Populated Printable COP Without TBD Partners

2008

Namibia

Generated 12/9/2008 9:48:39 AM

Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
EXECUTIVE_SUMMARY_NAMIBIA_FY2008_FINAL.doc	application/msword	10/11/2007	NAMIBIA 2008 COP EXECUTIVE SUMMARY	CDillavou

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
NAMIBIA_AMB_Letter_Support_FY08.pdf	application/pdf	10/2/2007		CDillavou

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Dennis	Weeks	PEPFAR Country Coordinator	WeeksD@state.gov
DOD In-Country Contact	Aune	Naanda	HIV/AIDS DoD Program Manager	ANaanda@usaid.gov
HHS/CDC In-Country Contact	Jeff	Hanson	Chief of Party, CDC	HansonJ@na.cdc.gov
Peace Corps In-Country Contact	Lejeune	Lockett	Deputy Director, PC and APCD for Health	llockett@na.peacecorps.gov
USAID In-Country Contact	C. Kirk	Lazell	Director HIV/AIDS Program, USAID	klazell@usaid.gov
U.S. Embassy In-Country Contact	Eric	Benjaminson	DCM	BenjaminsonE@state.gov
Global Fund In-Country Representative	Frank	Mpoyo	Director, GF	FMpoyo@globalfund.com.na

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$325412
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, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
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	30,000	3,000	33,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	6,768	677	7,445

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		117,293	33,705	150,998
End of Plan Goal	115,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	72,402	7,240	79,642
***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	5,264	526	5,790
8.1 - Number of OVC served by OVC programs	0	44,891	26,465	71,356
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	139,873	13,987	153,860

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		42,300	4,230	46,530
End of Plan Goal	23,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	42,300	4,230	46,530

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
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	39,528	3,953	43,481
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	7,343	734	8,077
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Care (1)		141,496	59,589	201,085
End of Plan Goal	115,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	95,893	9,589	105,482
***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	12,700	1,270	13,970
8.1 - Number of OVC served by OVC programs	0	45,603	50,000	95,603
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	159,000	15,900	174,900
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Treatment		58,400	5,840	64,240
End of Plan Goal	23,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	58,400	5,840	64,240
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Human Resources for Health				
End of Plan Goal	0			

(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: Health Systems 20/20

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8319.08
System ID: 8319
Planned Funding($): $90,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: Yes

Mechanism Name: Food and Nutrition Technical Assistance II (FANTA-2)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9351.08
System ID: 9351
Planned Funding($): $325,500
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: 7651.08
System ID: 7651
Planned Funding($): $450,000
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: 7660.08
System ID: 7660
Planned Funding($): $2,201,843
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
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Lironga Eparu
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1455.08
System ID: 7354
Planned Funding($): $1,200,000
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: NPI/CAFO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7925.08
System ID: 7925
Planned Funding($): $0
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Church Alliance for Orphans, Namibia
New Partner: No

Sub-Partner: Mount Sinai (Khomas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Hakahana Hope Organization (Khomas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Oponganda Center for Children with Disabilities (Khomas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Epukiro Post 3 (Omaheke)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Sub-Partner: Donkerbos Primary School (Omaheke)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Blouberg Pilot Committee for OVC and PLWA (Omaheke)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Joint Compassion Keepers-Swakopmunds (Erongo)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Otavi CAFO Committee (Otjozondjupa)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Oshitowa Womens Support Project (Oshana)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Mukwe CAFO Committee (Kavango)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ndiyona CAFO Committee (Kavango)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Joint Compassion Keepers-Rundu Urban (Kavango)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Tangeni Kankoshi OVC Project (Oshikoto)
Planned Funding: $16,400

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: VOSINNO (Oshana)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Opuwo CAFO Committee (Kunene)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Oshilemba OVC-Tsandi (Omusati)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ondelekelama Support Group (Oshana)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Okathitu Home-Based Care (Omusati)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Eenhana OVC Project (Ohangwena)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Sharukwe OVC Center (Kavango)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: NPI/CAFO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8318.08
System ID: 8318
Planned Funding($): $333,322
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: Sunshine Kids (Karas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Luderitz CAFO Committee (Karas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: A.M.E. Church (Karas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Okahandja CAFO Committee (Otjizondjupa)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ehangano Poultry Project (Hardap)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Katatura CAFO Committee (Khomas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Karasburg CAFO Committee (Karas)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Gobabis CAFO Committee (Omaheke)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Kheibasen OVC Centre (Otjozondjupa)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Rehoboth CAFO Committee (Hardap)
Planned Funding: $16,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2538.08
System ID: 7355
Planned Funding($): $1,010,290
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Comforce
New Partner: No

Mechanism Name: Cooperative Agreement U62/CCU025166

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1058.08
System ID: 7356
Planned Funding($): $2,208,179
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD (EngenderHealth)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7649.08
System ID: 7649
Planned Funding($): $0
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: Instituto Promundo
Planned Funding: $21,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1575.08
System ID: 7358
Planned Funding($): $530,446
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

Sub-Partner: Church Alliance for Orphans, Namibia
Planned Funding: $291,889
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9348.08
System ID: 9348
Planned Funding($): $125,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IAP Worldwide Services, Inc.
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4661.08
System ID: 7360
Planned Funding($): $500,000
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: 7833.08
System ID: 7833
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: Yes

Mechanism Name: The Capacity Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3078.08
System ID: 7361
Planned Funding($): $10,272,635
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 Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Lifeline/Childline Namibia
Planned Funding: $1,533,702
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Lutheran Medical Services, Namibia

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$1,390,002
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Anglican Medical Services
Planned Funding:	$156,247
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Catholic AIDS Action, Namibia
Planned Funding:	$437,485
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding:	$204,269
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Democratic Resettlement Community Project
Planned Funding:	$185,468
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Walvis Bay Multi Purpose Center, Namiba
Planned Funding:	$213,738
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Namibia Red Cross
Planned Funding:	$127,270
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVCT - Counseling and Testing
Sub-Partner:	Development Aid People to People, Namibia
Planned Funding:	$171,874
Funding is TO BE DETERMINED:	No
New Partner:	No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	4736.08	Early funding is requested for select CT sites under Capacity in order to ensure that there is no interruption in critical operational services. Careful analysis of projected burn rates indicates that one to two sites may need funds early to ensure no disruption of CT interventions.	$200,000	$3,993,591

Mechanism Name: MEASURE DHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1388.08
System ID: 7363
Planned Funding($): $2,150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Macro International
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7650.08
System ID: 7650
Planned Funding($): $3,924,426
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: 1068.08
System ID: 7365
Planned Funding($): $19,320,483
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 Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	3874.08	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 so that these studies, especially for continuing students, are not disrupted.	$806,857	$806,857
02-HVAB	3875.08	These are personnel costs for community counselors hired by the Ministry of Health; these staff members will report in early 2008 and early funding will ensure that there is no disruption in counseling and testing services during FY08.	$2,300,000	$2,674,711
05-HVOP	3880.08	These are personnel costs for community counselors hired by the Ministry of Health; early funding for this activity will ensure no disruption in counseling and testing activities.	$650,000	$1,277,751

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4664.08
System ID: 7350
Planned Funding($): $0
Procurement/Assistance Instrument:
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	16548.08	The Namibian Ministry of Health and Social Services is currently conducting male circumcision costing and situation analysis surveys and results are expected by December 2007. The MOHSS will then finalize its national MC plan and service delivery capacity building schedule; USG funds are requested on an early funding basis to support the MOHSS' MC scale up activities.	$68,750	$0
05-HVOP	16762.08	The Namibian Ministry of Health and Social Services is currently conducting male circumcision costing and situation analysis surveys and results are expected by December 2007. The MOHSS will then finalize its national MC plan and service delivery capacity building schedule; USG funds are requested on an early funding basis to support the MOHSS' MC scale up activities.	$137,500	$0
09-HVCT	18058.08	The Namibian Ministry of Health and Social Services is currently conducting male circumcision costing and situation analysis surveys and results are expected by December 2007. The MOHSS will then finalize its national MC plan and service delivery capacity building schedule; USG funds are requested on an early funding basis to support the MOHSS' MC scale up activities.	$68,750	$0

Mechanism Name: FANTA Follow On TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7658.08
System ID: 7658
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8866.08
System ID: 8866
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD/ CASU Follow on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7926.08
System ID: 7926
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD/CDC MHP Mentoring

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7733.08
System ID: 7733
Planned Funding($): $658,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: University Technical Assistant Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7928.08
System ID: 7928
Planned Funding($): $125,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC/TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7924.08
System ID: 7924
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	18934.08	The theme of this activity is to participate in a multi-country evaluation project designed by the GFATM. It is anticipated that the evaluation process will begin within the next 6 months and the other participating countries already have funding support secured. Thus for Namibia to particpate in this effort it will need to receive funding within the next 6 months.	$25,000	$0

Mechanism Name: TBD Service Standards

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7832.08
System ID: 7832
Planned Funding($): $0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Cooperative Agreement U62/CCU024419

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1404.08
System ID: 7367
Planned Funding($): $2,086,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DOD/Social Marketing Association

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6145.08
System ID: 7369
Planned Funding($): $555,000
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: 7648.08
System ID: 7648
Planned Funding($): $3,978,001
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: Research Facilitation Services
Planned Funding: $77,231
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Johns Hopkins University
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Ibis
Planned Funding: $11,538
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Matters and Means
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1584.08
System ID: 7370
Planned Funding($): $700,000
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 Area Programs: HKID - OVC

Sub-Partner: Rehoboth AIDS Association
Planned Funding: $4,756
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: COSDEC
Planned Funding: $9,830
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: PACT TBD Leader with Associates Cooperative Agreement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7656.08
System ID: 7656
Planned Funding($): $9,351,234
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: $170,030
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Catholic AIDS Action, Namibia
Planned Funding: $3,700,046
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs:	HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner:	Change of Lifestyles Homes Project
Planned Funding:	$150,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful
Sub-Partner:	Evangelical Lutheran Church AIDS Program, Namibia
Planned Funding:	$300,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner:	Philippi Trust Namibia
Planned Funding:	$288,665
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC
Sub-Partner:	Namibia Chamber of Mines
Planned Funding:	$50,075
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention
Sub-Partner:	Rhennish Church, Namibia
Planned Funding:	$133,620
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HKID - OVC
Sub-Partner:	Sam Nujoma Multi Purpose Center, Namibia
Planned Funding:	$99,268
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner:	TKMOAMS, Namibia
Planned Funding:	$108,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HKID - OVC
Sub-Partner:	Walvis Bay Multi Purpose Center, Namiba
Planned Funding:	$300,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner:	Legal Assistance Center, Namibia

