on policy guidelines.

With PEPFAR funds, the necessary components for a successful DVC program are in place and the program is expanding. Program components include the installation of equipment (camera system and peripherals) in a network of training centers and hospitals, staff trained to operate and communicate through the equipment, informational materials adapted for videoconferencing and regional visits by the DVC technical team to provide technical support and maintain equipment. The topics addressed using DVC include: ART, PMTCT, VCT, OI, TB, nutrition, and psycho-social issues related to HIV and AIDS as part of pre-service and in-service training carried out by I-TECH and partners. Since the start of the DVC Programme, 125 sessions have been held, with a total attendance of 5,869.

Activities during FY2009COP will strengthen and expand the partnership between MOHSS, I-TECH, CDC and other partners in using DVC for training and managing HIV and related health problems. DVC will continue to be used for training events, meetings, interviews, budget discussions, curriculum reviews and communicating prevention strategies, as well as for dealing with management issues.

There are currently 12 DVC sites across the country. Six of these sites are based at Health Training Centres (Windhoek, Keetmanshoop, Otjiwarongo, Oshakati, Rundu, Engela), one at the MOHSS Directorate of Special Programmes (Windhoek), two at hospitals in Katima Mulilo and Opuwo, one in the MOHSS Regional Directorate office in Swakopmund, one in Luderitz Hospital, and one at the I-TECH office as a testing site. Two new sites are going on-line at the Grootfontein Hospital and the Onandjokwe Training College for Nurses.

With FY2008COP funds, I-TECH developed training materials and manuals for DVC operators. The DVC team also successfully hosted the second annual DVC Technical Conference, where over 40 participants attended. The team also achieved great success in presenting the second Annual DVC Film Festival which showcases African films with HIV themes.

With FY2009COP funds, four new DVC sites will be initiated, which will ensure coverage in all thirteen regions for the first time. DVC operators will be recruited and employed by I-TECH for all sites outside the Health Training Network (where Resource Centre Assistants are already employed by I-TECH). This will begin to develop local capacity for DVC. It is anticipated that these positions will eventually be absorbed into the future MOHSS staff establishment. These operators will be trained alongside staff responsible for operating the equipment at all 13 Regional Councils.

With FY2009COP funds, I-TECH will also improve communications between national and regional sites with the installation of internet connections, including wireless connections at NHTC, and provision of conference phones. DVC operators at new sites will receive laptops. DVC activities and schedules will be posted on a DVC Website to be designed and managed by the I-TECH DVC Technician. I-TECH will expand the capabilities of existing systems by procuring additional equipment including spare parts, laptops and microphones. I-TECH will also assist the MOHSS IT Department in building its capacity.

I-TECH will increase participation by creating more links between health facilities, NGOs and other line Ministries in the prevention of HIV infection and the provision of services. DVC will continue to target public and private sector healthcare workers but also increase participation from multiple sectors through the involvement of Regional AIDS Coordinating Committees (RACOCS).

To ensure sustainability and national capacity building, the DVC network is now largely managed by Namibians. The DVC Team is headed by the I-TECH DVC Manager, supported by a DVC Program Advisor, who liaises with the Head of Information Services at the National Health Training Centre (NHTC), as well as with Resource Centre Assistants at regional sites. Technical support is provided by the I-TECH DVC Technician.

An assistant to the DVC Manager will be employed by I-TECH to enable proper management and harmonization of the expanding National DVC Network together with the Distance Learning Program. I-TECH plans to strengthen the use of DVC within the Pre-Service sub-division of NHTC and the 13 RACOCs.

The DVC Technician, with support from I-TECH and CDC Systems Administrators, will manage and maintain DVC equipment using an 'Integrated Logistics Support Plan' designed by the DVC Technical Consultant. DVC Assistants and Operators will continue to liaise with the I-TECH DVC Manager and the Head of Information Services at NHTC to implement the program by inviting local audiences and assisting in moderation, as well as assisting local presenters to prepare materials for DVC sessions. They will work to draw more participants from districts outside the main towns where the equipment is located.

The DVC Technical Advisory Group will continue to promote the use of DVC in Namibia and explore how to get better service from equipment suppliers and service companies through technical consultations,

Activity Narrative: research and an annual DVC Technical Conference. Exploration of DVC/IT technical capabilities, creative applications and further evolution of the program will continue to be supported by the DVC Technical Consultant and the DVC Program Advisor. Plans are underway to institutionalize this working group under the auspices of the MOHSS, possibly within the information technology unit.

The DVC Schedule will expand from an average of 91 to 150 events per year and increase annual attendance from 3,681 in FY2008COP to 5,000 in FY2009COP. Participation in events will diversify to include more line Ministries, NGOs and community workers involved in HIV and AIDS activities. Due to unforeseen difficulties experienced with repairing DVC equipment in FY2008COP, these targets will not be increased from COP2008COP levels.

FY2009COP topics and training will continue to cover subjects in core HIV and AIDS curricula (ART, PMTCT, laboratory, OI, TB, HCT/RT, IMAI,Nutrition, etc) and provide opportunities for specialists to reach remote sites. As courses or programs evolve, new topics will be included. Pre-service HIV and AIDS training of HCWs through NHTC will develop further to involve interaction between students at different sites through joint lessons and debates. Quantitative and qualitative evaluation data will be collected and regularly entered into the DVC database, which will be further refined to document and assess impact and to improve the program.

2. University of Namibia (UNAM). The HIV/AIDS epidemic in Namibia has posed challenges to tertiary institutions in general and to the University of Namibia in particular, because tertiary institutions have the potential to be an instrument of change and can also play an active role in mitigating the impact of HIV/AIDS.
Nursing education at UNAM is striving to improve the quality of nursing education, and ultimately improve the quality of HIV nursing care provided. However, inadequate comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists still remains an obstacle to rapid scale-up of quality programs. Since FY2004COP, PEPFAR has funded I-TECH to collaborate with the MOHSS to address this gap by increasing the capacity of pre-service nurse training programs at UNAM. I-TECH provides a technical advisor, training and curriculum experts, and pre-service lecturers for the institution.
In FY 2007 COP, I-TECH provided technical assistance to integrate HIV content into both the existing four-year pre-service Diploma in Nursing and Midwifery Sciences program and the Advanced Diploma Course in Health Promotion, Clinical Diagnosis, Treatment, and Pharmacotherapy. I-TECH then oriented over 20 UNAM lecturers on the revised curriculum and trained over 25 lecturers in physical examination. The integrated curriculum enhances the production of more knowledgeable and skilled professional nurses in HIV/AIDS and TB care. In addition, this training will likely reduce HIV transmission resulting from unsafe medical practices.

To ensure the implementation of the new curriculum and to strengthen HIV/AIDS and TB integration into pre - and in-service training., I-TECH recruited and deployed, via Potentia, three Assistant Lecturers (Clinical Instructors) at UNAM campuses in Windhoek and Oshakati to teach and to follow up with students at their clinical sites.

UNAM has increased its intake of nursing students in response to the severe shortage of skilled health care workers and needs continued support in the classroom and clinical training settings. To meet this need, I-TECH upgraded two part-time lecturer positions to full time and recruited and deployed two additional clinical instructors and one lecturer via Potentia. In addition, I-TECH has continued to conduct orientation workshops for UNAM lecturers. Furthermore, to enhance the quality of pre-service education, I-TECH has continued to support training activities aimed at building capacity of lecturers in HIV/AIDS care. I-TECH also procured computers, LCD projectors, printers and furniture, and training materials such as anatomical charts and textbooks on physical examination.

In FY2009COP, I-TECH will support the integration of IMAI & palliative care, STIs and the revised PMTCT Guidelines into the pre-service curriculum. In addition, I-TECH will support development and integration of HIV /AIDS content into the Clinical Instructors Curriculum which is a new Certificate Course.

I-TECH will recruit and deploy three Lecturers to strengthen UNAM's School of Public Health and three Assistant Lecturers to assist in teaching the Clinical Instructors course.

Other I-TECH activities in support of UNAM will include:
- Procuring a vehicle to support site visit activities. These support activities are essential to reinforce transfer of learning and to enhance clinical follow-up of students.
- Providing training activities aimed at building capacity of lecturers in HIV/AIDS care.
- Procuring standard office equipment, including a photocopier , a fax machine, a scanner, furniture, computers, and printers.
- Providing training to faculty in HIV/AIDS and its subsets.
- Offering refresher courses to faculty in line with revised National Guidelines.
- Conducting orientation workshops in newly developed assessment tools.
- Continuing to revise the Advanced Diploma curriculum
- Supporting the development of assessment/M&E tools.
- Hiring an administrative assistant to provide routine office support to the staff at UNAM.

3. National Health Training Center and Regional Health Training Centers (NHTC and RHTCs). Since FY2004COP, PEPFAR has funded I-TECH's collaborate with the NHTC and its five RHTCs to train new and existing health care workers (HCWs) in HIV/AIDS, including pediatric care and treatment. I-TECH provides NHTC with technical advisors, training and curriculum experts, and pre and in service tutors.
I-TECH also provides technical assistance to integrate HIV content into the two-year course for NHTC's enrolled nurses' certificate course. The two-year course was adapted to suit the training needs of auxiliary nurses with ten or more years of practical experience. This course requires revision in FY2009COP in order to meet the needs of the new incoming class of students which will include those who have not completed

Activity Narrative: secondary school and have no prior experience.

The MOHSS has increased its intake of students at NHTC and RHTCs in response to the severe shortage of health care workers and needs continued support in the classroom and clinical setting. With FY2009COP funds, I-TECH will continue to support activities that cut-across all program areas and are linked with personnel support provided by Potentia.

I-TECH support to NHTC and RHTCs will include:
- Hiring 20 pre- and in-service tutors within the NHTC and RHTCs, via Potentia, to meet programmatic needs
- Hiring five additional pre-service tutors within NTCS and RHTCs, via Potentia
- Procuring additional vehicles and a photocopier to support the delivery of training and site visit activities
- Sponsoring two staff persons to attend regional long-term training in instructional design.

4. MOHSS Task-shifting Pilot. With FY2009COP funds, I-TECH will use its cadre of clinical mentors to assist the MOHSS' Directorate of Special Programmes with establishing pilot sites for task-shifting ART services from doctors to nurses. These pilots will be based on existing task-shifting successes in Rwanda and other countries. In these models, physicians see only new patients, pediatric patients, and patients with complications. All other patients are managed by nurses who have access to physician consultation by phone at any time and in person at least once per week. Models from other countries have demonstrated that such patients managed by nurses do as well, if not better, than patients managed by physicians.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16224

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16224	3869.08	HHS/Health Resources Services Administration	University of Washington	7384	1065.08	I-TECH	$622,985
7352	3869.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$373,257
3869	3869.06	HHS/Health Resources Services Administration	University of Washington	3133	1065.06	I-TECH	$242,487

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $597,985

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1064.09

Mechanism: Cooperative Agreement U62/CCU025154

Prime Partner:	Potentia Namibia Recruitment Consultancy	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	3895.23957.09	**Planned Funds:**	$1,341,677
Activity System ID:	23957		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This continuing activity includes support for salaries and benefits for the following personnel who support pre- and in-service training carried out in collaboration with I-TECH and the Ministry of Health and Social Services (MOHSS) National Health Training Center (NHTC): (1) one University of Namibia (UNAM) Technical Advisor, (2) three Nursing Lecturers and four part-time Clinical Instructors at UNAM, (3) ten NHTC and Regional Health Training Center (RHTC) pre-service tutors, (4) two human resources development staff, (5) 14 digital video conferencing (DVC) staff, (6) two specialized training staff, and (7) 14 I-TECH/Namibia field office staff.