Table 3.1: Funding Mechanisms and Source

Planned Funding: $233,093
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Namibia Nature Foundation
Planned Funding: $145,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	6470.08	The USG reprogrammed PACT FY07 AB monies in order to fund the start up of the new USAID BCC mechanism and some PACT sub-partners expanded their programs at a faster rate than previously envisioned.	$250,000	$1,137,539
05-HVOP	4726.08	The USG reprogrammed PACT FY07 AB monies in order to fund the start up of the new USAID BCC mechanism and some PACT sub-partners expanded their programs at a faster rate than previously envisioned.	$50,000	$317,220

Mechanism Name: South Africa-Regional Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3475.08
System ID: 7372
Planned Funding($): $471,669
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: African Palliative Care Association
Planned Funding: $450,164
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC/Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8028.08
System ID: 8028
Planned Funding($): $300,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4420.08
System ID: 7373
Planned Funding($): $4,427,388
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: 1064.08
System ID: 7374
Planned Funding($): $13,616,035
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 Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	3895.08	This funding supports key personnel seconded to the University of Namibia and the National Health Training Center who are responsible for training of nurses and other critical personnel for the MOHSS.	$1,361,821	$1,361,821
02-HVAB	16538.08	These are personnel costs for clinical case managers hired by Potentia to be seconded to the government of Namibia; these staff members will report in early 2008 and early funding will ensure that the positions are recruited, trained and deployed so they can have an impact on FY08 programming.	$68,000	$68,000
05-HVOP	7994.08	These are personnel costs for condom logistic managers and case managers hired by Potentia to be seconded to the government of Namibia; these staff members will report in early 2008 and early funding will ensure that the positions are recruited, trained and deployed so they can have an impact on FY08 programming.	$283,080	$283,080

Mechanism Name: Project HOPE

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1505.08
System ID: 7375
Planned Funding($): $805,000
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: 4667.08
System ID: 7376
Planned Funding($): $1,585,140
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project HOPE
New Partner: No

Mechanism Name: Global Health Fellows Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4665.08
System ID: 7377
Planned Funding($): $505,000
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: 2321.08
System ID: 7378
Planned Funding($): $1,000,000
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

Mechanism Name: Tuberculosis Control Assistance Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3073.08
System ID: 7379
Planned Funding($): $1,102,324
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3072.08
System ID: 7380
Planned Funding($): $864,000
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 Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HVOP	18277.08	Early funding justification: The USG reprogrammed SMA FY07 AB monies since the project had a large outstanding pipeline and spent at a slower rate than than previously envisioned.	$596,196	$596,196
02-HVAB	4739.08	The USG reprogrammed SMA FY07 AB monies since the project had a large outstanding pipeline and spent at a slower rate than previously envisioned.	$267,804	$267,804

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1065.08
System ID: 7384
Planned Funding($): $6,039,570
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: DOD/I-TECH/U. of Washington

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6169.08
System ID: 7385
Planned Funding($): $1,805,000
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: Central - Headquarters procured, centrally funded
Mechanism ID: 1317.08
System ID: 7386
Planned Funding($): $1,529,031
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4662.08
System ID: 7387
Planned Funding($): $116,441
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: 1376.08
System ID: 7388
Planned Funding($): $4,690,860
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: 1484.08
System ID: 7389
Planned Funding($): $1,056,231
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1157.08
System ID: 7390
Planned Funding($): $2,835,460
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	8001.08	These are personnel costs for a CDC direct hire; this person will report in early 2008 and early funding will ensure that the position is supported without interruption.	$157,500	$157,500

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3636.08
System ID: 7391
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1162.08
System ID: 7392
Planned Funding($): $910,000
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: CSCS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8339.08
System ID: 8339
Planned Funding($): $155,873
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8338.08
System ID: 8338
Planned Funding($): $287,896
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8340.08
System ID: 8340
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: 8341.08
System ID: 8341
Planned Funding($): $165,000
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

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8342.08
System ID: 8342
Planned Funding($): $140,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
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: 3132.08
System ID: 7393
Planned Funding($): $150,500
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: 599.08
System ID: 7394
Planned Funding($): $1,205,700
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1495.08
System ID: 7395
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
7660.08	7660	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Lironga Eparu	N	$50,000
7660.08	7660	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Namibia National Teachers Union	N	$50,000
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Blouberg Pilot Committee for OVC and PLWA (Omaheke)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Donkerbos Primary School (Omaheke)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Eenhana OVC Project (Ohangwena)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Epukiro Post 3 (Omaheke)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Hakahana Hope Organization (Khomas)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Joint Compassion Keepers-Rundu Urban (Kavango)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Joint Compassion Keepers-Swakopmunds (Erongo)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Mount Sinai (Khomas)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Mukwe CAFO Committee (Kavango)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Ndiyona CAFO Committee (Kavango)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Okathitu Home-Based Care (Omusati)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Ondelekelama Support Group (Oshana)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Oponganda Center for Children with Disabilities (Khomas)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Opuwo CAFO Committee (Kunene)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Oshilemba OVC-Tsandi (Omusati)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Oshitowa Womens Support Project (Oshana)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Otavi CAFO Committee (Otjozondjupa)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Sharukwe OVC Center (Kavango)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	Tangeni Kankoshi OVC Project (Oshikoto)	N	$16,400
7925.08	7925	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	Central GHCS (State)	VOSINNO (Oshana)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	A.M.E. Church (Karas)	N	$16,400

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Ehangano Poultry Project (Hardap)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Gobabis CAFO Committee (Omaheke)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Karasburg CAFO Committee (Karas)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Katatura CAFO Committee (Khomas)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Kheibasen OVC Centre (Otjozondjupa)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Luderitz CAFO Committee (Karas)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Okahandja CAFO Committee (Otjizondjupa)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Rehoboth CAFO Committee (Hardap)	N	$16,400
8318.08	8318	Church Alliance for Orphans, Namibia	U.S. Agency for International Development	GHCS (State)	Sunshine Kids (Karas)	N	$16,400
7649.08	7649	Engender Health	U.S. Agency for International Development	GHCS (State)	Instituto Promundo	N	$21,000
1575.08	7358	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Church Alliance for Orphans, Namibia	N	$291,889
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Anglican Medical Services	N	$156,247
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Catholic AIDS Action, Namibia	N	$437,485
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Catholic Health Services of Namibia	N	$2,184,172
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Democratic Resettlement Community Project	N	$185,468
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Development Aid People to People, Namibia	N	$171,874
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church AIDS Program, Namibia	N	$204,269
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Lifeline/Childline Namibia	N	$1,533,702
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Lutheran Medical Services, Namibia	N	$1,390,002
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Namibia Red Cross	N	$127,270
3078.08	7361	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Walvis Bay Multi Purpose Center, Namiba	N	$213,738
7648.08	7648	Nawa Life Trust	U.S. Agency for International Development	GHCS (State)	Ibis	N	$11,538
7648.08	7648	Nawa Life Trust	U.S. Agency for International Development	GHCS (State)	Johns Hopkins University	N	$50,000
7648.08	7648	Nawa Life Trust	U.S. Agency for International Development	GHCS (State)	Matters and Means	N	$50,000
7648.08	7648	Nawa Life Trust	U.S. Agency for International Development	GHCS (State)	Research Facilitation Services	N	$77,231
1584.08	7370	Organization for Resources and Training	U.S. Agency for International Development	GHCS (State)	COSDEC	N	$9,830
1584.08	7370	Organization for Resources and Training	U.S. Agency for International Development	GHCS (State)	Kayec Trust	N	$354,904
1584.08	7370	Organization for Resources and Training	U.S. Agency for International Development	GHCS (State)	Rehoboth AIDS Association	N	$4,756
3475.08	7372	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	African Palliative Care Association	N	$450,164
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Apostolic Faith Mission Church	N	$170,030
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Catholic AIDS Action, Namibia	N	$3,700,046

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Change of Lifestyles Homes Project	N	$150,000
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Evangelical Lutheran Church AIDS Program, Namibia	N	$300,000
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Legal Assistance Center, Namibia	N	$233,093
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Namibia Chamber of Mines	N	$50,075
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Namibia Nature Foundation	N	$145,000
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Philippi Trust Namibia	N	$288,665
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Rhennish Church, Namibia	N	$133,620
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Sam Nujoma Multi Purpose Center, Namibia	N	$99,268
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	TKMOAMS, Namibia	N	$108,000
7656.08	7656	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	Walvis Bay Multi Purpose Center, Namiba	N	$300,000

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

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

Total Planned Funding for Program Area: $5,267,603

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$169,231
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

There are many gaps in understanding the drivers of Namibia's HIV epidemic, but existing data strongly suggests that within the generalized epidemic, there are geographic hotspots and most at-risk populations (MARPs), and the USG prevention strategy will target its efforts at prevention appropriately. The prevention of mother to child transmission (PMTCT) is a core component in the prevention service package, and since 2004 USG/Namibia has supported Namibia's PMTCT initiatives. Without intervention, 4,298 newborns would acquire HIV each year in Namibia, thus PMTCT is a national and USG priority; services are being scaled up as rapidly as possible. The Ministry of Health and Social Services (MoHSS) provides antenatal care (ANC) and maternity care in 258 of its network of 34 hospitals, 41 health centers, and 270 clinics. Yearly, 61 000 women are projected to give birth, with approximately 54 900 having at least 1 ANC visit, and approximately 41 175 delivering in a health facility (86% in Ministry-managed facilities and 14% in facilities managed by faith-based organizations). By June 2007, 196 facilities countrywide were providing PMTCT which will increase to 230 in FY08. According to the 2006 report on sentinel surveillance in pregnant women, 19.9% of women are HIV+. Of 10 925 HIV+ women delivering annually, approximately 8 740 (~80%) receive ARV drug prophylaxis or ARV for their own health, translating to 2,107 pediatric HIV infection averted. ANC services are run in maternal and child health facilities in Namibia and PMTCT services are fully integrated in these units.

In COP 08, the PMTCT program will be used as a "gateway" for women, children and their families to access prevention with positives (PwP) and HIV/AIDS services. Additionally, women and exposed children will be able to access nutritional support, basic preventive care and referral to community services. Health care workers (HCW) will be trained to deliver targeted behavioral messages to patients on disclosure, partner testing, and sexual risk reduction during all clinic visits. HIV+ women and exposed infants will be screened for TB and STI and will be provided with STI treatment, Isoniazid prophylactic treatment when appropriate; and cotrimoxazole (CTX), palliative care, and hospice care. Family planning (FP) counseling will be promoted to increase post delivery FP uptake. 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 check.

The program uses an 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 90% of them tested at the first ANC visit. Rapid testing sites will be scaled up in COP 08 to increase births with known maternal HIV status. HIV testing will be provided to women who present to hospital after delivery. For those who present within 72 hours of delivery and test positive, infants will get ARV prophylaxis. HIV negative women will get preventive counseling to help them remain negative while HIV+ women will get PwP.

By March 2007, 73% (2171/2963) of HCW had been trained in PMTCT. Due to nursing rotations, more HCW will need to be trained to provide PMTCT services. Staff will get skills update on the revised national ART and PMTCT guidelines using videoconferencing. The program will continue to be supported by lay Community Counselors (CCs) (see VCT). CCs will also get updates to contribute to better counseling for prevention among HIV negative women and screening for TB and STI, which will be supported by qualified nurses. In addition, 45 new PwP case managers will be deployed to facilities to provide more in-depth support to HIV+ clients, and provide support beyond what health care providers have the time to address. This includes support groups and counseling, adherence monitoring and referrals management.

Single-dose nevirapine (SD-NVP) has been the cornerstone ARV regimen in PMTCT. More efficacious regimens will be implemented in COP 08 as the PMTCT guidelines are being revised. This will include AZT starting at 28 weeks gestation, SD-NVP at delivery, and a "tail" of AZT/3TC to the mother and baby for 7 days. To increase the number of eligible pregnant women on ART, laboratory capacity will be strengthened in high volume facilities to include CD4 testing. Turn-around time will be reduced by improving transportation of specimens to labs and results to clinics. ART will be available for eligible pregnant women (CD4<250 or WHO Stage 3, 4 disease) at all heath facilities including those implementing integrated management of adult illness (IMAI). Through IMAI training, nurses in these facilities will be able to administer ARV. Women who do not require ARV therapy and all exposed children will be enrolled in the care program (see ART) for follow up, basic preventive care including but not

limited to CTX, IPT, insecticide treated mosquito nets, and clinical and laboratory evaluation to assess need for ARV therapy.

Safer infant feeding practices will be promoted through better infant feeding counseling. An evaluation (FY07 funding) will examine these issues in depth to mold the content of nutritional counseling sessions. The nutrition department of the Primary Health Care Directorate will roll out infant/child feeding national policy/guidelines which will improve infant feeding practices and guide complementary feeding and safe early weaning. Currently at delivery, 88% of HIV+ pregnant women indicate the intention to breastfeed. Exclusive breastfeeding and rapid weaning (as per guidelines) for all mothers and only those meeting the replacement feeding criteria “AFASS” will be encouraged to do so. Replacement feeding will be made safer by reinforcing the counseling with practical demonstrations of infant feed preparations at the kitchen corners in the facilities. Infants’ health will be improved by incorporating nutritional and growth monitoring in child health clinics and OVC program using referral letters. In FY08, about 10% of HIV+ women will get nutritional supplementation.

Early infant diagnosis (EID) is an area of emphasis in COP 08. All exposed babies will be followed closely by actively tracing the mother/infant pairs who do not keep their appointments. Post test clubs and other support groups which will be strengthened in 08 will be used for follow up of defaulters. Clinical evaluation and laboratory test using dried blood spot (DBS) specimens for diagnostic PCR testing will be used for EID, and rapid test or Elisa for children from 12 months of age. Evaluation of the PMTCT program will be conducted (see SI) to determine the burden of pediatric infection and how to strengthen the capacity to meet the demand.

Gender-based violence, stigma and discrimination remain prevalent, making it difficult for pregnant women to accept HIV testing or to reveal their status to their husbands and families. To address this, PMTCT facilities will engage the local communities by attending meetings facilitated by local leaders. These forums will provide opportunities for dialogue and engagement, creating demand for the PMTCT and other services such a VCT as well as getting community support to reduce violence and stigma/discrimination. Case managers in the facilities will coordinate these activities. With behavior change communication partners, the PMTCT program will see improvement in patient literacy through mass media, IEC materials and other outreach.

In COP 08, male involvement interventions will be taken to scale. These will include providing all women in PMTCT programs with invitational letters for their spouses and encouraging men to accompany women to PMTCT programs for couples counseling. Several men-only conferences will be held. These forums will be used to advocate for men to be involved in PMTCT, including support for women to be tested and following infant feeding recommendations. The sports for change events will be used to promote male involvement in PMTCT.

To monitor and inform the program at the national level, technical, management, and logistical assistance will be continued to strengthen the health information system. Routine data quality will be improved by ensuring facilities have data validation tools and supporting facilities to analyze their data and get feedback from the national system. 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 communities. There will be an audit of referral systems and an assessment of post delivery uptake of family planning by HIV+ women. The PMTCT sites will be improved by reviewing client flow and improving infection control in conjunction with the biomedical prevention team (URC).

PMTCT commodities and supplies are procured through a national system. At the national level,Directorate of Special programs reviews best evidence based practices to support policy changes. Partners supported by USG contribute to these processes technically.

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

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	230
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	39528
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7343
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1080

Custom Targets:

1.5 Number of HIV-positive pregnant or lactating women receiving food and nutritional supplementation in a PMTCT setting	787

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3078.08 **Mechanism:** The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 4734.08

Planned Funds: $1,719,138

Activity System ID: 16129

Activity Narrative: IntraHealth/Namibia, the Capacity Project, is expecting as a result of its FY06/ 07 capacity building process to transition to direct funding Catholic Health Services (CHS) and its 4 hospitals and 26 health centers and clinics for FY 08. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY08 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 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.

The PEPFAR PMTCT program aims to reach 80% of pregnant women with prophylaxis and reduce new infant infections by 40%. The Capacity Project (CP) currently supports five faith-based hospitals (FBH) with a catchment of around 300,000 people in rural and semi-urban settings. The FBH plus 26 associated health centers and clinics have provided PMTCT services for the past four years, gradually scaling up.
By end FY 2008, CP 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 47 service outlets (5 hospitals & 42 HC and Clinics). CP 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 (group followed by individual), rapid testing (RT) with same-day results or HIV ELISA testing. It is estimated that in FY 2008, 5,500 women will be offered the minimum PMTCT package as first antenatal clinic (ANC) attendees, and 1,100 will receive ARV prophylaxis at the maternity ward. 90% uptake is expected for both post-test counseling among women attending ANC and for ARVs at delivery for both women and their babies. Using Single Dose Nevirapine (SDN) for the mother and infant, an estimated 150 new infant infections will be averted. More efficacious regimens will be implemented as the PMTCT guidelines are revised.
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 1,100 women for FY 2008. HAART will be offered to those eligible as per the national ART guidelines (an estimated 120 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 three of the CHS Hospitals. In Rehoboth Hospital, and Odibo HC (AMS), 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 an electronic patient management now used in the LMS ART site that will be implemented in the other 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 six 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; CP will work with these facilities to get maternity wards certified as RT sites. Roll out of RT to a number of satellite facilities (8 in Onandjokwe, 5 in Andara, 3 in Nyangana, two in Rehoboth, and 10 in Oshikuku districts) will be undertaken in collaboration with the Ministry of Health and Social Services (MoHSS) and the Namibian Institute of Pathology (NIP). 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 future, more women will receive postpartum CT, closing the gap on missed opportunities.
HIV-positive mothers also receive infant feeding and family planning counseling. Additionally for HIV+ mother, support groups will be offered if possible. Mothers-to-Mothers is an example to be piloted though use of other less expensive models will be explored. In FY08, about 10% of HIV+ women will get nutritional supplementation.
HIV-negative mothers will be offered preventive counseling to maintain their negative status. All women will be offered couples counseling. Presently, only 2% of ANC mothers are counseled either as a couple or as a referred partner. The male involvement initiative started in FY 2007 will scale up in FY 2008. 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. For women testing negative at first ANC, a retest will be offered to those tested three months earlier alternatively at/or after delivery. This new approach in the revised guideline will be reinforced through training and ongoing clinical mentoring.
Current PMTCT guidelines recommend exclusive breast feeding for all infants for the first six months of life. For HIV-exposed infants replacement feeding is recommended under AFASS conditions (Acceptable, Feasible, Affordable, Sustainable, and Safe). At six 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, CP will provide staff with training and will continue to support the kitchen corners initiatives started in FY 2007. Accordingly, postnatal services for HIV-exposed children will 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 six weeks, they are offered CTX prophylaxis and diagnostic PCR testing. PCR is available in all FBH, and is done 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. More PMTCT staff will be trained on the dried blood spot technique (DBS) in collaboration with NIP/I-TECH, 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 and other mechanisms will be enhanced. During FY 2008, 825 infants born in the five FBH are expected to be tested for DNA-PCR (75% of infants born to HIV-positive mothers). Documented HIV-positive as well as HIV-negative 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: CP will ensure quality of all components of the PMTCT program through supportive supervision,

Activity Narrative: clinical mentoring, familiarization of staff on the data collection tools, scrutiny of reports generated monthly 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, exit interviews and quality assessment of counseling (infant feeding & family planning), and success of referrals.
As part of the technical assistance to MoHSS, the CP team has been involved in the revision of the current PMTCT guidelines with the aim to use more effective ARV prophylactic interventions as per WHO recommendations for maximum reduction of MTCT.
During FY 2008, CP and partners will conduct an evaluation of the programs lifetime performance and impact, including assessing breast feeding practices in all sites, since more than 90% of our PMTCT mothers still chose this option.
CP in collaboration with MoHSS, HIV Clinician Society, and I-TECH, will support training of 60 health care workers (public & private sector) in the new PMTCT guidelines.
All CP supported partners will continue community awareness, mobilization, and education with regard to creating demand for the available PMTCT services in different health facilities.
In response to a demonstrated need and as a new part of the PMTCT program in FY 2008, eligible pregnant and lactating women will be provided with nutritional supplementation in the form of EPAP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7403

Related Activity: 16163, 16217, 16548, 16122, 16130, 16140, 16762, 16123, 16131, 16179, 16133, 16219, 16210, 16134, 16180, 16198, 16186, 16108, 16157, 16187, 16136, 17364, 17320, 16189, 17037, 16137, 16159, 16139

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26954	4734.26954.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$1,763,989
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16163	7927.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$40,000
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16131	7459.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$282,500
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16186	7448.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$648,500
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
17037	17037.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$180,600
16137	7458.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$42,624
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16189	7452.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$84,700
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Estimated PEPFAR dollars spent on food	$24,959

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of pregnant women reached with information about PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	51	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,100	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	60	False

Indirect Targets

Direct Target Comments:

1.1: All faith managed hospital (5), 28 satelite clinics and Odibo health centre. By end of FY07, there will be 31 facilities with PMTCT supported by IntraHealth.

1.2: Total expected pregnancies are 61,000 of whom 90% (54900) will access ANC services. Of those accessing ANC sites, 90% will be in PMTCT sites (49,410) while 80% (39,528) will get counseling and testing and get their results nationally (of whom 15% are from faith managed facilities but are fed in to the national ART HMIS).

1.3: The program will give PMTCT intervention to about 100% of mothers HIV+.

1.4: 2-3 staffs per site will be trained on the changing guidelines. All basic training will be done by I-TECH.