This activity addresses the critical human resources gap at facility levels to deliver HIV/AIDS services in Namibia. The lack of pre-service and in-service training institutions for clinical and allied health professionals in Namibia contributes to a chronic shortage of professionals who can provide comprehensive HIV/AIDS prevention, care and treatment services. The lack of a community of health professionals creates challenges not only in offering suitable incentives to attract newly trained Namibians to return to Namibia and practice in the public sector but also in offering incentives to retain Namibian and third-country nationals currently serving in the country. In 2007, the vacancy rate in the MOHSS was 35% for doctors, 22% for registered nurses, 26% for enrolled nurses, and 41% for pharmacists.

Since COP04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia Human Resources Consultancy, a Namibian firm which administers salary and benefits packages equivalent to those of the MOHSS. The Potentia mechanism is efficient, flexible, and low-cost and is used for supporting personnel for MOHSS not only for OHSS efforts, but also for nearly all programmatic areas. Personnel supported in programmatic areas outside of OHSS include physicians, nurses, pharmacists, data clerks/analysts, condom logistics officers, case managers, and district health supervisors.

I-TECH is supported by PEPFAR to collaborate with MOHSS' National Health Training Center to build capacity and provide training. In collaboration with the NHTC, I-TECH provides a variety of trainings in-person and via digital video conferencing on a variety of clinical and programmatic topics. Beginning in COP06, Potentia began to support 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. Potentia funding within OHSS covers support for a total of 50 personnel that either focus on pre-service rather than in-service training, or that cut across all of the other program areas that Potentia supports. These personnel are:

1. UNAM Technical Advisor. This funding supports one Technical Advisor placed at the University of Namibia (UNAM) to assist the nursing program with delivery of HIV-integrated curriculum for the four-year nursing diploma program.

2. UNAM Lecturers and Clinical Instructors. This funding supports three Nursing Lecturers and four part-time Clinical Instructors at UNAM campuses in Windhoek and Oshakati to support students following their placement in 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. NHTC and RHTC pre-service tutors. This funding supports two pre-service tutors stationed at the NHTC and eight at the five RHTCs. These tutors follow up the nursing students in their clinical sites where they learn about how to take care of people living with HIV/AIDS (PLWHA). I-TECH staff trains them on HIV/AIDS and related topics and provides ongoing professional development opportunities.

4. Human Resources Development staff. This funding supports one Human Resources Development Advisor and one Data Clerk assigned to the MOHSS Directorate of Policy, Planning and 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. These efforts are critical for sustainability.

5. Digital Video Conferencing (DVC) staff. This funding supports one Digital Video Conferencing (DVC) Program Coordinator, one DVC Technologist, and 12 DVC Assistants 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 opportunistic infections and HIV co-morbidities, and video demonstrations of HIV counseling sessions. The DVC program also provides an efficient and cost-effective 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.

6. Specialized Training Staff. This funding supports one Training Coordinator and one Clerk assigned to the NTHC to coordinate training activities in PMTCT, VCT, and Couples Counseling.

7. I-TECH Field Office Staff. This funding supports the following personnel for I-TECH Central Operations:
a. Deputy Director
b. Office Manager
c. Financial Officer
d. Receptionist
e. Driver
f. Administrative Assistant for the Oshakati RHTC office
g. Development Manager to coordinate all major curricula and media products
h. Two Training Assistants
i. Materials Production Clerk to support training coordination
j. Facilities Manager
k. Housemother

Activity Narrative: I. Two Cleaners

New/Continuing Activity: Continuing Activity

Continuing Activity: 16197

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16197	3895.08	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	7374	1064.08	Cooperative Agreement U62/CCU025154	$1,361,821
7341	3895.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$1,435,545
3895	3895.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$1,361,988

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,341,677

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8319.09

Mechanism: Health Systems 20/20

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 18991.26944.09

Planned Funds: $428,675

Activity System ID: 26944

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The spread of HIV/AIDS in Namibia has not only affected high-risk groups, but has become a generalized epidemic that threatens the health of the entire population. Growing numbers of HIV/AIDS patients requiring access to prevention, care and treatment have put a strain on the already weak health systems in place in Namibia. Weak health systems are a bottleneck in reaching and sustaining PEPFAR goals in HIV/AIDS service delivery. Weak management systems are unable to track large infusions of funds that organizations are receiving. Acute shortages of trained health workers lead to competition for a finite supply of competent staff. In the absence of good health information systems, government lacks data needed to manage the provision of quality health services. Ineffective health governance leads to weak synergies with donors, civil society and the private sector, among other actors.

The goals expressed in the Government of the Republic of Namibia's (GRN) Namibia Vision 2020 are that in the year 2020 "Namibia is free of the diseases of poverty and inequality; and the majority of Namibians are living healthy lifestyles, provided with safe drinking water and comprehensive preventive and curative health services, to which all have equal access." Recognizing the need to achieve this goal, the Ministry of Health and Social Services (MoHSS) implemented a complete health sector evaluation which reviewed five components, namely health financing, infrastructure, human resources, governance and service provision. The USG is committed to supporting the MoHSS and its partners to realize this vision through the implementation of sustainable programs that improve the delivery and financing of HIV/AIDS and general health services.

In FY 2009 COP the USG will support the GRN through the Health Systems 20/20 (HS 20/20) project to improve the government's capacity to maintain and finance quality HIV/AIDS prevention, care and treatment services over the long-term in collaboration with implementing partners. Following the strategic direction of the GRN and the recommendations of the 2008 health systems assessment (conducted via non-PEPFAR leveraged resources from USAID/W), HS 20/20 will support health sector reform efforts in the following key areas:

1) Infrastructure

HS 20/20 support will include the drafting of:
• One to two key policies for the maintenance of health facilities, including a report on the current state of the facilities unit and the steps required to manage and operationalize the transition to merged facilities maintenance and planning unit.
• Procedures for streamlining the construction of and maintenance of HIV/AIDS clinics and hospitals where treatment is given;
• A decentralized approach for infrastructure maintenance in key areas; and
• A protocol for capital improvements in coordination with other key ministries (including Department of Works).

The technical assistance needed to complete the objectives listed above would require HS 20/20 to:
• Provide a senior infrastructure specialist;
• Provide a local hire part-time advisor (architect or urban planner);and
• Review the results of the MOHSS Service Provision Assessment conducted in FY 2008 COP, and if needed, provide additional support to understand what infrastructure is needed to improve service delivery.

In order to conduct the work in a collaborative and coordinated manner, HS 20/20 proposes a partnership with the MoHSS. The MoHSS would need to provide:
• Office space with furniture and internet connectivity for HS 20/20 staff; and
• Logistical support.

2) Health Financing

Sufficient and informed financing is essential to a well-functioning health system. The GRN recognizes that the current system of resource allocation, which relies heavily on historical budgeting, inappropriately addresses resources needs throughout the country, particularly for HIV/AIDS. To assist the Government and other stakeholders in making more informed resource allocation decisions, HS 20/20 will provide technical assistance for Namibia's 2009 National Health Accounts (NHA) estimation that will include, for the first time, focused expenditure reviews, called sub-accounts, for HIV/AIDS, TB, and possibly malaria (with leveraged funding). These expenditure estimations will provide policymakers with a clearer understanding of the current strengths and weaknesses of financial arrangements for priority areas.

As this is the first time the GRN will be implementing the HIV/AIDS sub-account, it is an important step in establishing a baseline against which future PEPFAR initiatives can be measured. FY 2009 COP funding will be used to support the GRN NHA initiative, specifically to track spending on the above mentioned areas by donors, NGOs, employers, and insurance schemes. Intended to be done on a regular basis, this first estimation of HIV/AIDS institutional spending will provide baseline data to monitor the status of critical policy questions such as:

• How much of HIV/AIDS funds are being financed by external sources? Is this sustainable? Is external funding displacing government contributions?
• How much of disbursed funds are actually spent?
• What is the role of the private sector in delivering HIV/AIDS care? Are companies also contributing financially to the HIV/AIDS response?
• Is spending for HIV/AIDS in line with the fiscal goals for Namibia's HIV/AIDS strategic plan?

The activities suggested below refer to the USG's support of the MoHSS in leading the estimation process and are for the general and HIV/AIDS sub-accounts component of the NHA estimation. Note that the HIV/AIDS-focused activities will take place in tandem and in a combined manner with the non-HIV

Activity Narrative: components of the NHA exercise.

• Ensure that HIV/AIDS financiers, managers, and providers are included in overall sampling plans for ongoing NHA surveys.
• Design survey instruments for donors, NGOs, employers and insurance companies.
• Pre-test survey instruments and consequent finalizing of questionnaires.
• Conduct primary data collection, including institutional surveys for donors, NGOs, employers and insurance companies.
• Design data entry screens, and the entering and cleaning of data.
• Conduct analysis (and extrapolation) of primary and secondary data.
• Produce general NHA tables (that examine spending on overall health) showing the flow of funds from 1) Financing Sources (FS) to Financing Agents (HF), 2) from HF to providers (HP), 3) from HP to functions (HC), and 4) from HF to HC.
• Produce HIV/AIDS expenditure tables using information collected from institutional surveys relating to HIV/AIDS spending (this will not include targeted household PLWHIV information).
•Support building local capacity to estimate NHA by training the local NHA team on data collection methods, data processing and analysis, construction of national health accounts tables, and the interpretation of the findings in the context of Namibia policy relevance.

These activities have been prioritized by the Ministry of Health and Social Services. The Permanent Secretary of the Ministry has called for nothing short of health sector reform, which the government is fully committed to carrying out. PEPFAR resources for the above two areas are urgently needed as we embark on the second phase of PEPFAR. In this phase we must consider Namibia's categorization as a transitional compact country and how the country can move forward with absorbing the recurrent costs associated with the HIV/AIDS epidemic.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18991

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18991	18991.08	U.S. Agency for International Development	Abt Associates	8319	8319.08	Health Systems 20/20	$90,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $107,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1376.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 8013.27014.09

Planned Funds: $354,395

Activity System ID: 27014

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The System Strengthening and Capacity Development (SSCD) Advisor/USPSC will continue to serve as a key advisor on HIV/AIDS systems strengthening and human and organizational capacity development by working with implementing partners and GRN ministries and offices.

The Advisor will have overall leadership and management responsibilities for expanding and directing systems strengthening and capacity building initiatives for the benefit of USG/Namibia.

The Advisor will be located at USAID/Namibia which currently manages 41 local and international partners of which 5 are receiving direct funding plus a Strategic Objective Agreement with the National Planning Commission and Ministry of Health and Social Services.