TARGETS HAVE CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

Indicator #1.1 = 47

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas
Hardap
Kavango
Omusati
Oshikoto
Ohangwena

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1068.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3882.08

Planned Funds: $2,204,240

Activity System ID: 16149

Activity Narrative: This activity is a continuation of FY07 direct funding to the Ministry of Health and Social Services (MoHSS) and relates to other activities in PMTCT, including Namibia Institute of Pathology's (NIP) provision of a technician for PCR (7927), Potentia's provision of trainers through I-TECH (7344), training costs covered by I-TECH (7354), CDC's activity to provide nurse supervisors and supervisory visits (7357), faith-based Intrahealth (7403), and the System Strengthening activity by CDC (7360).
In support of PMTCT services, the Ministry of Health and Social Services (MoHSS) is responsible for national coordination, resource mobilization, monitoring and evaluation, training, and policy development. The USG will continue to support MoHSS in FY08 and build on FY07 activities through: (1) Support to print ANC and maternity registers, purchase rapid test kits, clinic equipment (scales, hemoglobinometers, lockable cabinets for ARV drugs), a 15 seater bus requested to transport PMTCT personnel to support visits and trainings), and ARV medicines for PMTCT. (2) The national Technical Advisory Committee has made recommendations to strengthen the PMTCT regimen to include a short-course of AZT beginning at 28 weeks gestation, plus a 7-day regimen of AZT/3TC to the mother and baby postpartum, in addition to single -dose nevirapine. Support will be given to the country to assist in printing and dissemination of the new national PMTCT guidelines that reflect the new WHO 2006 guidelines. It is anticipated that, once approved, the new PMTCT regimen will be rolled out in phases to the 34 public hospitals initially before reaching the health center and clinic level. The USG will support the costs of these ARV medicines to reach (80%) of the eligible pregnant women.The cost of ART for treatment eligible women, their partners and other infected children (PMTCT plus) will be supported through ARV medicines program. (3) Support for up to 658 Community Counselors (CC) who work in health facilities.
MOHSS established the CC cadre in 2004 to assist doctors and nurses with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Community Counselors, who perform rapid HIV testing, play a major role in PMTCT services as the primary provider of counseling and testing (CT) in ANC in support of the nurse. Recruitment of HIV positive individuals as CC is a strategy employed to reduce stigma and discrimination. To date, 387 CC have been placed at (253) health facilities. With FY08 support, this number will increase to 508 by September 2008, and to a final target of 650 by September 2009.
PEPFAR funding for the "Community Counselor Package" includes: recruitment and salaries for the CC, 13 regional coordinators, and an assistant national coordinator (implemented through the Namibian Red Cross); initial and refresher training for CC (implemented by a local training partner); supervisory visits by MoHSS staff who directly supervise CC; training for MoHSS accountants who provide financial management assistance to the program; support for planning meetings and an annual retreat for CC; and support for CC participation at international conferences. Within COP08, funding for CC who dedicate part of their time to this activity, is distributed among six MoHSS program areas: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360).
(4) Covering the costs of diagnostic PCR testing. In FY08 the MoHSS will receive direct funding to pay the NIP for tests performed on infants of HIV+ mothers, inclusive of mission health facilities. This relates to projects within MoHSS ARV services (7330). With USG support, the standard for the diagnosis of HIV infection in children <18 months of age was improved in FY06 to include a diagnostic PCR test on a dried blood spot specimen. For COP08, it is proposed to roll out training in DBS collection technique to enable sample collection from all HIV exposed babies beginning at 6 week of age. The introduction of rapid testing performed by community counselors in FY06 along with an opt-out HIV testing strategy and linkages to ART has contributed to a large proportion of women who now know their HIV status. A USG-hired laboratory scientist (NIP_ Lab Support_7337) is supporting the NIP to respond to the clinical demand for diagnostic PCR and improve the standard operating procedures of the lab to ensure quality services. The NIP is a parastatal organization and charges a fee to the MoHSS for all laboratory tests. In FY08, the USG will continue to provide funds to the MoHSS to pay the NIP charges for performing at least 20,000 diagnostic PCR tests on infants of HIV+ mothers now that capacity is further developed. This nationwide target will be reached by working through PMTCT sites and ART clinics to train health care workers on PMTCT, pediatric diagnosis and care, the collection of DBS specimens. This activity leverages resources with those of the private sector and Global Fund.
(5) Training for an additional 80 Traditional Birth Attendants (TBA) on their role in PMTCT services, including promotion of HIV prevention, reproductive health services for HIV-positive women, and referral of pregnant HIV-positive in the northern regions will be continued as approximately 25% of deliveries occur outside of a health facility. (6) A nationwide educational campaign by the Directorate of Primary Health Care to promote PMTCT services in collaboration with the Ministry of Information and Broadcasting (MIB). Funding will be provided to develop, produce, and disseminate new PMTCT educational materials for strategic communications in the clinical setting, including the promotion of male involvement. This activity will continue from FY07. Couples counseling and testing at PMTCT sites to promote testing of men and to build their support for their female counterparts will be supported to increase men's involvement in PMTCT and to reduce stigma and violence against women. NB; this may increase the no. of HIV test kits to be procured. This activity will support procurement of HIV Test Kits and Supplies. With PEPFAR support, MoHSS will continue to purchase an increasing volume of Determine and Unigold test kits (using a parallel testing algorithm) to be used at MoHSS and mission-managed sites for HIV testing of a projected pregnant women, using Clerview Complete as a tie-breaker in rare instances of discordance; HIV rapid test starter packs to launch new testing sites; and rapid HIV test training supplies for training community counselors. Test kits and supplies are procured and distributed to health facilities by the Central Medical Stores through existing mechanisms. The volume of test kits needed continues to increase as more sites and community counselors are certified to perform rapid testing. (7) 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-baby pair using the case managers recruited through Potentia.
(6) In response to a demonstrated need and as a new part of the PMTCT program in COP08, eligible pregnant and lactating women will be provided with nutritional supplementation in the form of EPAP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7334

Related Activity: 16129, 16163, 16190, 16217, 16238, 16150, 16140, 16122, 16231, 16232, 16123, 16141, 16179, 16218, 16219, 16210, 16180, 16198, 16108, 16156, 16157, 16187, 16158, 17364, 16160

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24324	3882.24324.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$1,181,167
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16190	3898.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$428,337
16238	3856.08	7390	1157.08		US Centers for Disease Control and Prevention	$416,648
16163	7927.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$40,000
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16231	3774.08	7386	1317.08		University Research Corporation, LLC	$1,529,031
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
16160	3874.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$806,857

Emphasis Areas

Food Support

Estimated PEPFAR dollars spent on food	$144,272

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of pregnant women reached with information about PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	202	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	39,528	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,343	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Indirect Targets

1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards: 1,000

Direct Target Comments:

1.1: Total number of sites providing PMTCT.

1.2: Total expected pregnancies are 61,000 of whom 90% (54900) will access ANC services. Of those accessing ANC sites, 90% will be in PMTCT sites (49,410) while 80% (39,528) will get counseling and testing and get their results.

1.3: Estimated as 90% of those testing positive through the PMTCT process (19.9% from 2006 ANC survey)

Target Populations

Other

Pregnant women

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

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1404.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 7927.08

Planned Funds: $40,000

Activity System ID: 16163

Activity Narrative: This continuing activity, a dedicated technologist in support of early infant diagnosis via PCR, relates to MoHSS PMTC 7334, CDC lab infrastructure 7358, NIP lab infrastructure 7337.

The Namibia Institute of Pathology (NIP) is responsible at the national level for provision of all HIV-related testing technologies for the public sector. During FY 2005, the diagnostic algorithm for using dried blood spots (DBS) and PCR for pediatric diagnosis was developed and field-tested. During FY 2006 in collaboration with the Ministry of Health and Social Services (MoHSS) PMTCT program, this method was introduced for symptomatic infants and HIV-exposed infants at six weeks of age. Staff at the lab have been trained in PCR, new equipment has been bought, 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 of these diagnostic PCR tests will be performed in FY 2008 and a dedicated technologist is needed for the laboratory to have sufficient capacity in response to demand. This person is being supported by the CDC laboratory scientist assigned to the NIP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7927

Related Activity: 16129, 16149

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23977	7927.23977.09	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	10325	1404.09	Cooperative Agreement U62/CCU024419	$35,000
7927	7927.07	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	4384	1404.07	Cooperative Agreement U62/CCU024419	$40,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of pregnant women reached with information about PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Direct target:

Number of exposed children who will get DNA PCR:20,000

Direct Target Comments:

1.6: The program will reach about 10030 HIV exposed children. Each of the exposed children is extimated to have 2 DNA PCR tests.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	1064.08	**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 of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	3898.08	**Planned Funds:**	$428,337
Activity System ID:	16190		

Activity Narrative: The lack of training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive care and treatment services on the scale and at the level of quality that is required. The vacancy rate in the Ministry of Health and Social Services (MOHSS) is approximately 40% for doctors, 25% for registered nurses, 30% for enrolled nurses, and 60% for pharmacists. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia, which administers salary and benefits packages equivalent to those of the MOHSS. Both HHS/CDC and the MOHSS develop scopes of work and participate in the selection of health personnel who are then trained and provided with field support by I-TECH (7354), HHS/CDC (7357), and the MOHSS (7334) with USG funding. USG support for PMTCT training is leveraged and harmonized with similar support being provided through the Global Fund. 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.
FY08 funding for PMTCT will cover salaries and support for the following positions:
(1) PMTCT Technical Advisor within the MOHSS Directorate of Special Programmes. This advisor, whose counterpart is the National PMTCT Coordinator in MOHSS, plays a pivotal role with national policy and workplan development, monitoring and evaluation of PMTCT services, training of health care workers in PMTCT, and facilitating the rapid roll out process, including integration of PMTCT into routine antenatal and maternity services and collaboration with ART, palliative care, and laboratory services. Approximately 30% of the advisor's time is allocated to PMTCT training and curriculum content expertise. To date the advisor has facilitated rollout to 188 of 258 (73%) sites which will increase to at least 218 of 258 (84%) sites during FY08. In addition to furthering rollout and training in FY08, the PMTCT advisor will emphasize:
- consolidation of existing sites to increase coverage with services
- complete integration of rapid testing into PMTCT
- expansion of DNA PCR testing and the early infant diagnosis program
- reinforcement of exclusive breastfeeding
- strengthening of the PMTCT ARV regimen to short course AZT beginning at 28 weeks of pregnancy plus a seven-day course of AZT/3TC to the mother at the onset of labor and to the baby for seven days postpartum, in addition to single dose nevirapine.
Increased support will be provided to existing sites by combining supervisory visits with in-service tutor support visits. In a new activity in 2008, the PMTCT Technical Advisor will assist with developing and implementing a case management program (Potentia and I-TECH; new) that has as a priority component the follow-up of mothers and babies who "slip through the cracks" of the PMTCT program.
(2) Five in-service tutors placed throughout the National Health Training Center (NHTC) network. These tutors will implement decentralized trainings in PMTCT and in dried blood spot (DBS) for DNA-PCR testing for infants, and conduct at least 50 post-training PMTCT site visits to reinforce training content.
(3) Continuing support for one driver to transport the PMTCT Technical Advisor and tutors to training and clinical sites. Supplemental support for the work carried out by these staff is funded through I-TECH (7354).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7344

Related Activity: 16149, 16163, 16217, 16238

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23947	3898.23947.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$323,337
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16238	3856.08	7390	1157.08		US Centers for Disease Control and Prevention	$416,648
16163	7927.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$40,000
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of pregnant women reached with information about PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Potentia hires staffs who contribute to the program but potentia does not directly implement the program

Indirect Indicators

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards: 202
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 33,599
1.3 Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 6,687
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards: 1,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1065.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3871.08

Planned Funds: $459,240

Activity System ID: 16217

Activity Narrative: According to the 2006 national sentinel HIV sero-prevalence survey, the HIV prevalence in Namibia increased from 4.2% in 1992 to 19.9% in 2006. The estimated number of pregnant women in 2006 was 61,000 (Central Bureau of statistics) and 90% of these pregnant women had at least one ANC visit and of those 72% delivered in a health facility. Based on the current HIV prevalence rate of 19.9% among pregnant women, 12,139 were estimated to be infected with HIV. Without intervention it is estimated that about a third of infants (4,047) born to HIV-positive mothers would be infected with HIV. Thus PMTCT is a national and USG priority.

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 and provision of comprehensive care to HIV infected women, 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. To date 2128 healthcare workers have been trained in provision of PMTCT services. 90% of pregnant women attending the current PMTCT are counseled and 85% tested at first ANC visit. In addition, with support from the USG, rapid HIV testing is also now available in 94 public health facilities, which contributed to the increase in the proportion of women who knew their HIV status at the time of delivery from 58% to 77% in 2006.

The PMTCT program receives funds through different partners including Global Fund (GF) and the USG. Thus far I-TECH and GF have trained 2,128 healthcare workers on the provision of PMTCT services. To strengthen the quality of service provision at facility level, I-TECH has conducted 181 support visits since the start of the program. With FY 2008 funds, I TECH will continue providing support for the MOHSS and GF to conduct 50 PMTCT support visits. The purpose of these visits is to provide on-site supportive supervision and to identify challenges and gaps that the healthcare workers may have encountered with program implementation.

The single dose nevirapine (SD-NVP) regimen formed part of the national policy for PMTCT. The MOHSS is currently reviewing and updating the National PMTCT guidelines in line with World Health Organization (WHO) recommendations. To ensure consistency and quality of service provision, I TECH will therefore update the training materials accordingly and will conduct a series of DVC sessions to orient HCW on the new guidelines in FY 2008.

Basic PMTCT training will continue to be supported by GF. I-TECH in collaboration with MOHSS and GF will develop a three day refresher curriculum to update PMTCT service providers who were trained in the original curriculum. 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 GF, I-TECH will provide refresher training to at least 100 HCW in FY08.
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 adapting the WHO infant feeding counseling tools and integrating them into the training curricula for health workers use during infant feeding counseling sessions.

Counseling women on reproductive choices and family planning (FP) remains a challenge in Namibia. A key contributing factor is the lack of guiding education materials/job aids for HCW to utilize when providing these services. In FY 2008 I-TECH in collaboration with the MOHSS information, education and communication (IEC) unit will adapt the WHO reproductive choices flip chart which contains information to support the healthcare workers to provide appropriate reproductive choice counseling.

Rapid expansion of DBS testing to all health facilities is essential for early infant HIV diagnosis. In order to improve to infant HIV diagnosis, laboratory capacity and an algorithm for doing diagnostic HIV1 DNA PCR testing were developed for Dried Blood Spot (DBS) testing of HIV-exposed infants from six weeks of age. In line with this algorithm, I-TECH developed and rolled out a curriculum for training health workers on DBS, including pre-and post-test counseling and reinforcing messages on infant feeding. To date over 74 sites have been trained to do DBS sampling using the DBS training curriculum. By March 2007, 4,202 infant HIV1 DNA PCR tests were conducted and 52% of samples were collected using dried blood spot technique. In FY 2007 I-TECH trained 146 HCW on the provision of Dried Blood Spot (DBS) for infant diagnosis. In FY 2008, I-TECH will train 200 new healthcare workers on DBS and an additional 200 HCW will receive a two day refresher training on DBS. In addition in FY 2008 a DBS quality assurance laboratory technologist will be recruited and deployed at the Namibia Institute of Pathology to oversee the scale-up and implementation of the DBS program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7354

Related Activity: 16129, 16149

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23983	3871.23983.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of pregnant women reached with information about PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	500	False

Indirect Targets

Direct Target Comments:

1.4: This will include 100 on basic PMTCT training to meet the national need, 200 on DBS basic training and 200 on DBS refresher training.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	1157.08	**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 of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	3856.08	**Planned Funds:**	$416,648
Activity System ID:	16238		

Activity Narrative: In FY08, the USG will to continue to work closely with the Ministry of Health and Social Services (MoHSS) at the national, regional and service levels in the 34 health districts to provide technical expertise during the roll-out and strengthening of PMTCT services, to monitor the implementation at existing service delivery sites, to conduct the first formal evaluation of the program, and to support expansion of services from 188 clinical sites in March 2007 to 218 sites by the end of 2008. This is a continuation of FY07 and is closely linked with MoHSS_7334, Potentia_7344, I-TECH_7354, NIP_7927, and IntraHealth_7430 PMTCT services. Namibia began PMTCT services in early 2002 at two public hospitals. In late 2002, the Global AIDS Program of HHS/CDC began its collaboration with Namibia;s MoHSS by providing technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART services. The overall responsibilities for, coordinating, and rolling out of PMTCT services lie with the Deputy Director of family Health Division in the Primary Health Care Directorate. A PMTCT Coordinator employed through GFTATM and a full-time USG-supported PMTCT technical advisor 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) Funding for two HHS/CDC PMTCT field support nurses as Foreign Service Nationals (FSNs). Working with Ministry staff at the national, regional, and district-level, these nurses conduct crucial supervisory support visits to current and upcoming PMTCT sites to provide on-site monitoring, training, and assessment of the quality of services, patient flow, record keeping as well as challenges and needs. The roll-out of rapid testing in PMTCT sites will also require hands-on support to health facilities. This staff also support sites to integrate the wide range of HIV prevention, treatment, and care services into the clinical setting and improve linkages with local non-governmental organizations (NGOs). Approximately 25% of women do not deliver in a health facility and these nurse supervisors will assist with the identification and training of traditional birth attendants (TBAs) in PMTCT. They are stationed in Oshakati Hospital, the largest hospital in the north, where the Ministry has allocated office space to HHS/CDC in order to facilitate logistical, material, and technical support to this area where the majority of the population resides. CDC PMTCT field nurses will partner with other programs to identify needs, facilitate and implement supportive programs. They offer TA to sites in a coordinated way, so as not to duplicate services provided by others. This activity leverages resources with the Global Fund, which is funding a PMTCT Coordinator, training, diagnostic PCR testing, and three PMTCT trainers at the national level. (2) Support for travel of: - selected Namibian staff in the PMTCT program to attend relevant informational meetings and conferences on PMTCT in Namibia and in the southern Africa region to learn from best practices in neighboring countries. And MoHSS and USG counterparts to the 13 regions to conduct supportive supervisory visits to improve and expand PMTCT services.
3. The provision of family planning (FP) for persons living with HIV/AIDS and others at-risk is also a primary prevention strategy for mother to child transmission. However, FP needs, particularly for HIV+ women and their partners, have been largely overlooked in Namibia. Contraceptive use among Namibian women is high (38%), but anecdotal evidence suggests that women on ART are becoming pregnant unintentionally. This not only has implications for the mother's well-being but also for pediatric AIDS. Many women are also thinking of having another pregnancy and would like to discuss their options with their service providers. Namibian health workers are willing to address FP, but they are often constrained by a lack of information, training and clarity on messaging. HIV clinics lack clinical guidelines/protocols and IEC materials, as well as a formal referral system for FP. Knowledge gaps exist among clinic staff; many HIV staff do not understand the concept of dual protection, while FP staff often believe their clients are at low risk for HIV. This funding will support the development, translation, printing and distribution of IEC materials related to FP topics. Before development of new materials occurs, a group of stakeholders will meet to review existing IEC materials from other countries to determine whether existing materials can meet the needs. This activity will also support a similar effort to review, update, print, and widely distribute FP guidelines for Namibia. IEC materials and FP guidelines will be made available to government and FBO health care facilities, health care workers at military bases, and organizations carrying out health promotion activities. Further there is need to integrate FP messages and methods in the ART sites so that unwanted pregnancies are reduced in HIV positive women, that women receive counseling on how to fall pregnant with as little risk of HIV transmission to their babies as possible and on how to avoid reinfection in pregnancy. For this it is proposed that each ART site be assigned a nurse to oversee this activity. 4. Currently for COP07, a study will be conducted on infant feeding practices in Namibia with support from CDC and the Global Fund. This activity will roll into 2008 and will require financial support from PEPFAR for biostatistician to come in quarterly and monitor the data. Infant feeding is a critical component of PMTCT and needs to be monitored and followed up rigorously at site level. There is need to have more trainings on infant feeding in the context of HIV.
5. Increasing PMTCT uptake and the quality of counseling particularly for infant feeding could be facilitated by having a mother to mother support programme. Social mobilization and a communication package for PMTCT would help to raise community awareness of PMTCT and reduce stigma and discrimination. PMTCT follow up of mother-baby pair needs to be intensified so as to improve monitoring of the PMTCT programme and to this end a system of follow up needs to be put in place. This is in recognition of the fact that even if there is data on HIV DNA PCR results in infants, this is not for all babies who will have come through PMTCT. Using case managers employed through Potentia to conduct follow up of mother-baby pairs, the outcome of babies that did not come for PMTCT follow up will be determined.
At national level, a data analyst will support all PMTCT activities including various aspects of programme management and synthesis of PMTCT data to better inform the programme

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7357

Related Activity: 16149, 16190

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23965	3856.23965.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10323	1157.09		$559,448
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16190	3898.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$428,337
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240

Targets

Target	Target Value	Not Applicable
Number of pregnant women reached with information about PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Indirect Targets:

Activities undertaken within this activity do not directly implement the program
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards: 28
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 33,599
1.3 Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting: 6,687

Coverage Areas

Ohangwena

Omusati

Oshana

Oshikoto

Otjozondjupa

HVAB - Abstinence/Be Faithful

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

Total Planned Funding for Program Area: $10,350,080

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

USG Namibia's national prevention portfolio supports the Government 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 Orphans and vulnerable children (OVC), systems strengthening, care, and treatment initiatives, and are coordinated with Government of the Republic of Namibia (GRN) and other donors including the Global Fund, UNICEF and the European Community. Building and strengthening these linkages help ensure national response that is sustainable over time via strengthened capacity amongst Namibian institutions.