It is planned that under the guidance of the Advisor, more local partners will acquire the organizational and financial capacity to qualify for direct funding.

In addition to serving as a key advisor and manager of PEPFAR funded capacity building programs, the advisor will serve as activity manager/CTO of key capacity building partners such as Pact, Inc. and Health Systems 20/20.

Funding will also provide continued support for a program assistant that closely assists the Systems Strengthening Advisor and provides overall support to manage the capacity building and systems strengthening portfolio. The program assistant position is split between HVOP and OHSS, since the program assistant will also support the Prevention Advisor with management of the prevention portfolio.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16206

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16206	8013.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$261,188
8013	8013.07	U.S. Agency for International Development	Public Health Institute	4665	4665.07	Global Health Fellows Program	$319,401

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 6169.09

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

Prime Partner: University of Washington

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 4495.25864.09

Planned Funds: $140,000

Activity System ID: 25864

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Highlights of COP09 activities include:
• Assist MOD/NDF to create an Action Plan based on the first MOD/NDF HIV/AIDS Policy launched in FY09. Provide feedback to senior management on policy implementation in collaboration with MAPP Prevention Partner.
• Train senior personnel on military HIV/AIDS policy development, implementation and monitoring at national and international levels (Defense Institute for Medical Operations [DIMO] and Implementers' Conference).
• Ensure HIV-related stigma and discrimination reduction activities for senior officers and unit HIV Coordinators effectively links with the MAPP Prevention Partner's Peer Education Program among enlisted soldiers.
• Continue to support human capacity development in the MOD/NDF through military HIV/AIDS program training regionally and internationally.
• Work with MOD/NDF to develop a sustainability plan which addresses organizational/human resources, technical, and financial sustainability.

Please review the activity narrative from last year:

The Ministry of Defense/Namibian Defense Force (MOD/NDF) has developed a draft HIV/AIDS policy for the military during FY 2006. I-TECH will provide technical assistance to the MOD/NDF to finalize and launch the policy. About 2000 copies of the policy document will be printed in at least three different languages and distributed to all critical personnel at the 23 bases/camps. In collaboration with the Department of Defense Military Action & Prevention Program (DOD MAPP) prevention partner, I-TECH will conduct training workshops to sensitize all commanders and their deputies to the content of the policy. Furthermore, all HIV/AIDS coordinators at the 23 bases/camps, HIV/AIDS counselors and health care providers at the military hospitals and clinics will receive a copy of the policy document and will also be sensitized to its content. I-TECH with the support of the prevention partner will monitor the implementation of the policy on a periodic basis and make recommendation to the MOD/NDF on possible modifications.

I-TECH will support the MOD/NDF to develop a short-term and long-term training plan for its health care providers in order to ensure an efficient scaling up of ART services in the military.

With FY08 funds military physicians will be sent to participate in the Defense HIV/AIDS Prevention Program (DHAPP) training in San Diego or in Uganda, as part of human capacity development in the military. In addition, I-TECH--in collaboration with the MOD/NDF--will identify and send 5 military nurses, counselors and doctors from the military ART program to sub-regional HIV/AIDS short-term training courses in FY 2008.

In order to ensure a committed management and leadership of the MAPP prevention, care, and treatment program, I-TECH will support the participation of senior military officers to participate in the annual training courses offered by the Defense Institute for Medical Operations (DIMO). At least two senior officials from the MOD/NDF will participate in the resident DIMO (San Antonio) course on HIV/AIDS planning/policy development and about 20 nurses and counselors will participate in one non-resident course (Namibia) on leadership in HIV/AIDS program development during FY 2008.

I-TECH in collaboration with the prevention partner will explore the possibility of collaborating with a local organization to conduct a comprehensive evaluation which will determine the relevance, quality and effectiveness of the MAPP program.

The Defense Attaché Office (DAO) PEPFAR program manager will manage this program and administer funding through I-TECH Namibia.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16230

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16230	4495.08	Department of Defense	University of Washington	7385	6169.08	DOD/I-TECH/U. of Washington	$140,000
7892	4495.07	Department of Defense	University of Washington	6169	6169.07	DOD/I-TECH/U. of Washington	$65,000
4495	4495.06	Department of Defense	University of Washington	3363	3363.06	I-Tech/MoD Treatment, Training, and Oversight	$46,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $53,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	1162.09	**Mechanism:**	N/A
Prime Partner:	US Department of State	**USG Agency:**	Department of State / African Affairs
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	4744.25869.09	**Planned Funds:**	$515,000
Activity System ID:	25869		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The U.S. Department of State will implement two overarching activities in this area: State Department Public Diplomacy ($295,000) and Ambassador's Self Help Program ($220,000).

State Department Public Diplomacy targets its PEPFAR activities mainly at Namibian youth through grants to various cultural, civil society, and educational groups in Namibia. We mainly focus on the following areas: prevention, stigma and discrimination reduction, and prevention outreach to youth. We also have selected programs focused on sending Namibian HIV/AIDS professionals to the U.S. for training and training local media to improve reporting on Namibian trends in the epidemic.
Task 1) International Visitor Leadership Program (IVLP) – We send 3 to 4 HIV/AIDS professionals to the United States to a variety of clinical and outreach activities. The primary goal of this task is to provide training of leaders in the field of HIV/AIDS prevention, care and treatment through the State Department's IVLP short-term professional exchange program. Not only will they be exposed to the latest in U.S. programs and thinking on the epidemic, but they also meet a wide variety of U.S. professionals and volunteer in field of HIV/AIDS prevention, care, and treatment. $30,000
Task 2) Living Positive tour with Vocal Motion 6 (VM6) and Herlyn Uiras – As a result of their successful tours in 2007 and 2008, PEPFAR will continue to fund their outreach to students in the different regions of Namibia. The five young male musicians and the young female HIV/AIDS positive speaker/counselor are uniquely placed to reach Namibia's students with prevention and anti-stigma messages. By using the talents of five HIV negative male music stars and one HIV positive young female speaker, and by focusing our messaging toward gender norms, we address male norms and female gender parity. $75,000
Task 3) Katutura Community Radio (KCR) – We plan to continue our very successful debate program to reach out to Namibian youth who are vulnerable and at risk in the Katutura neighborhoods, and all over Windhoek. We hope that KCR may soon expand its signal to reach the whole of Namibia and thereby take this show's message to all of Namibia's youth. $20,000
Task 4) United States Speaker Program – PEPFAR will fund speakers from the United States with HIV/AIDS expertise and artists. PEPFAR has leveraged funds from the wrap around program, usually supplementing the IIP speakers that the Department of States funds. U.S. speakers are very popular in Namibia and not only offer prevention and anti-stigma messages but also the message that we are all touched by the epidemic and that the United States does not have all of the answers but is willing to share its experience. We are considering funding the following activities in 2009: an HIV-positive man and an expert trainer in media relations for PEPFAR Ministries (i.e. Health, Education, Gender Equality, etc.). $15,000
Task 5) JMAC Art Murals – continuing the successful project started in 2007 and continued in 2008, local artists will assist selected young artists to create HIV/AIDS mural paintings at schools, community centers, and hospitals. $15,000
Task 6) BEN Namibia Spin for Life – This combination bicycle team/sports/HIV/AIDS prevention project, started in 2008, will continue to raise awareness about HIV/AIDS, targeting young Namibians who practice risky sexual behaviors and activities. The team will reach out to Namibian youth through public appearances and media exposure. It will feature cultural/sporting events, HIV/AIDS information dissemination, awarding of prizes for HIV/AIDS awareness contest and lucky draw competitions for individuals who attend information sessions on HIV/AIDS and testing. $50,000
Task 7) Committed Artists of Namibia – CAN wrote an original play with a focus on Namibian students, aiming to change attitudes on HIV/AIDS prevention, risky behavior, PTMTC, and testing. Produced in a short timeframe in 2008, it has successfully reached 35,000 learners/students so far, as well as appearing at a Cape Town theater festival. We will continue to fund this activity in 2009 to reach more students. $20,000
Task 8) Camp Glow – The primary goal of Camp Glow is to empower young people to overcome the obstacles that inhibit their ability to excel as individuals and as leaders in their communities. Run by Peace Corps Volunteers, it will identify personal strengths and values, the health impact of HIV/AIDS, good decision making, educational and career opportunity exposure, and other ideas. This is a learning ground both for campers and facilitators. $5,000
Task 9) Book Donation for Libraries and Schools – Last year, we provided resource books on HIV/AIDS to libraries around Namibia. This year, the project will focus on publishing a limited run of an original novel about HIV/AIDS in Namibia. The audience will be upper secondary students. $5,000
Task 10) HIV/AIDS Publicity Materials and Equipments - This task will continue to provide funds for press material, advertising, outreach, etc. $5,000
Task 11) PEPFAR PD Staff – This funding will support an assistant in the Embassy's Office of Public Affairs to work on PEPFAR-related activities, grants and materials. $30,000
Task 12) HIV/AIDS Hero Awards – A successful collaboration between PEPFAR, the Ministry of Health, and a local NGO activist to recognize local Namibia HIV/AIDS heroes. $25,000

With the $220,000 to support the Ambassador's HIV/AIDS Self Help Program, we will directly reach an average of 100 community members per project through 15-20 small community-based HIV/AIDS projects with prevention messages, support services, training, capacity enhancement, vocational training, early childhood education, and other resources.

Activities funded by the program will involve capacity-building for grass-roots and community-based organizations to conduct HIV/AIDS programs that work to reduce stigma, increase sustainable livelihoods for caregivers of OVC and support Peace Corps identified projects that work in HIV/AIDS and HIV/TB related areas. This funding directly contributes to:

• Supporting one full-time Self-Help coordinator;
• Developing project guidelines, promotional materials, applications, and other documents;
• Commencing acceptance of applications, qualifying projects, and dispersing funds; and
• Monitoring and evaluating projects annually.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17294

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17294	4744.08	Department of State / African Affairs	US Department of State	7392	1162.08		$515,000
8027	4744.07	Department of State / African Affairs	US Department of State	4668	1162.07		$260,000
4744	4744.06	Department of State / African Affairs	US Department of State	3449	1162.06		$120,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $35,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $132,000

Education

Estimated amount of funding that is planned for Education $119,000

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7656.09

Mechanism: PACT TBD Leader with Associates Cooperative Agreement

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17261.26991.09

Planned Funds: $316,625

Activity System ID: 26991

Activity Narrative: NEW/REPLACEMENT NARRATIVE

The USG goal of building local institutional capacity in Namibia is to increase the effectiveness and capacity of indigenous partners to achieve expanded and quality services while improving management capacity of their own financial and human resources and improving overall accountability.

In COP09, Pact will continue to work with at least 20 local non-governmental, faith-based, and community based partners on two important levels: improving organizational effectiveness and strengthening technical capacity for implementation of prevention, care and support activities. The substantial organizational support provided by Pact results in capacity that goes beyond the PEPFAR-supported services to serve the organizational as a whole. Pact's approach emphasizes participatory processes, local ownership, transparency and accountability for continued sustainability and growth after PEPFAR funding ends.

Overall organizational support: The vision for organizational capacity building is that local partners will eventually "graduate" by meeting criteria to receive direct funding by improving their capacity to function independently as an organization. To do this, Pact will strengthen many foundational areas of organizational effectiveness including financial systems and accountability, program planning and accountability, overall program management, organizational policies, procedures and systems, strategic direction, leadership and governance, fund raising, advocacy skills, networking, basic USG Emergency Plan technical guidance, M&E, and quality assurance.

For each subgrantee, every 12-18 months, Pact conducts initial and routine organizational capacity assessments and management control assessments to ascertain the level of financial risk and to analyze strengths, weaknesses, and most importantly improvements over the year in organizational capacity and financial controls. These assessments and regular reviews further identify outstanding areas for organizational strengthening; several recommendations are built into the partners' subgrants and workplans over the course of the year, strengthening local ownership in the organizational capacity development process.

PACT provides comprehensive M&E trainings, communities of practice for M&E, and substantial one-on-one support for partners to manage, implement, and strengthen the programmatic accountability and management of their own programs though documented evidence and information. (See Pact SI)

Indigenous organizations that are currently not funded by USG but who have the capacity to deliver quality HIV services are limited in Namibia. As a result, several other prime partners also subcontract/subgrant to similar organizations for difference services. As a result, Pact will work closely with Capacity Project (See Capacity VCT and SS) and other primes to strengthen organizational capacity for grantees funded in common for separate services (e.g. common between Pact HBHC/OVC/Prevention and Capacity VCT: CAA, Walvis Bay Multipurpose Center, ELCAP). This collaboration between prime partners will also substantially strengthen linkages and referrals across the services provided by local organizations.

Programmatic capacity building of organizations: Similarly, routine programmatic and technical reviews will occur at least once a quarter (further explained in OVC, HBHC, AB, OP narratives). Pact's participatory approach will ensure that appropriate solutions and
support are identified and that local ownership is cultivated while arriving at solutions. Through direct technical workshops, subgranting for technical support or workshop participation, one-on-one assistance and follow-up, and communities of practice (collaboratives), Pact will work with each subgrantee to strengthen the technical and programmatic aspects of their programs based upon the programs strengths and weaknesses. Pact will work closely with grantees to ensure quality assurance tools and processes are implemented as part of overall capacity building (see Pact SI). As needed, Pact will further access technical assistance from selected local, regional and international partners to support subgrantees in expanding their technical capacity.

Linkages support: To help strengthen the civil society's contribution to the National Plan of Action and Medium Term Plan (MTP-III) goals, Pact will also liaise closely with key government ministries to ensure a strong linked response down to the community level and including the umbrella organizations. Key line ministries include the Ministry of Gender Equity and Child Welfare (MGECW) (e.g. See Pact OVC), the Ministry of Health and Social Services (MOHSS) (e.g. See Pact HBHC), and the Office of the Prime Minister (OPM) (e.g. See Pact AB) along with other ministries. With FY07 funds, Pact also will have seconded a Change Management Specialist to the Ministry of Gender Equality and Child Welfare, focusing on human resources. In FY2008, it is anticipated that this position will transfer to the Capacity Project's Regional HR Coalition. At the subgrantee level, PACT will work closely with subgrantees and other partners (PEPFAR- and non PEPFAR-funded) to foster networking & communities of practice to address & resolve bottlenecks in implementation and to share experiences, resources, materials, and tools. Pact will also ensure progress in linkages, referrals, referral follow-up and documentation to other services, whether it is to public governmental health or social services, non-governmental or community-based organizations, or private services.

Pact's comprehensive package of capacity building support 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 Namibia Association for Community Based Natural Resource Management (NACSO) is an umbrella organization whose HIV activities and financial management are supported through the help of a member NGO, Namibia Nature Foundation (NNF). The umbrella body assists conservancies to secure their own livelihoods through the sustainable use and management of their natural resources. Because of the impact of HIV on the conservancies' human resources (more than 300 000 Namibians) the umbrella body, 12 member NGOs, conservancies and communities have rolled out a comprehensive HIV program since 2003. The overall population reached will increase significantly with FY2008 resources, requiring additional technical support from NASCO and NNF. Through an innovative workplace policy and implementation

Activity Narrative: approach targeting conservancies, FY2008 funds will also scale up prevention activities focused on a balanced ABC approach (see Pact AB and OP) through a community peer education program with emphasis on referrals to VCT, care, and treatment. To reach communities, 12 NGOs, 40 conservancies, and 3 line ministries will be trained in policy development and institutional capacity building, training a total of 315.

Both multipurpose centers (Walvis Bay and Sam Nujoma) support workplace policy development with local companies. With COP09 resources, at least 10 new companies will have workplace policies established, supported by at least 2 peer educators per company (funded under Pact AB and OP).

In COP08, AIDS Law Unit of the Legal Assistance Center (LAC) focused on policy formulation and law reform. Subsequently, LAC will ensure that these policies and laws are enforced through a program to inform regions and communities and directly support OVC with legal assistance. As a direct result of the policy implementation and service provision to OVC, this activity has been moved appropriately to OVC services in COP09, (See Pact OVC). LAC will continue to provide support and technical assistance to policy development and implementation for OVC across multiple PEPFAR-funded partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17261

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17261	17261.08	U.S. Agency for International Development	Pact, Inc.	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	$316,625

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $258,491

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4420.09

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 7449.26995.09

Planned Funds: $1,777,688

Activity System ID: 26995

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY2008, SCMS recruited and seconded one tender/procurement pharmacist and one pharmacy assistant to the MoHSS to support procurement activities within the Central Medical Stores (CMS), these positions will continue to be supported under COP09.

SCMS will continue to review the extent of implementation and continued suitability and applicability of Standard Operating Procedures (SOPs) for CMS, propose and implement changes and provide training as required in line with the continuous changes to the system.

In COP09, SCMS will continue to support implementation of the recommendations of the Short Term Technical Assistance (STTAs) conducted in COP07 and COP08, including the review of the transport and fleet management systems of HIV/AIDS medicines and related commodities, evaluation of poor suppliers performance of CMS, and other technical assistance reviews for supply chain management systems and procedures.

The fourth component of this activity is amended as follows: SCMS will provide support to the Procurement and Tenders Section of the CMS to undertake procurement of ARVs, rapid test kits and HIV/AIDS related medicines and commodities using funds provided by USG, GFATM and the Government of Namibia, to ensure compliance with the requirements of the USG FARs and AIDAR, GFATM and GRN regulatory conditions.

Continued support will be provided for the positions of Quality Surveillance Lab (QSL) manager and Quality Analyst. In addition, SCMS will provide support to strengthen the analytical capacity and skills of staff of the QSL through specific capacity building activities to be developed and implemented for the QSL in collaboration with the SCMS Quality Assurance partner NorthWest University, based in South Africa, to ensure that quality assurance systems in place in the country guarantee the procurement and acceptance of ARVs and other HIV/AID commodities meeting the required quality standards.

SCMS will support 30 individuals and provide funding for training for these 30 in stores management and procurement, distribution of HIV/AIDS commodities to about 55,000 patients on treatment, and leveraging resources provided by the GRN and GFATM.

COP 08 ACTIVITY NARRATIVE

This continuing activity is an expansion from FY07 and relates to other activities in this area, including MSH/RPM+ (7650), to ARV service activities, including those of Potentia (7374), the Ministry in Health and Social Services (MoHSS) (7365), and Intrahealth (7361) and to PMTCT activities including those of MOHSS (7365) and IntraHealth (7361).

This activity has four components and aims to strengthen the capacity of the MoHSS to procure, store and distribute ARVs and related commodities, while assuring the right quality and also that the supply chain management services are provided in a cost effective and timely fashion.

The first component is to provide continued technical assistance and support to the Central and Regional Medical Stores of Namibia for the continued development and implementation of modern logistics practices and technologies. In FY2007 USG through SCMS provided support to the MoHSS to continue the work initiated by MSH/RPM Plus to strengthen supply chain management systems and procedures of the Central and Regional Medical Stores of Namibia to enable it to efficiently carry out it’s responsibility for procurement and distribution of MoHSS, USG and GFATM funded HIV/AIDS related commodities. In FY2007, support was provided to develop proposals for the reorganization of the distribution systems of the MoHSS, through integrating the Regional and Central Medical Stores into one functional unit. A proposal for reorganization was submitted to the MoHSS and USG, and funding will be provided under COP FY2008 to implement the recommendations. Specifically, in FY2008, support will be provided to support the set up and operation of the proposed Medical Stores Division within the Directorate of Tertiary HealthCare and Clinical Support Services. This assistance will also include the integration of the inventory control management systems, Syspro™ databases, of the Central Medical Stores (CMS) and the two Regional Medical Stores (RMS) into a single database and begin the implementation of warehouse Management System (WMS) modules in the 3 warehouses and ensure proper integration of the functions of the medical store system. To facilitate the effective implementation of the WMS, and to address the problem of space availability for ARVs and related commodities, USG will support targeted renovations of the CMS and the two RMS; the provision of warehouse, storage and handling equipment, including racks, pallets, shelving as may be required so as to ensure optimum utilization of the storage space available and provide appropriate and adequate storage for ARVs and related commodities. Comprehensive SOPs and Job Aids for the management of workflow processes of the integrated Medical Stores System will be developed and training provided for all staff of the CMS and RMSs. Previously, USG supported the review of the procurement policies and procedures of the MoHSS and provided training in the revised procedures. In FY2008, support will be provided for the development and implementation of a comprehensive computerized procurement management system, including, tender management, contract documentation and supplier performance monitoring systems. This will ensure that procurement and vendor management is carried out optimally, thus assuring the continued availability of quality products. To further assure the security of ARVs in particular and other related commodities, USG will support the installation of access control systems in the ART warehouses of the central and regional medical stores. To promote retention of staff, and also to build capacity locally, support will be continued to provide training for senior management and staff of the CMS and RMS to ensure that modern logistics practices are always adhered to.

The second component of this activity will be to continue support for strengthening quality assurance systems for HIV/AIDS related commodities to ensure that the quality of ARVs and other HIV/AIDS related commodities are assured throughout the supply chain. Specifically, technical assistance and support will be

Activity Narrative: provided for; 1) Procurement of selected equipment for the QSL to enhance the testing capacities of the laboratory; and 2) Provision of training to personnel of the QSL to ensure that they are up to date with regulations and new techniques to ensure sustainability and support capacity development in the principles of quality assurance in supply chain management; 3) Continued support for the position of QSL Manager seconded to the MoHSS.