Currently, there are many gaps in understanding the nature of Namibia's HIV epidemic, including the epidemic drivers and the nature of the epidemic at regional and lower levels. During the COP08 national planning retreat, the USG presented a preliminary analysis of national epidemic drivers based on existing data sets, which include ANC surveillance, preliminary results from the 2006 DHS, and VCT client intake data (there was no HIV testing component included in the 2007 DHS). National ANC prevalence is 19.9%, with wide variation from 7.9% in the east and NW desert areas, to 39.4% in Katima Mulilo. Over time, ANC rates are stabilizing, suggesting there is not a significant decline in incidence, despite data that suggest increasing primary abstinence and condom use among youth. Men are more likely to have 2+ partners, with the number of partners increasing with alcohol use.

Marriage rates are decreasing. Women are infected more and younger than men. The data also suggest the need to recognize the geographic hotspots and high risk populations within the more generalized epidemic that characterizes Namibia.

Currently, the GRN is reassessing its national response to prevention, with vigorous support from the USG and other donors. With support from COP06 funding, the GRN will conduct a national prevention assessment which will include an analysis of existing data sets to further understand epidemic drivers, a national inventory of existing multi-sectoral prevention programs, and a national mapping of resources which will become the basis for referral systems within defined geographic "clusters". The USG anticipates this assessment driving the creation of a national prevention strategy and prevention technical working group, as well as GRN support for new approaches to fill critical strategic information (SI) gaps such as the collection of a nationally representative behavioral survey with biomarkers, incidence testing, and beginning a national cohort study. The prevention assessment and SI tools will help the GRN create a prevention portfolio based on epidemiologically sound priorities, evidence based approaches taken to scale and scope, supported by quality assurance and monitoring and evaluation mechanisms. With FY08 funding, the USG will support the placement of a Prevention Advisor within the Office of the Prime Minister, thus ensuring multi-sectoral support for prevention within the GRN. The GRN's leadership in the national prevention assessment is a major achievement to strengthen a historically weak prevention response.

While Namibia is within a generalized epidemic, initial data analysis strongly suggests there are geographic hotspots typical of a concentrated epidemic, as well as most at-risk populations (MARP) with risk behaviors higher than that of the general population (ref: OP PAN); and the USG prevention strategy targets its efforts appropriately. Within the generalized epidemic, USG will ensure that targeted populations have access to the 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 for positives services, prevention of medical transmission services, PEP, PMTCT, and supporting policy and advocacy.

Target messages and funding will focus on what is currently known to be the main epidemic drivers in Namibia: multiple current partnering including cross generational and informal sexual relationships, and social norms that exacerbate risk behaviors including male norms and alcohol. Target audiences will vary depending on the partner's prevention focus, the site of intervention, and the group at risk, but it is estimated that the mix of AB-funded programs reach at least 70% of the population (results from the national prevention assessment will corroborate this percentage).

AB-funded interventions targeting youth include the integration of age-appropriate HIV/AIDS information and learning activities into primary and secondary curricula and peer education targeted to in and out of school youth that emphasize abstinence and fidelity messages, personal risk assessment, and refusal and negotiation skills. These programs will offer CT, STI screening, and care and treatment referrals to at risk youth, as appropriate to age and the context within individual communities. The USG will continue to support the community action fora 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 relationship or informal sexual relationships. Other AB-funded PEPFAR programs include the national scale up of 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. Government uniformed services – the military and police – will continue to receive technical assistance to integrate AB programs into their existing infrastructure. The Ministry of Health and Social Services' (MOHSS) community counselors will continue to provide high quality AB-focused messages to the clientele of public and faith-provided hospitals. The USG will continue to support the Ministry of Information and Broadcasting's (MIB) national Take Control mass media relationships campaign, which targets B-focused messages to single and married Namibian men of reproductive age. MIB will distribute communications packs with target messages and suggested activities to all organizations involved in interpersonal communications to actively reinforce mass media messages within the communities.

Shifting social norms is critical to decreasing HIV incidence within a generalized epidemic. Alcohol abuse is prevalent throughout Namibia, and significantly contributes to risky behaviors and lack of treatment adherence. Prevalent male norms and behavior, and sexual violence also undermine prevention efforts. In FY2008, the USG will continue to mainstream both alcohol and gender into all USG partner programming at clinical and community settings as well as in the mass media. The gender program supports OGAC's global gender initiative, and has adapted the evidence-based Men as Partners approach to Namibia. Alcohol mainstreaming efforts will mirror the gender approach of a making technical resource available to all PEPFAR-supported partners, which most likely will be the MOHSS' Coalition for Responsible Drinking, thus ensuring sustainable in-country capacity building.

If additional AB funding becomes available during FY08, the USG suggests including a gender violence component to assist victims of sexual assault working with the Women & Child Protection Units and its partners. Interventions will address male norms and behaviors, including alcohol use, by working with PEFPAR partners for mass communication about violence against women and children, and will introduce a community-based component to respond to high violence, targeting 5,000 community members. Other possible programs include expanding the reach of the existing micro-credit program targeting at risk young women, and building the capacity of the GRN to provide AB-focused prevention activities to government employees working at land and water borders; data suggest borders are epidemic hotspots.

During FY08, the prevention program will focus on strengthening technical and programmatic quality. Incidence measurement and the AIDS Indicator Survey will greatly strengthen Namibia's understanding of epidemic drivers and impact of USG's programs, and possibly re-direct the GRN's and USG's strategic prevention design. The USG will conduct a process review of each AB-focused BCC program to strengthen quality assurance and impact. During FY08, USG technical inputs to implementing partners will focus on quality assurance, sustainable capacity building, and mainstreaming responses to enhance enabling environments. All prevention partners will receive technical and capacity building inputs in order to strengthen the overall quality of AB-focused BCC programming within service delivery, mass media communications, and interpersonal communication, and effectively mainstream gender and alcohol issues into ongoing programming. The proposed SI and technical assistance will facilitate much needed increased program impact and human capacity strengthening as well as harmonized, complementary programming. USG will also conduct outcome evaluations for the micro-credit prevention program, MOE workplace program, and the Life Skills program with UNICEF funds. Also, USG is strengthening the evidence base for specific interventions: USG, co-funded by Global

Fund, is currently evaluating Development Aid People to People's community mobilization program, and is analyzing CT intake data which indicates that voluntary counseling and testing visits are positively associated with increase condom use and few sexual partners.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	285459
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	93750
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10875

Custom Targets:

Number of males who received medical male circumcisions via the public sector	5000
IEC materials distributed	68084
Individuals between 15-49 years reached with mass media messages	800000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1157.08	**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:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	8001.08	**Planned Funds:**	$157,500
Activity System ID:	16239		

Activity Narrative: This is a continuing activity from FY07 that relates to DAPP (7325), the Ministry of Health and Social Services or MOHSS (7329), and Potentia (new). This activity includes two components, namely (1) support for a behavioral scientist to serve as the USG's technical advisor to the MOHSS Directorate of Special Programmes on HIV prevention and behavior change communication, Ministry of Health and Social Services (MOHSS), and (2) travel in support of technical assistance visits from CDC Headquarters concerning the following prevention interventions: prevention with positives (PwP), male involvement, male circumcision, STI and TB programming, and the role of alcohol in HIV prevention. This position has been approved and posted, but is unlikely be filled by the end of 2007.

In late 2002, the 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, 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. Primarily through the leadership of the Ministry of Information and Broadcasting (MIB), which receives substantial USG support, an active but generalized prevention campaign known as "Take Control" has been in place for a number of years. In FY08, the "Take Control" campaign will expand to include nuanced, age-appropriate messages on alcohol, male circumcision, and prevention with positives (PwP).

The MOHSS, which is the technical lead and coordinator of all sectors in HIV prevention, has not had a HIV prevention focal person to provide technical leadership and vision on prevention issues. 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.

The TA will serve as the focal person for USG-supported prevention initiatives involving the MOHSS. 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 (eg, 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 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 the Male Norms Initiative, with particular emphasis on defining and promoting strategies that result in abstinence/sexual postponement for adolescent boys, male partner reduction, and greater willingness to access services.

Other key activities for the prevention technical advisor in FY08 will include working with USG partners DAPP (7325), Potentia (new), and I-TECH (new). Specifically, the TA will 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, Potentia will hire and I-TECH will train 34 case managers with psychology/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.

As appropriate, the TA will ensure that efforts 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 transgenerational sex, power inequities between men and women, and heavy alcohol use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8001

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23966	8001.23966.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10323	1157.09		$226,885
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

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

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

Indirect Targets

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

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4667.08	**Mechanism:**	N/A
Prime Partner:	Project HOPE	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	8025.08	**Planned Funds:**	$208,115
Activity System ID:	16199		

Activity Narrative: Noted April 23, 2008: Adjusted amount to 2nd CN approved funding level (see Namibia FY08 COP Memo for details).

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

HOPE proposes to evaluate the impact of micro credit combined with prevention messages in the reduction of high risk sexual behaiviours. It proposes to conduct this intervention in the form of a quasi experimental design with two arms. A full intervention arm that will consist 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 will use Catholic AIDS Action Stepping Stones Curriculum for the education. The curriculum addresses abstinence, promotes fidelity (within marriages or through other sexual relationships), and subsequently reducing overall exposure to HIV/AIDS.

The anticipated activities include:
- Conduct baseline data collection on all the participants for both arms.
- Facilitate Stepping Stones to 300 participants over a period of 4 months and recollect data
- Stepping Stones is a curriculum that works to establish an empowering community environment which denounces cross-gen sex, transactional sex, rape, incest, and other forced sexual activity.
- Coordinate with other USG organizations and stakeholders (Global Fund, EU) working with high risk young women such as school drop-outs to identify other potential participants.
- Provide orientation and training to help them form VHF, including electing leaders, implementing group policies & procedures, and assisting with group organization.
- Provide seed capital through micro loans to 1,080 participating young women to invest in income generation activities. As they repay, they will be offered a subsequent loan of higher amount so their business can grow.
- Mobilize and empower the young women and their VHF groups to be advocates in their communities.
- Conduct continuous progress monitoring and evaluation of activities to ensure quality and address challenges.