The third component of this activity is to provide support to strengthen quantification, supply planning and inventory management the medical store system to facilitate coordinated forecasting, quantification, and procurement planning for MoHSS, USG and GFATM funded HIV/AIDS related commodities. In FY2008, support will be provided to recruit and second to the MoHSS HIV/AIDS Logistics Management Unit (HLMU), an ART Logistics Officer to support quantification, supply planning and inventory management for ARVs, RTKs, medicines for opportunistic infections (OI) and other HIV/AIDS related commodities. The HLMU will also be supported to develop and implement a system for collection and management of logistics information to support quantification and supply planning for ARVs, RTKs and other HIV/AIDS related commodities, and develop quarterly updates of quantification and supply plans for HIV/AIDS commodities which will contribute to ensuring an uninterrupted supply of HIV/AIDS related commodities. All seconded personnel will be recruited through a local HR firm at MoHSS levels to ensure that thy can be absorbed by the MoHSS. Training will be provided to ensure that competencies in the use of SCMS selected tools such as Quantimed®, PipeLine®, ProQ®, etc are enhanced and institutionalized in the MoHSS, to develop local capacity for inventory management, forecasting and supply planning.

The main focus of the fourth component of this activity is to procure ARVs to treat HIV/AIDS in Namibia, and to ensure sufficient supply and availability of quality ARVs 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 international procurement mechanism, SCMS leverages economies of scale, provides the best value and increases efficiency. SCMS will procure about US$1,000,000 of ARVs as part of the USG contribution of ARVs to the GRN. 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 national ARV procurement needs, which target ~55,000 patients on treatment by the end of the program year 2008. 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 continue to make full use of its Regional Distribution Center (RDC) in South Africa and/or Botswana to allow for speedy shipping of products on a more frequent basis which will diminish the storage capacity needs of CMS.

This activity will provide support to 3 medical stores, 1 Quality Control Laboratory and also provide training support for about 30 individuals in stores management and 6 individuals in procurement, and provide support for the procurement and distribution of ARVs to about ~55,000 individuals on treatment, leveraging resources provided by the GRN and GFATM.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16187

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16187	7449.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7373	4420.08	SCMS	$2,777,688
7449	7449.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$2,497,291

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $225,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $8,976,610

Program Area Narrative:

In FY08 the Namibia PEPFAR Team continued to make progress toward an interagency team approach. This year's COP planning retreat, the second ever held in Namibia, was widely attended by not only the USG team, but by all implementing partners, including more than 20 representatives from six Namibian government ministries, and over 40 representatives of indigenous and international implementing partners. In addition, representatives of the greater donor community operating in Namibia attended this year's retreat, resulting in a combined participation of more than 110 individuals who contributed to identification of national gaps in service, and then prioritized program activities required to close the identified service gaps.

The PEPFAR team in Namibia progressed in its efforts to address the Staffing for Results (SFR) and other management and staffing exercises prescribed for development of the FY 2009 Country Operational Plan (COP 09). In acknowledging the requirements of SFR implementation and the specific activities required for the COP, Team Namibia again attempted to look strategically across all participating agencies and to reach consensus on the relative and unique strengths and weaknesses of each agency. The team utilized the work done at the retreat, supplemented by interagency technical team input, to identify current and prospective partners required to fill service gaps. The COP09 SFR exercise was constrained in its scope because of late and inaccurate guidance on important areas impacting staffing levels and budgets. Additionally, because of the continuing transition of the USAID Mission to an all-PEPFAR Mission, coupled with an unusually high level of management rotation and vacant positions, the SFR process required substantial preparation and challenging work. There is much remaining to be done on SFR, and over time, following on the COP09 and FY 2008 Annual Performance Results (APR08) exercises, that work will move forward. Our SFR vision commits us to identifying and achieving the optimal mix of technical and administrative personnel deployed in interagency teams and assigned to the most appropriate managing agency to assure continued success of the Emergency Plan in Namibia. Responsibility for managing the SFR process was left with the country agency head committee, with the Coordinator's office mediating SFR committee meetings, but a lack of interagency analysis of management and staffing made it difficult to complete the SFR exercise. We continue to see SFR as a flexible, country internal tool for determining our ideal staffing levels and structures.

The following were identified as agency-specific core strengths:
HHS/CDC: The Centers for Disease Control (CDC) has a strong partnership with MOHSS and the Namibia Institute of Pathology in promulgating critical technical standards and guidelines, technical direction of partnerships for essential routine data collection and disease surveillance, identifying and piloting cutting-edge approaches to clinical and prevention opportunities such as Prevention with Positives and TB/HIV integration, as well as strategic information gathering, analyses and dissemination across multiple program areas. In light of the continuing, substantial shortage of skilled health personnel, CDC also emphasizes short- and long-term HR provision and planning, and assists with growth of Namibia human capacity through support of in- and pre-service training, including development of a graduate program for an MPH that will have concentrations in general public health policy and financial management, nutrition and strategic information, offered to up to a minimum of fifty students annually. New activities associated with National Testing Day, Male and Female Leadership Conferences on HIV/AIDS, all first-time activities, were highlights of CDC's roster of involvement in 2008. All of these strengths will continue to be emphasized during COP 09, and will be complemented by the full PEPFAR team that was also involved in these activities during 2008.

Peace Corps: Peace Corps was the first USG agency in Namibia following this country's independence in 1990. Approximately 120 volunteers, most of whom are teachers, work at the grass-roots level throughout Namibia. PCVs have provided assistance to PEPFAR through Regional AIDS Committees for Education (RACE) which promote awareness of HIV/AIDS, prevention and risk-reduction in schools. In COP09, PC will focus on prevention initiatives, complementing the other USG agencies working in Namibia and taking advantage of the ability of volunteers to reach distant or isolated locations and populations that other agencies have difficulty reaching.

USAID: Unique aspects of the US Agency for International Development (USAID) include an ability to manage very large projects supporting the interagency response, piloting and then rapidly taking to scale and assuring quality of complex clinical and community interventions; flexible and responsive hiring mechanisms; and historic and successful management of HIV and health social marketing, behavior change communications, community-based, and mitigation programs. USAID also has long-standing, positive relationships with key host government and civil society counterparts and development partners, and wrap-around funding from other streams such as TB. Public-Private Partnerships were notably enhanced during the last year, and will continue to be supported in COP09.

DOD: The US Department of Defense (DOD) has been active in HIV/AIDS in Namibia initially through the Humanitarian Assistance Program, and subsequently through its model Military Action and Prevention Program (MAPP) that has already reached more than 10,000 members of the military (more than half of all members of the military), with expectations of reaching an additional 2,000-3,000 through the doubling of military CT centers from two to four during FY 2008. The DOD's partnership with the MOD is invaluable as Militaries are notoriously protective of their information and service provision. Establishing a comprehensive HIV/AIDS program in the MOD with direct support from the USG, including expansion and integration of counseling and testing with treatment services on bases, has been a great accomplishment of Namibia's PEPFAR program.

State: Commencing in 2007 with a full-time EP Coordinator, the US Department of State (State) is responsible for the overall coordination of PEPFAR program development and implementation throughout Namibia. In addition, State supports a newly-developed position for managing a grants portfolio within the Public Affairs Office of the Embassy, a portfolio managed by award-winning PAO and agencies to highlight and coordinate PEPFAR efforts in Namibia. State also supports the Ambassadorial portfolio of small grants for HIV/AIDS projects. Although approved in COP 08, the position of strategic Information Liaison/Deputy Coordinator is currently being prepared for recruitment and continuation with COP 09 support.

In the process of preparing for COP08 and for SFR within that process, Interagency Technical Teams (ITTs), operating with fewer members than in COP 08 due to staff shortages, and larger Technical Advisory Committees that are inclusive of key partners and technical experts beyond the USG team, were critically examined for effectiveness, burden on available staff, overlap and harmonization with simlar GRN or GF working groups, and capacity to promote integrated planning across agencies and technical areas. As a result, teams were consolidated and further strengthened for development of the 2009 COP, which was led again this year by the ITTs, each of which was led by 2 co-chairs rather than by a single chair as was the case for COP08. The nineteen PEPFAR programmatic budget areas were primarily planned for in the Namibia COP09 by the following six interagency technical teams:
* Prevention (HVAB, HVOP, HBML, HMIN, IDUP, and CIRC)
* Adult and Pediatric Care and Treatment (PMTCT, HTXS, PDTX, HVTB, HBHC and PDCS)
* Orphans and Vulnerable Children (HKID)
* Counseling and Testing (HVCT)
* Strategic Information (HVSI)
* Other Health Policy and Systems Strengthening and Lab Infrastructure (HLAB, OHSS, cross-cutting issues, HCD and training)

In the course of all of the above, historic and current agency staffing was critically examined. No redundancies were found and critical gaps were identified and responded to in the Program Planning and Oversight Functional Staff Chart as well as the individual agency management chart and consolidated database that constitute SFR supporting documents. Planned staff additions are consistent with agency core strengths summarized above. CDC, DOD, State, PC and USAID personnel have participated in technical reviews for new hires to be managed by the other agencies. It was anticipated that as the SFR process in Namibia progressed, new, cross-agency selection panels for new hires would have been developed, but such did not happen. We remain optimistic that such will become the case in future COP planning, with at least a sharing between agencies of position descriptions and recruitment plans, thereby affirming dedication to interagency collaboration. Full details on status of staffing as requested in the COP Guidance are in a separate supporting document, the Namibia Program Planning Functional Staffing Chart.

Team Namibia has, through efforts aimed at ITT development and functioning, strategically allocated additional time and resources to more effective management of our overall response to COP development and management needs. While we are slightly above the recommended 7 % ceiling for these vital M&S functions because of the continuing transition of the USAID Mission to an all-PEPFAR Mission, the interagency collaboration that continued into its second year will hopefully strengthen and serve the team well going forward.

It is anticipated that upon approval of Team Namibia's Partnership Compact Concept Paper, COP 09 will support the development of the Compact which will focus on three primary pillars: Human Capacity Development, Prevention and Workplace Programs. There will be an intensely-focused effort on these three issues, with hoped-for investment up front during the second phase of PEPFAR. Implementation of the Compact will lead to Namibia assumption of an increasingly greater portion of PEPFAR activities.

In response to a State action cable received in late October, subject: INTERAGENCY COORDINATION BEST PRACTICES AND LESSONS LEARNED THROUGH PEPFAR AND PMI PHASE I, the following best practices are noted:
* Establishment of Interagency Technical Teams (ITT) developed with representation of all USG agencies, co-chaired by two people, each from a different agency. The ITTs have responsibility for determining program service gaps and developing recommendations for filling the gaps. Their activities revolve around prevention, care, treatment, and cross-cutting activities within

the three large categories.
* Annual off-site retreats that initiate the COP development process. USG team members attend the first 2-3 days, and then are joined by representatives of all implementing partners, government, and donors, including the Global Fund. Broad ownership of gap identification processes and prioritized actions to fill the gaps lead to common understanding among all USG team members of PEPFAR goals and objectives for the coming year.
* The importance of consistent support of the Coordinator's roles and responsibilities by the Ambassador and DCM cannot be overstated. In the absence of such support the convening, organizing and facilitating authority of the Coordinator could be undermined by some agencies and individuals.
* Establishment of a committee comprised of ITT co-chairs is a potentially very constructive action, allowing co-chairs to come together to discuss among themselves common issues, insights, frustrations, and management challenges. Ideally, this committee would meet without the presence of agency heads, but with a representative of the Coordinator's office present.
* PEPFAR HQ support for an externally facilitated, objective SFR exercise that looks at all positions of all agencies with a discipline, authority, and expertise strong enough to reinforce the activity.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1162.09

Mechanism: N/A

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18912.25870.09

Planned Funds: $378,668

Activity System ID: 25870

Activity Narrative: **THE BELOW ACTIVITY NARRATIVE WAS CHANGED IN APRIL 2009 REPROGRAMMING DUE TO THE USD$257,000 FUNDING CHANGE FOR THE PARTNERSHIP FRAMEWORK DEVELOPMENT**

COP09 funding will support:
- One administrative assistant ($35,000);
- One Presidential Management Fellows on rotational assignments ($15,000);
- Local, national, and international travel ($15,000);
- COP2010 Retreat ($25,000);
- Workshops and implementers' meetings ($25,000);
- Equipment, supplies, and communication ($6,668).

Salaries and benefits costs for the PEPFAR Coordinator ($315,000) and Deputy/Strategic Information Specialist ($250,000) have been moved to the USAID HVMS activity.

The additional $257,000 funding received through the PEPFAR Partnership Framework will assist with the development of the full Namibian Partnership Framework and any Techincal Assistance required in this regard.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18912

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18912	18912.08	Department of State / African Affairs	US Department of State	7392	1162.08		$458,941

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8342.09

Mechanism: ICASS Charges

Prime Partner: US Department of State

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18911.25871.09

Planned Funds: $140,000

Activity System ID: 25871

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008 COP:

Total annual ICASS costs for the PEPFAR Coordinator’s office personnel are estimated at $140,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18911	18911.08	Department of State / Office of the U.S. Global AIDS Coordinator	US Department of State	8342	8342.08	ICASS Charges	$76,059

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1484.09

Mechanism: CDC base funding

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18907.25188.09

Planned Funds: $1,500,000

Activity System ID: 25188

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity is comprised of three components: (1) salaries and personnel costs for CDC staff in Namibia (these positions include administrative support staff as well as technical staff working in three or more program areas), (2) operating expenses for the CDC office, and (3) International Cooperative Administrative Support Services ICASS costs.

Funding for this activity is divided and the remainder has been reflected in a separate entry for CDC HVMS (GHCS).

1. CDC Staff. Since 2002, the CDC staff in Namibia has been located in the Directorate of Special Programs (TB, HIV/AIDS, and malaria), Ministry of Health and Social Services (MOHSS). CDC direct hire personnel include:
a. Country Director,
b. Deputy Director of Operations,
c. Deputy Director of Programs,
d. Prevention Advisor,
e. Epidemiologist, and
f. Health Communications Specialist.

Contracted personnel include technical advisors who specialize in:
a. Health Information Systems,
b. PMTCT,
c. Counseling and Testing,
d. Monitoring and Evaluation,
e. Strategic Information,
f. Laboratory Services, and
g. Clinical Quality Assurance.

By FY2009COP, these positions and one new position (Technical Advisor for Infection Control and Communicable Disease Surveillance) will have been converted from non personnel services contracts (non-PSC) to personnel services contracts (PSC). This conversion is necessary for two primary reasons: (1) to reflect the inherently governmental functions of these positions, and (2) to rectify the double taxation of these positions by both the US and Namibian governments. The double taxation results from the lack of a ratified bilateral agreement between the two countries that covers non-PSC positions. While reducing taxation costs, this conversion will result in increased ICASS costs.

FY2009COP will also continue to support one Association of Schools of Public Health (ASPH) fellow providing support in strategic information or management and administration. Locally employed staff (LES) positions include two nurse HIV field coordinators who head up the CDC/Oshakati office, one TB laboratory specialist, and one palliative care coordinator. Other LES positions include an office manager, a financial analyst, two systems administrators, an administrative assistant, three drivers, two driver/administrators (Windhoek and Oshakati offices), 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 spends approximately 40% of his time on assisting the MOHSS with policy and capacity-building, but all costs for this position are included in this activity. The Deputy Director of Operations, the Health Communications Specialist, the Infection Control/Surveillance Advisor, and the ASPH fellow are 100% assigned to management and staffing.

2. Operating expenses. Being located in the MOHSS, the CDC office provides direct logistical and material support to the MOHSS' daily programmatic operations and to prevention, care and treatment 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 COP08, a major accomplishment has been to program 90% of CDC-managed funds to partners. Seventy-three percent (73%) of CDC-managed funds go to Namibian partners. 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 Ministry of Works and MOHSS' Directorate of Public Policy and Human Capacity Development 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 Global Fund, the UN Family, and GTZ which provide technical advisors to increase capacity of the Directorates of Special Progammes and Primary Health Care, as well as Regional and Constituency AIDS Coordination Committees (RACOCs and CACOCs).

All but three of the CDC positions in Namibia are based in the Directorate of Special Programs (TB, HIV/AIDS, and Malaria), MOHSS in Windhoek, the centrally located capital. Three additional staff members are deployed to the CDC office located on the grounds of the MOHSS' Oshakati State Hospital located in the large northern city of Oshakati. By the end of FY08, the two CDC/Namibia offices will consist of six CDC direct hires, eight contractors in technical roles, two locally employed staff (LES) in technical roles, and eight LES in administrative support positions.

Activity Narrative: 3. ICASS. This activity further supports the International Cooperative Administrative Support Services (ICASS) provided through the US Embassy by the Department of State. The CDC office is relatively small and has traditionally been heavily staffed by persons in technical positions to support the MOHSS and other partners to provide HIV prevention, care and treatment services. As a result, the CDC office has not had the capacity to perform many of the traditional ICASS responsibilities, including travel and procurement, and opted to subscribe for most of the services available through ICASS. When possible and cost effective, the CDC office has and will continue to take on more of these duties in-house.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18907

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18907	18907.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7389	1484.08	CDC base funding	$1,056,231

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3636.09

Mechanism: N/A

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 4701.25865.09

Planned Funds: $280,000

Activity System ID: 25865

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008
Please review the activity narrative from last year:

This activity will pay the salaries of the DAO PEPFAR program manager and project coordinator, benefits, office operating costs, including office rental, 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.

In addition, funds will be used towards the professional development of the program manager and project coordinator in areas related to project management, research, monitoring and evaluation.

This DAO PEPFAR staff will oversee and regularly monitor and evaluate the activities of the partners selected to support the MoD/NDF's MAPP prevention, care, and treatment programs in the Namibian Ministry of Defense/Namibian Defense Force (MOD/NDF).

The DAO PEPFAR staff will coordinate as necessary with the MoD/NDF, USAID, CDC, (Ministry of Health and Social Services (MoHSS) and other national/local PEPFAR funded institutions such as the Namibia Institute of Pathology.

The DAO PEPFAR program manager, under the supervision of the Defense Attaché, will be the USG's primary interface for all DoD-related MAPP activities and will serve as the DAO's primary representative at national, regional and international HIV/AIDS meetings and conferences.

The DAO PEPFAR office will be responsible for all policy and strategic planning and coordination with the Namibian military and will perform all PEPFAR budgetary and performance reporting for the DoD.

The DAO PEPFAR office is part of the PEPFAR interagency team in Namibia and will continue to contribute to interagency coordination, planning, implementation and program evaluation and to benefit from technical expertise of the Inter-agency Task Teams (ITTs) in all PEPFAR programmatic areas.

In close coordination with the MAPP Treatment partner (I-TECH) and MOD/NDF, the DAO PEPFAR program will seek the technical assistance from the Defense Institute for Medical Operations (DIMO) to conduct a 5 days non resident international training program with at least 25 medical personnel of the MOD/NDF.

The DAO PEPFAR office will be responsible for the travel, per diem and any other payments concerning the technical assistance from DIMO. In addition, the DAO PEPFAR program office will solicit the technical assistance of an expert in counseling and testing services from the US Department of Defence HIV/AIDS Prevention Programme (DHAPP) to assist and advise the program on the Ministry's planned wide and routine testing for the military personnel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16245

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16245	4701.08	Department of Defense	US Department of Defense	7391	3636.08		$280,000
7897	4701.07	Department of Defense	US Department of Defense	4622	3636.07		$275,000
4701	4701.06	Department of Defense	US Department of Defense	3636	3636.06		$223,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8340.09

Mechanism: ICASS Charges

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18905.25866.09

Planned Funds: $25,000

Activity System ID: 25866

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008
Please review the activity narrative from last year:

Department of Defense's operational costs outside of direct costs for human resources are approximately $25,000 for ICASS, payable to State.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18905

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18905	18905.08	Department of Defense	US Department of State	8340	8340.08	ICASS Charges	$25,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1376.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 16236.27015.09

Planned Funds: $3,453,610

Activity System ID: 27015

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity relates to USAID/HVAB/HVOP (8041.08 and 8011.08), USAID/HBHC (17442.08), USAID/PDCS (new); USAID/HKID (8016.08), USAID/HVCT (17578.08), USAID/HTXS (8017.08), GHFP/HVSI (8012.08), USAID/HVSI (new), USAID/OHSS (8013.08).

The USAID staff in Namibia manages a comprehensive program in all 13 regions of Namibia, including support to the Namibia TB control 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:
- a USAID Mission Director (US direct-hire),
- a USAID Program Officer/Assistant Mission Director (US direct-hire),
- an HIV/AIDS Office/Director (US direct-hire), and
- an HIV/AIDS Deputy Director for management and programs (US direct-hire),
- a technical advisor for capacity building and systems strengthening (PSC/TCN),
- a technical advisor for care and nutrition (PSC/TCN),
- a treatment advisor and manager of clinical services (PSC/TCN), and
- a prevention advisor (PSC).

Contracted personnel include:
- A technical advisor (Fellow) for monitoring and evaluation (PHI/GHFP), and
- Locally Employed Staff (LES) consisting of:
o 1 technical advisor for OVC (FSN/TCN),
o 1 project development specialist providing program management support, 3 program assistants providing support to the HVSI; OHSS/HVOP; and HKID/HBHC programs respectively,
o 1 M&E and budget specialist,
o 3 administrative assistants (1 of which is for the Mission Director; and 2 for the HIV/AIDS Office),
o a financial analyst,
o a procurement specialist,
o a PSC executive officer,
o a Deputy Executive Officer,
o a logistics clerk/deputy GSO,
o 1 executive office assistant/HR specialist,
o 1 storekeeper,
o 4 driver positions (1 of which is for the Mission Director; 3 for the rest of the Mission),
o 1 systems manager,
o 1 voucher examiner,
o 1 chief accountant,
o 1 accountant technician/cashier,
o 1 development outreach coordinator,
o 1 officer cleaner, and
o 1 receptionist.

The salaries, benefits, and support costs of all technical and programmatic staff are assigned to the appropriate program area within the Emergency Plan categories. The HIV/AIDS Director is 10% assigned to C&T, and 90% to management and staffing. The Deputy Director is 10% assigned to HBHC and 10% to HVTB and 80% to management and staffing.

Operations costs outside of human resources include information technology; telecommunications; accounting, photocopying and materials production; printing of reports and other documents; office consumables; utilities; office rent and maintenance, furniture and equipment; security; staff training; field, conference and meeting and 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 financial analyst, and HR/procurement specialist liaise with the Acquisition and Assistance regional office in Pretoria/South Africa 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 to support the public sector with managing the impact of HIV/AIDS.