Project HOPE Namibia is currently implementing a model referred to as the Village Health Fund (VHF). This model combines health messages with the provision of seed capital to start or expand a small business (economic strengthening). This model is being implemented in 7 other countries since 1993; the impact of this model has been assessed through intake clientele questionnaires (member profile) which are recollected after 1 year of participation. Results to date show a favorable link in the combination of both the health sessions and micro credit, in particular with improved socioeconomic status, leadership, governance and self esteem building. The model started in Namibia since 2005 targeting caregivers of OVC in the north central regions (4Os) of Namibia and has now expanded to young women/girls in the north east.

The objective of the Village Health Fund is to enable participants to generate sufficient income to address their socioeconomic needs, including access to health services. This model is proving successful with caregivers of OVC in the following manner: care givers learn how to prepare balanced meals and learn how to recognize signs of malnutrition, basic signs of child illnesses and have the resources to access health services and buy more food. Based on the results achieved through this model, Project HOPE proposed in COP07 to extend these services to young women in the Kavango and Caprivi region by providing appropriate prevention and behavioral change messages together with the provision of seed capital to start their own small businesses. The underlying objective here is to mitigate the risk of these women getting involved in cross generational or transactional sex. The hypothesis is still under review in both regions, but initial focus group discussions with staff and beneficiaries of SMA and Lifeline Child Line indicate that such an intervention will be helpful to compliment existing prevention and behavior change efforts.

Young women and girls in both regions lack employment opportunities due to lack of education and employment skills. Without income they can't sustain their basic needs and are at high risk of engaging in cross generational or transactional sex as a means of survival. Project HOPE will work with 720 young women and girls in COP07 who will participate in ongoing prevention activities with SMA, Nawa Life Trust, LLCL, TCE and others. These prevention efforts will be coupled with training at local vocational training centers. For the purposes of this program youth/young women are defined as females between the ages of 15 and 30, who represent 25.4 percent of the population of Rundu in Kavango (11,280) and Katima in Caprivi (5,764). For COP08, the previous 720(4% of total young women/girls population in both regions) women of COP07 will continue participating in the program an additional 944 new women will enter the program in Rundu and Katima making a total of 1,664 (9% of total young women/girls in both regions). Project HOPE proposes to provide a minimum prevention package for a concentrated and generalized epidemic in collaboration with partner organizations such as DAPP, CAA, SMA, Nawa Life Trust, MoHSS and others (as per COP Technical Guidance). Activities that will be part of the package are: Target media use such as Take Control, LLCL and YELULA radio talks, distribution of condoms, promotion of VCT, STI and TB screening, male involvement, access to treatment, support groups and palliative care. The VHF methodology is delivered in bi-weekly meetings with groups of 13 women on average. During these meetings participants repay their loans, share small businesses challenges and opportunities and receive 90 minute prevention and behavior change training sessions, the curriculum used for training will be from DAPP but will be reinforced with promotion in delay of sexual initiation, abstinence, monogamy, reduction of sexual partners, cross generational sex, age appropriate family planning, use of condom, negotiation skills, male circumcision and others (As per COP07 guidance). It is expected that the 1,664 women will participate in 128 Village Health Funds (VHFs). Peer educators of partner organizations will use the 90 minutes to strengthen learning and follow up on agreed issues with the participants. Additionally each VHF elects two health activists, who again reinforce learning and act as community mobilizers with partners (male

Activity Narrative: involvement) of participants, head mans, constituency councilors, religious leaders and others to acknowledge and practice safer sexual behaviors and cultural practices (Social Capital, as per COP Technical guidance). Peer educators and health activists will be supervised by two trained staff of Project HOPE, namely the Community Health Worker and by the Health Coordinator/Supervisor. Partners' curriculum delivered to the groups will be strengthened by the "Stepping Stones" curriculum of CAA. This curriculum will be delivered by CAA trained peer educators in communities where CAA operates and for other communities Project HOPE staff will be trained by CAA as peer educators and will deliver the training themselves. All these curricula will be strengthened by a Psychosocial Support Curriculum developed by Project HOPE in cooperation with partners, especially LLCL and Philippi Namibia.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8025

Related Activity: 16501, 16122, 16123, 16106, 17057, 16202, 17061

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26999	8025.26999.09	U.S. Agency for International Development	Project HOPE	11229	4667.09		$172,735
8025	8025.07	U.S. Agency for International Development	Project HOPE	4667	4667.07		$97,791

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Emphasis Areas

Gender

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

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3	False

Indirect Targets

Other Direct Indicators
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 1,081
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 166

Additional indicators/targets:
1) From baseline to 8 months participation in the program, see a 20% increase in the number of young women/girls that report improvement in at leats 2 economic status indicators such as:
1a) number of meals in the past 48 hours
1b) beneficiary contribution towards the expenses of the houshold
1c) changes in the personal income and others.

2) From baseline to 8 months participation in the program, when comparing women participaiting in the program at three levels
2a) Control group (not receiving any component of the project)
2b) Prevention and Behavioural change education only and
2c) Education plus micro credit, see a statistically significant difference in the following behaviours:
i) decrease in the % of young women/girls enagaging in high risk sexual behavior
ii) increase age at first sexual intercourse
iii) increase condom use at last sexual intercourse.
iv) decrease in the number of partner and others

3) 95% repayment rate of microcredit loans (due strong leadership in the groups)

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Coverage Areas

Caprivi

Kavango

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1376.08

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 8041.08

Planned Funds: $150,000

Activity System ID: 16203

Activity Narrative: Funding is requested to continue support for the position of Senior HIV/AIDS Prevention Advisor, created in FY06. The Advisor focuses primarily on prevention of sexual transmission will also work closely with and mentor the Senior Technical Advisor managing Safe Injection and PMTCT. The advisor has a leadership role in ensuring the USG program implements an innovative, effective and balanced prevention program. The Advisor oversees expansion of the prevention program, ensuring that best practices, lessons learned and operational and epidemiological research results are applied in the design and refinement of the Emergency Plan prevention activities. The Advisor plays a technical leadership role in design, management of implementation and evaluation of prevention programs to reduce sexual transmission. The Advisor coordinates USAID prevention programs with those of other USG partners and implementing partners, the Government of Namibia, other development partners, and other sectoral teams within USAID/Namibia. The Advisor provides technical support to local implementing partners and remains current in the developments in the field of prevention, particularly prevention of sexual transmission.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8041

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27007	8041.27007.09	U.S. Agency for International Development	US Agency for International Development	11235	1376.09		$121,123
8041	8041.07	U.S. Agency for International Development	Public Health Institute	4665	4665.07	Global Health Fellows Program	$185,475

Targets

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

Indirect Targets

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3072.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4739.08

Planned Funds: $267,804

Activity System ID: 16211

Activity Narrative: This activity expands SMA's FY07 HIV/AIDS AB prevention program, PolAction, with the Namibian Police under the Ministry of Safety and Security (MOSS). There are many gaps in understanding the drivers of Namibia's HIV epidemic, but existing data set analysis strongly suggests that within a generalized epidemic, there are geographic hotspots and most at-risk populations (MARP) which include the uniform services. Within Namibia's hyper-epidemic geographic hotspots, the minimum prevention service package includes BCC focused on outreach services to MARPs, CT, targeted media, condom distribution, STI screening and treatment, and referrals to prevention, care and treatment services.

SMA has been working with the Namibian police force since 2005, implementing HIV/AIDS AB prevention program in all 13 regions of Namibia. In FY 2008 SMA intends to continue to build the Capacity of the MOSS to eventually transfer ownership of the PolAction program to the Namibian police force, and harness existing structures to implement the program. The main program objective is to reach 7,500(62.5% of the total police force) police men and women with HIV prevention activities. Target messages will emphasize the benefits and importance of faithfulness and respect within relationships, the risks of multiple concurrent partnering, one of the main drivers of Namibia's epidemic, and other risky behaviors, including cross generational, commercial and transactional sex relationships. Other target messages include the role of alcohol abuse and unhealthy male norms and behaviors and other risky behaviors. This program will link to SMA's HVOP program, ensuring that the target audience receives a comprehensive package of prevention messages, includes CT, treatment for STIs, correct and consistent condom use, and referrals to care and treatment services.

In partnership with the MOSS, SMA will finalize the MOSS' HIV/AID Policy, which started in FY07 The policy will promote HIV/AIDS programs and guide implementation throughout the Ministry. SMA will utilize two types of communication channels for HIV prevention activities; peer educators; and police force chaplains, supported by the regional commanders. The chaplains and regional commanders will be the main advocates for the AB messages. Currently, the police force has two chaplains and the MOSS will recruit and additional ten chaplains to cover all the thirteen regional stations. The MOSS has thirteen regional commanders. SMA will schedule sensitization sessions with chaplains and regional commanders to seek their support to promote and reinforce the AB messages in the police. SMA will build the capacity of chaplains to promote accurate and high quality HIV/AIDS AB prevention messages, and SMA will develop supporting fact sheets as tools for the chaplains. The chaplains themselves will identify fora for promoting HIV AB prevention, which might include marriage counseling and church sermons. The chaplains will also promote services related to HIV/AIDS, including counseling and testing (and especially couple counseling), STI screening and treatment, PMTCT, and care and treatment services. SMA will facilitate the development of community referral directories within catchment area of individual police stations and bases. Chaplains will direct police women and men to these services, with the aid of service promotional cards, and support them during referral follow up. SMA will also work with the top police leadership to identify their own HIV AB prevention capacity building needs. This might include field visits within the country to observe PolAction programs in other bases. Regional Commanders will then integrate HIV AB prevention into their ongoing activities, including parades and weekly meetings.

SMA will strengthen the peer education program in FY 2008. The police will identify additional peer educators, which might include police counselors, and SMA estimates that the organization will support 6 to 8 peer educators at each police station. SMA will review the peer education curriculum developed in FY 2007 based on a training needs assessment. Together with the police, SMA will review the roles and responsibilities, as well as the manuals that outline the step-by-step process for implementing different types of peer-educator-led activities. Interpersonal communications (IPC) sessions generally last 30 minutes, and peer educators distribute educational materials and condoms not for AB during these sessions. The peer educators will also support the above-mentioned referral system, and assist with the monitoring of referrals as feasible. SMA will also coordinate integration of expert speakers from institutions like the Department of Gender Welfare and the Legal Assistance Center into the activities in consultation with the gender and welfare desk in the MOSS.

Police members living with HIV (PLWHA) will reinforce the PolAction program by giving testimonials during IPC sessions, and providing counseling services to other PLWHA. SMA will provide additional counseling and referral support to these soldiers. SMA will support the formation of support groups within the bases where appropriate.

Reinforcement of mass media with interpersonal communication activities is critical for scale-up and depth of impact. SMA will work with other USG supported partners working in mass media communications to integrate all interpersonal messages with the larger national mass media campaigns such as Take Control and Positive Living around prevention, alcohol, and gender norms (activity 4048.08). They will also work with Nawa Life Trust to support and distribute the Positive Living campaign care guide. The SMA and PolAction team will provide training in age-relevant gender sessions from the Men and HIV curriculum (activity 12342.08). There will be a deliberate effort to strengthen this partnership to ensure gender equity and address male norms and behavior that result in sexual violence and coercion. Positive role models in the police will be identified and supported with advocacy training for gender equity and positive male norms and behavior. SMA will also receive technical support in the design, implementation, quality assurance, monitoring and evaluation of behavior change communications (activity 16501.08), and mainstreaming alcohol and substance abuse messages into the PolAction program (activity 17061.08).