This activity also leverages UNICEF funds which provide technical assistance to the Ministry of Gender Equality and Child Welfare for OVC and the Global Fund which provides co-funding to 10 of USAID's local partners.

It also provides technical officers in care and nutrition, prevention, PMTCT, ARV drug procurement and ART in the MoHSS Directorate of Primary Health Care and Directorate of Special Programs (HIV/AIDS, TB and malaria).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16236

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16236	16236.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$2,526,818

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8341.09

Mechanism: ICASS Charges

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 8028.27016.09

Planned Funds: $364,272

Activity System ID: 27016

Activity Narrative: US Agency for International Development's operations costs outside of direct cost for human resources is approximately $364,272 for ICASS costs, payable to State.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16248

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16248	8028.08	U.S. Agency for International Development	US Department of State	8341	8341.08	ICASS Charges	$165,000
8028	8028.07	Department of State / African Affairs	US Department of State	4668	1162.07		$320,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9348.09

Mechanism: Global Health Support Initiatives I (CASU Bridge)

Prime Partner: IAP Worldwide Services, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 21532.26953.09

Planned Funds: $58,249

Activity System ID: 26953

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In 2009, funding for this position has been set at $58,249 by the USG Team due to a budget variance discovered late in the COP process. Funding to support this position estimated at $315,000 will be identified and reprogrammed by the USG Team by no later than April 2009 to support the PEPFAR Coordinator.

The USAID Agreement number for this mechanism is: GPO-C-00-07-00006-00. The name of the contractor is IAP WorldWide Services Corp., and the USAID Agreement CTO is Larry Brown.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21532

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21532	21532.08	U.S. Agency for International Development	IAP Worldwide Services, Inc.	9348	9348.08	Global Health Support Initiatives I (CASU Bridge)	$125,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 28632.09

Planned Funds: $0

Activity System ID: 28632

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In 2009, funding will be reprogrammed from the CDC mechanism in HVMS to pay approximately $493,605 in ICASS costs to State.

This activity consists of one component: ICASS charges for the CDC Office in Namibia.

(1) ICASS. This activity further supports the International Cooperative Administrative Support Services (ICASS) provided through the US Embassy by the Department of State. The CDC office is relatively small and has traditionally been heavily staffed by persons in technical positions to support the MOHSS and other partners to provide HIV prevention, care and treatment services. As a result, the CDC office has not had the capacity to perform many of the traditional ICASS responsibilities, including travel and procurement, and opted to subscribe for most of the services available through ICASS. When possible and cost effective, the CDC office has and will continue to take on more of these duties in-house.

Costs here are based on an approximation that CDC's ICASS costs will increase by at least 66%. By COP09, the following positions and one new position (Technical Advisor for Infection Control and Communicable Disease Surveillance) will have been converted from non personnel services contracts (non-PSC) to personnel services contracts (PSC) and will be factored into ICASS charges:

Contracted personnel include technical advisors who specialize in:
a. Health Information Systems
b. PMTCT
c. Counseling and Testing
d. Monitoring and Evaluation
e. Strategic Information
f. Laboratory Services
g. Clinical Quality Assurance

This conversion from non-PSCs to PSCs is necessary for two primary reasons: (1) to reflect the inherently governmental functions of these positions, and (2) to rectify the double taxation of these positions by both the US and Namibian governments. The double taxation results from the lack of a ratified bilateral agreement between the two countries that covers non-PSC positions. While reducing taxation costs, this conversion will result in increased ICASS costs. An individual agency's ICASS charges are based on a complex formula of number of employees, their family sizes, workload counts, as well as the ICASS charges borne out by other US government agencies at post. For that reason, only an estimation of CDC's eventual 2009 ICASS charges are possible at this time.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID:	599.09	**Mechanism:**	N/A
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Budget Code:**	19
Activity ID:	4729.25937.09	**Planned Funds:**	$653,700
Activity System ID:	25937		

Activity Narrative: NEW/REPLACEMENT NARRATIVE

To enable Peace Corps/Namibia to fully support the PEPFAR program activities, the following staffing and other activities are required:

Post will hire an HIV/AIDS Coordinator to separate roles and responsibilities from the APCD/Health and thus optimize the effectiveness of HIV/AIDS program coordination, while reporting directly to the Country Director. PC/N will institutionalize HIV/AIDS knowledge at Post by hiring a host country national (HCN) for this position. This individual will be responsible for the coordination of the HIV/AIDS program at Post which includes planning, implementation, monitoring and evaluation as well as networking with USG and other partners, taking the lead on COP development and APR reporting, and guiding the development of new strategies and opportunities in addressing HIV/AIDS.

The current HIV/AIDS Technical Coordinator position will be changed in FY09 to the position of HIV/AIDS Technical and Program Support Specialist. This position provides guidance and assistance in implementing a comprehensive HIV/AIDS training program. In addition, this position will provide country-specific knowledge about HIV/AIDS prevention strategies to PCVs and community health partners. The HIV/AIDS Technical and Program Support Specialist will support the HIV/AIDS work of all Volunteers in country, in both the health and education programs.

Assists in managing PC/N's effective PEPFAR M&R system to track the implementation and impact of all PC/N programming related to HIV/AIDS. In addition, this position helps to develop placement opportunities for incoming Health PCVs and provides technical, logistical and programmatic support to PCVs involved in PEPFAR activities throughout all 13 regions of the country. This position coordinates the orientation, deployment and support of PCRVs.

Administrative Assistance/Finance position Provides budgetary and administrative support to ensure the effectiveness and fiscal integrity of all PEPFAR activities at Post. With the increasing demands for M&R of PEPFAR expenditures, this individual implements and tracks PEPFAR related administrative expenditures and planning related to all PC/N HIV/AIDS activities. This position could be strengthened through further training either via a staff exchange with another PEPFAR financial assistant or a subregional training for PEPFAR financial and administrative support staff.

PEPFAR Driver - Main office (hired FY06) assists all staff affiliated with PEPFAR activities to reach PCVs and implementing partners at their remote sites. Provides logistical support for regional meetings, trainings, technical support, and program coordination.

Program and Training Assistant - Education (hired FY07) assists the mainstreaming of HIV/AIDS prevention efforts in the education sector in accordance with the government's national policy. This position supports the development of HIV/AIDS-related secondary projects, classroom plans that include prevention messages, training workshops for Namibian teachers and other PEPFAR-related projects.

Driver/Logistics Assistant- Rundu Office (hired FY07) manages the PC/N field office operations based in Rundu. Works in collaboration with the PCVL to support the PCVs and PCRVs based in both the Kavango and Caprivi Regions. Assist staff to reach PCVs and PCRVs at their remote sites. Provide logistical support for regional meetings, trainings, technical support, and program coordination.

Language & Cross Culture Coordinator (to be hired FY09) will be responsible for the planning, implementation, direction and evaluation of the language component of Pre-Service Training (PST/IST). Will integrate language and cultural activities into all elements (technical, health and safety, community) of PST/IST. These activities will enable the Trainees/PCV to make an important transition into another culture to live and work effectively in Namibia.

The following positions support related activities at least 10% of the time but are not funded by PEPFAR: Country Director, Associate Director/Health, Administrative Officer, Program Assistant for Education, Drivers (in main office and Ondangwa office).

Additional Items:
Staff Travel
To meet the operational requirements generated by the PEPFAR program at Post, as all PCVs engage in HIV/AIDS related activities, funds will be required to support all PEPFAR funded and selected appropriated funded staff to visit PCVs in the field, assist with training activities and provide logistical support. Funding will support 2 staff to attend 4 international or in-country workshops. 2 staff will also be funded to attend the Annual Implementers Conference.

IT Purchases
To accommodate additional staff 1 computer will be purchased to support the new LCC position.

Other Office Support
To enhance the performance and effectiveness of PEPFAR-funded staff, PC/N is in the process of expanding its office space to accommodate additional staff and provide adequate work space for PEPFAR activities. Office furniture will be purchased for the new LCC position.

In FY09, additional PCVs will be deployed to new sites in the Kavango and Caprivi Regions. To strengthen outreach and support the PCVs in these regions, PEPFAR funds will continue to support the Rundu office, manned by one PEPFAR-funded staff member and a PCVL dedicated to HIV/AIDS and GAD.

Other
1. PC/N will maintain PEPFAR-funded staff to implement HIV/AIDS related activities at Post. These staff

Activity Narrative: members are essential to meet the operational requirements generated by the increasing number of PCVs committed full-time to HIV/AIDS, and increasing involvement of education PCVs in HIV/AIDS-related projects. In order to respond to impacts of the ever changing epidemic, staff need to update their knowledge and skills. In FY09, funding is requested to enable staff to attend in-country, regional and/or international workshops and site visits to improve on best practices at Post.

2. Two HIV/AIDS Retreats for Peace Corps Staff will strengthen PCV support strategies and enhance the integration of HIV/AIDS prevention efforts at Post. To reduce the time spent away from the office, a potentially longer retreat event will be split into two. One event will be held together with PCVLs and VSN members to provide technical training on coaching and build PC staff capacity to support the Trainees and PCVs in the field. The second event will be Male Engagement Training Part 2 as a follow up to what was conducted in 2008. The staff members who receive this information will then serve as trainers for PCVs and Counterparts in both PST and IST. Staff members will co-facilitate with PCVs trainings at the community level.

3. Funding is requested to cover the severence pay for employees that may experience a termination of contract as well as for 5-year accumulated leave pay out.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16252

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16252	4729.08	Peace Corps	US Peace Corps	7394	599.08		$278,800
8035	4729.07	Peace Corps	US Peace Corps	4670	599.07		$205,900
4729	4729.06	Peace Corps	US Peace Corps	3448	599.06		$226,200

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1157.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18908.23975.09

Planned Funds: $1,932,451

Activity System ID: 23975

Activity Narrative: NEW/REPLACEMENT NARRATIVE

This activity is comprised of three components: (1) salaries and personnel costs for CDC staff in Namibia. These positions include administrative support staff as well as technical staff working in three or more program areas, (2) operating expenses for the CDC office, and (3) ICASS costs.

Funding for this activity is divided and the remainder has been reflected in a separate entry for CDC HVMS (base).

(1) CDC Staff. Since 2002, the CDC staff in Namibia has been located in the Directorate of Special Programs (TB, HIV/AIDS, and malaria), Ministry of Health and Social Services. CDC direct hire personnel include:
a. Country Director,
b. Deputy Director of Operations,
c. Deputy Director of Programs,
d. Prevention Advisor,
e. Public Health Evaluation Advisor, and
f. Health Communications Specialist.

This activity relates directly to all CDC activities and to all USG activities as part of the PEPFAR team in Namibia. In 2002, CDC's Global AIDS Program began its collaboration with Namibia by opening an office in the MOHSS DSP to provide technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART/care services.

The Country Director's efforts are primarily spent assisting the DSP Director and Deputy Director with capacity building, including the development of national technical policies and guidelines, strategic planning for the rollout of new services, work plans for the Directorate, and field guidance and support. To date, the DSP 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;
• Rapid HIV testing policies;
• HMIS for PMTCT and ART;
• HIV sentinel surveillance procedures;
• Procedures for providing support visits to all ART sites; and
• Guidelines on delivery of outreach services.

The Deputy Director of Programs position is currently vacant and unlikely to be filled before early 2009. Upon their arrival in Namibia, the incumbent will continue to spend most of his or her time working with the Ministry of Health and Social Services (MOHSS) Directorate of Special Programmes (DSP) and the Directorate of Primary Health Care (PHC) to establish and rollout guidelines and policies and to provide field support.

The emphasis during FY09 will include training providers on the newly updated ART, PMTCT and STI guidelines; expanding and evaluating prevention efforts; ongoing rollout of ART services to clinics and health centers; strengthening the ARV regimen for PMTCT; integration of TB and HIV services; developing surveillance systems; strengthening task shifting and IMAI; improving palliative care and pediatric treatment; introducing an incidence assay into HIV sentinel surveillance; continuing to assist with DSP's response to drug-resistant TB; carrying out ongoing surveillance for drug-resistant HIV and TB; accelerating the rollout of rapid HIV testing and the community counselors program; implementation of mobile services; and further coordination of efforts and resources with the Global Fund and other donor organizations.

While primarily assisting the MOHSS with technical assistance, both the director and deputy director provide some technical assistance related to policy development and capacity building to local organizations, including Development Aid People to People, the Namibia Institute of Pathology, and the Blood Transfusion Service of Namibia (NAMBTS).

In addition to direct hire staff, the CDC/Namibia office is further comprised of contracted personnel serving as technical advisors who are specialists in:
a. Health Information Systems,
b. PMTCT,
c. Counseling and Testing,
d. Monitoring and Evaluation,
e. Strategic Information,
f. Laboratory Services, and
g. Clinical Quality Assurance.

By COP09, these positions and one new position (Technical Advisor for Infection Control and Communicable Disease Surveillance) will have been converted from non personnel services contracts (non-PSC) to personnel services contracts (PSC). This conversion is necessary for two primary reasons: (1) to reflect the inherently governmental functions of these positions, and (2) to rectify the double taxation of these positions by both the US and Namibian governments. The double taxation results from the lack of a ratified bilateral agreement between the two countries that covers non-PSC positions. While reducing taxation costs, this conversion will result in increased ICASS costs.

COP09 will also continue to support one Association of Schools of Public Health (ASPH) fellow providing support in strategic information or management and administration. Locally employed staff (LES) positions include two nurse HIV field coordinators who head up the CDC/Oshakati office, one TB laboratory specialist, and one palliative care coordinator. Other LES positions include an office manager, a financial analyst, two systems administrators, an administrative assistant, three drivers, two driver/administrators (Windhoek and Oshakati offices), and a receptionist. The salaries and benefits of technical and

Activity Narrative: 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 spends approximately 40% of his time on assisting the MOHSS with policy and capacity-building, but all costs for this position are included in this activity. The Deputy Director of Operations, the Health Communications Specialist, the Infection Control/Surveillance Advisor, and the ASPH fellow are 100% assigned to management and staffing.

(2) Operating expenses. Being located in the Ministry of Health and Social Services, the CDC office provides direct logistical and material support to the MOHSS' daily programmatic operations and to prevention, care and treatment 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 COP08, a major accomplishment has been to program 90% of CDC-managed funds to partners. Seventy-three percent (73%) of CDC-managed funds go to Namibian partners. 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 Ministry of Works and MOHSS' Directorate of Public Policy and Human Capacity Development 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 Global Fund, the UN Family, and GTZ which provide technical advisors to increase capacity of the Directorates of Special Progammes and Primary Health Care, as well as Regional and Constituency AIDS Coordination Committees (RACOCs and CACOCs).

All but three of the CDC positions in Namibia are based in the Directorate of Special Programs (TB, HIV/AIDS, and Malaria), Ministry of Health and Social Services (MOHSS) in Windhoek, the centrally located capital. Three additional staff members are deployed to the CDC office located on the grounds of the MOHSS' Oshakati State Hospital located in the large northern city of Oshakati. By the end of FY08, the two CDC/Namibia offices will consist of six CDC direct hires, eight contractors in technical roles, two locally employed staff (LES) in technical roles, and eight LES in administrative support positions.

(3) ICASS. This activity further supports the International Cooperative Administrative Support Services (ICASS) provided through the US Embassy by the Department of State. The CDC office is relatively small and has traditionally been heavily staffed by persons in technical positions to support the MOHSS and other partners to provide HIV prevention, care and treatment services. As a result, the CDC office has not had the capacity to perform many of the traditional ICASS responsibilities, including travel and procurement, and opted to subscribe for most of the services available through ICASS. When possible and cost effective, the CDC office has and will continue to take on more of these duties in-house.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18908

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18908	18908.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7390	1157.08		$1,072,282

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11675.09

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18819.28573.09

Planned Funds: $190,660

Activity System ID: 28573

Activity Narrative: USAID's operations costs outside of direct cost for human resources is approximately $190,660 for IRM Tax costs, payable to USAID.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18819

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18819	18819.08	U.S. Agency for International Development	US Agency for International Development	7388	1376.08		$100,521

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 4665.09

Mechanism: Global Health Fellows Program

Prime Partner: Public Health Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 29013.09

Planned Funds: $0

Activity System ID: 29013

Activity Narrative: NEW/REPLACEMENT NARRATIVE

In 2009, funding for this position has been set at zero by the USG Team due to a budget variance discovered late in the COP process. Funding to support this position estimated at $250,000 will be identified and reprogrammed by the USG Team by no later than April 2009 to support the PEPFAR Deputy Coordinator/Strategic Information Liaison in the PEPFAR-Namibia Country Coordinator's office.

The USAID Agreement number for this mechanism is: GPO-A-00-06-00005-00. The name of the contractor is Public Health Institute/Global Health Fellows Program, and the USAID Agreement CTO is Rochelle Thompson.

New/Continuing Activity: New Activity

Continuing Activity:

Table 5: Planned Data Collection

Question				
Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, Will HIV testing be included?	X	Yes		No
When will preliminary data be available?			12/1/2010	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2009?	**X**	**Yes**		**No**
When will preliminary data be available?			12/1/2009	
Is an Anc Surveillance Study planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
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 2009?	**X**	**Yes**		**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Gender program area summary v4 COPRS.doc	application/msword	11/11/2008	Gender program area summary narrative	Gender Program Area Narrative*	AYoung
HCD program area summary COPRS.doc	application/msword	11/12/2008	HRH/HCD program area summary	HRH Program Area Narrative*	AYoung
Namibia FY 2009 COP Global Fund Supplemental.doc	application/msword	11/13/2008	Namibia FY 2009 COP Global Fund Supplemental	Global Fund Supplemental	AYoung
Namibia COP09 Salary Support Table COPRS.xls	application/vnd.ms-excel	11/12/2008	Namibia COP09 Salary Support Table	Health Care Worker Salary Report	AYoung
Namibia PHE Progress Report_AED_NA.08.0096_13nov08.doc	application/msword	11/13/2008	Namibia PHE Progress Report_AED_NA.08.0096_13nov08	Public Health Evaluation	AYoung
Namibia PHE Progress Report_EngenderHealth_NA.07.0214_13nov08.doc	application/msword	11/13/2008	Namibia PHE Progress Report_EngenderHealth_NA.07.0214_13nov08	Public Health Evaluation	AYoung
Namibia PHE Progress Report_MSH_NA.08.0097_13nov08.doc	application/msword	11/13/2008	Namibia PHE Progress Report_MSH_NA.08.0097_13nov08	Public Health Evaluation	AYoung
Namibia PHE Progress Report_MSH_NA.08.0098_13nov08.doc	application/msword	11/13/2008	Namibia PHE Progress Report_MSH_NA.08.0098_13nov08	Public Health Evaluation	AYoung
Namibia FY 2009 COP Budgetary Requirements Worksheet (updated for VCT policy change) 11-14-08.xls	application/vnd.ms-excel	11/14/2008	Namibia FY 2009 COP Budgetary Requirements Worksheet (updated for VCT policy change) 11-14-08	Budgetary Requirements Worksheet*	AYoung
Namibia COP09 Management and Staffing Budget Table for Focus Countries.xls	application/vnd.ms-excel	11/14/2008	Namibia COP09 Management and Staffing Budget Table for Focus Countries	Management and Staffing Budget Table	AYoung
PCOrgChart_Proposed 2009.doc	application/msword	11/14/2008	Peace Corps Agency Management Chart	Staffing Analysis	AYoung
AMB Letter.pdf	application/pdf	11/14/2008	Ambassador's Letter	Ambassador Letter	AYoung
CDCOrgChart_Proposed 2009.doc	application/msword	11/14/2008	CDC Agency Management Chart	Staffing Analysis	AYoung
USAIDOrgChart_Proposed 2009.doc	application/msword	11/14/2008	USAID Agency Management Chart	Other	AYoung
DODOrgChart_Proposed 2009.doc	application/msword	11/14/2008	DOD Agency Management Chart	Staffing Analysis	AYoung
Namibia COP 09 Single Partner Funding Limit Justification IHI-Capacity 11-14-08.doc	application/msword	11/14/2008	Namibia COP 09 Single Partner Funding Limit Justification IHI-Capacity 11-14-08	Single Partner Funding	AYoung
GRN Letter.doc	application/msword	11/14/2008	Letter from the Minister of Health and Social Services, Hon. Richard Kamwi, to Dr. Mark Dybul, Global AIDS Coordinator	Other	AYoung
NAMIBIA EXECUTIVE SUMMARY COP09 COPRS 11-14-08.doc	application/msword	11/14/2008	Executive summary	Executive Summary	AYoung
Namibia COP 09 Single Partner Funding Limit Justification UWashington ITECH 11-14-08.doc	application/msword	11/14/2008	Namibia COP 09 Single Partner Funding Limit Justification UWashington ITECH	Budgetary Requirement Justifications	AYoung
Namibia FY 2009 COP Global Fund Supplemental 11-14-08.doc	application/msword	11/14/2008	Namibia FY 2009 COP Global Fund Supplemental 11-14-08	Global Fund Supplemental	AYoung
Budgetary Requirements Justification Care and Treatment v3 COPRS.doc	application/msword	11/14/2008	Budgetary Requirements Justification for Care and Treatment earmark	Budgetary Requirement Justifications	AYoung
Namibia COP09 Public Private Partnerships Table.xls	application/vnd.ms-excel	11/14/2008	Namibia COP09 Public Private Partnerships Table	PPP Supplement	AYoung
Namibia_Summary Targets and Explanations Table.4DEC08.xls	application/vnd.ms-excel	12/4/2008	Table 2 Target Explanations and Table 3 Targets and Explanations	Summary Targets and Explanation of Target Calculations	MLee
Namibia_Summary Targets and Explanations Table.MAY 20, 2009.xls	application/vnd.ms-excel	5/20/2009	REVISED TARGETS AFTER APRIL 2009 REPROGRAMMING	Other	LDeck