During FY08, SMA will work closely with the MOSS and the police force to strengthen intervention quality. SMA and the police will map peer education activities in the camps and bases to guide quality and coverage. SMA-supported PolAction coordinators will continue to provide on site- supportive supervise the peer education program, but expand quality assurance monitoring to include the participation of chaplains and Regional Commanders. SMA will develop a simple activity checklist and referral monitoring tool to be used by the chaplains and regional commanders. To ensure effective coordination and implementation SMA will hold meetings with the Chaplains and Regional Commanders on a periodic basis to coordinate and assess the quality of program. SMA will also work with the police to develop the appropriate supervisory structures and develop an effective and comprehensive management information system MIS. To ensure sustainability this program will be presented to the MOSS through the Inspector General, and other relevant police authorities, for buy-in and support.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7419

Related Activity: 16170, 16173, 16762, 16199, 16122, 16140, 16123, 18277, 17057, 17061

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27003	4739.27003.09	U.S. Agency for International Development	Social Marketing Association/Population Services International	11232	3072.09		$522,277
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
18277	18277.08	7380	3072.08		Social Marketing Association/Population Services International	$596,196
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0

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

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	90	False

Indirect Targets

Other direct targets

13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS): 40
14.1 Number of local organizations provided with technical assistance for HIV-related policy development: 1
14.3 Number of individuals trained in HIV-related policy development: 40

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Religious Leaders

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1064.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16538.08

Planned Funds: $68,000

Activity System ID: 16538

Activity Narrative: In a new activity for FY08, Potentia will recruit and hire 34 clinical case managers. There is a critical gap in human resources in Namibia, and creating and filling positions with the Government of the Republic of Namibia (GRN) is a slow process. Potentia Human Resources Consultancy, a Namibian company, was identified as a bridging mechanism for hiring personnel to work within the Ministry of Health and Social Services (MOHSS). Potentia is able to recruit and hire qualified candidates in a timely manner, including third country nationals when qualified Namibians cannot be identified. The MOHSS and the USG provide Potentia with scopes of work, identify where the positions will be placed, and participate in the selection of new hires. These staff persons are trained, managed, and evaluated as would any MOHSS employee in a similar position. The compensation package for Potentia hires are in line with those of the MOHSS and the Global Fund to prevent MOHSS employees from “jumping ship” and to facilitate the gradual absorption of Potentia employees into the MOHSS workforce as positions become available.

Case managers will fall in the chain of command of the MOHSS Directorate of Special Programmes’ Director of Case Management. The case managers will provide adherence counseling, prevention with positive services, coaching of patients regarding notifying partners, following-up of patients who “slip through the cracks”, facilitation of support groups, and referrals to other health and social services, including counseling for drug/alcohol treatment and domestic violence. Particular emphasis will be placed on encouraging men to seek services and to support their partners and children in doing the same. These case managers will have backgrounds in psychology and will be trained by I-TECH (new). All will be trained in Prevention with Positives (PwP) counseling and effective behavior change communication through Namibia’s Male Norms Initiative. Both of these trainings emphasize the delivery of “be faithful” and abstinence/sexual postponement messaging as appropriate.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16122, 16123, 16221, 17061

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,884	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	34	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3078.08

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19393.08

Planned Funds: $68,750

Activity System ID: 19393

Activity Narrative: Three randomized controlled trials in sub-Saharan Africa have demonstrated that safe male circumcision (MC) reduces a man's chances of HIV infection by roughly 60 percent. MC rates in southern Africa are low, however, and widely considered one of the drivers of the epidemic in the region. A regional estimate by the World Health Organization (WHO) estimates that less than 20 percent of men in the region are circumcised. It seems likely that MC rates in Namibia are low as well: for instance, a survey in 2004 of the National Defense Forces of Namibia found that 26 percent of soldiers reported being circumcised (this estimate is not necessarily representative of the larger male population, however). The 2006 Demographic and Health Survey (DHS) will provide additional information on prevalence of MC in Namibia, and its results should be available in September 2007.

Despite its new and somewhat controversial nature, MC is recognized by the Government of the Republic of Namibia (GRN) as having an important role to play in HIV prevention; 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 is adamant 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 MOHSS is using FY07 funds from USG and UNAIDS to conduct a situational assessment based on WHO's situational analysis toolkit. The situational assessment will include: (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, the MOHSS will use PEPFAR FY07 funding to conduct a costing analysis (based on methods used in other African countries) that will determine the cost and likely impact of providing male circumcision in Namibia.

Because the MOHSS will base its national MC strategy, policy, and guidelines on the results of the situational assessment and costing analysis (which will appear sometime in FY07), most MC activities supported by the USG for FY08 cannot at this stage be defined in a detailed way and are only listed as TBD. Once the results are out, USG Namibia will work closely with OGAC, MOHSS and the MC task force to reprogram the FY08 funding in support of the strategy and recommendations adopted from the research. Some general activities, however, have already been proposed: (1) training of MC service providers; (2) an information, education, and communication strategy and intervention to address acceptability issues and create demand; (3) MC-related commodity procurement; and (4) an MC policy and advocacy development activity.

For instance, 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; and (3) counseling on risk reduction behaviors with a focus on partner reduction and abstinence, as well as condom provision and appropriate referrals to other health and social services. The MOHSS will develop standard operating procedures and guidelines and an intensive capacity-building plan for service providers that will result in the certification of facilities and service providers. This certification process will include require quality-assurance mechanisms and a protocol for the management of surgical complications. The surgical training will be based on the WHO/ UNAIDS/ JHPIEGO procedures for circumcision under local anesthesia. The initiative might eventually require approved task shifting to senior nurses and midwives to alleviate the burden on medical doctors (the national IMAI has been approved and IMAI training is being rolled out); the situational assessment and costing analysis will include recommendations on cadre numbers, task shifting, and training. Additionally, the MOHSS will also review the essential medicines list to accommodate lower level facilities and commodity management systems. MOHSS will also investigate the procurement of clinical MC kits and commodities, the specifications of which would be based on the recommendations currently in development between OGAC, the Clinton Foundation, and SCMS.

The MOHSS understands the risk of not implementing a well-constructed communications and advocacy strategy concurrent to the development of clinical services. The MOHSS will facilitate an intensive sensitization process throughout the medical community to counteract apparently widespread attitudes and resistance to MC. Building on its November 2007 "Engaging Men" Conference, the MOHSS will liaise with stakeholders to conduct a highly sensitive dialogue with leaders and decision makers at the community level to mitigate fears and misunderstanding, including the likelihood of an increase in disinhibited sex behaviors. Although the MOHSS recognizes that USG funding cannot support traditional MC providers to perform circumcisions, the MOHSS has prioritized traditional MC providers for information and education as key community gatekeepers. 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.

In FY07, the MC task force has initiated this communications and advocacy process with sensitization about MC by targeting the medical fraternity via the HIV Clinicians' Society, which is hosting a series of meetings with key MC experts. 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 national insurance when indicated for medical reasons, and the cost of private circumcision services is prohibitive for most Namibians.

Activity Narrative: This initiative will help create sustainable national services for MC in Namibia. It will leverage and complement resources from other donors including UNAIDS and WHO. Discussions with MOHSS and the MC task force suggest that FY08 USG resources might support the national MC initiative in the following way: support clinical training, capacity building and supportive supervision within the public sector (ref: ITECH 16758, $75,000) and faith-based sector (ref: Capacity 7459.08, $30,000); procurement of clinical MC kits and commodities (this submission, 16762.08, 18058.08) for a total of $275,000); provide technical assistance to the MOHSS on the creation of policies, guidelines and standard operating procedures, as well as timely response to consumer concerns via the media (7459.08); integrate MC into the package of services for prevention with positives within clinical settings; integrate MC messages to primary and secondary target audiences within a comprehensive prevention campaign (5690.08 $160,000); mainstream MC messages within all ongoing clinical, VCT, workplace and community mobilization activities, ensuring inclusion within existing gender mainstreaming initiatives that address male norms and behaviors and sexual violence (12342.08, 16501.08). All budgeted activities are allocated in the following manner: 25% AB, 50% OP, and 25% CT.

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.

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 district hospitalsation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

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

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7651.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16501.08

Planned Funds: $200,000

Activity System ID: 16501

Activity Narrative: AID/W is in the process of awarding a new Partnership for Health and Development Communication (PHDC) cooperative agreement, the follow-on to the Health Communication Partnership. The mechanism utilized will be a leader with associates. Duration of the award is for 5 years and the geographic scope is worldwide. It is envisioned the award will be made in September 2007. In FY 2007, USG/Namibia allocated funding to PHDC to support initial behavior change communication (BCC) capacity building, program design, implementation, and monitoring and evaluation, to be made available to all PEPFAR-supported partners in Namibia as appropriate.

The purpose of the award is to integrate agency-wide and inter-agency programming in BCC for strategic health and development priorities, including BCC programs in health: family planning, child health, maternal health, HIV/AIDS, and infectious disease. PHDC will focus on developing evidence-based, scaled-up BCC programs, building in-country capacity and ensuring sustainability, integrating BCC programs in the wider public health and development communities, and generating and sharing lessons learned.

Among the challenges and cross-cutting issues PHDC will address are coordination with USAID and other USG collaborating agencies , host-country programs and other donors, foundations and alliances; implementing programs to improve interpersonal communication among health care personnel and support initiatives to improve the quality of health care including community involvement and oversight, exploit innovations in information and communication technology with particular emphasis on working with mass media to incorporate health information at minimal cost and ensure sustainable coverage, develop a clear understanding of the determinants of human behavior and appropriate strategies to influence human behavior in the defined areas of interest.

Areas for strengthening BCC among PEPFAR-supported partners include building knowledge among senior and field staff in state-of-the-art approaches to behavior change, BCC theories and models, and how to apply these theories and models in effective, cost-efficient interventions; building knowledge among managers of BCC programs both in the public and private sectors so they may skillfully recognize successful BCC programming, needed key elements, and appropriate costs; building skills in tailoring programs and messages effectively to target audiences with a focus on moving beyond merely transferring knowledge to influencing factors that impact behavior change; developing and standardizing training curricula and manuals, and making sure that training for staff successfully evolves into top job performance via long-term supervision and mentoring, with on-the-job evaluation and support; applying evidence-based best and promising practices in the design, implementation and evaluation of mass media and interpersonal BCC; and coordinating a national strategy for defining and reaching target audiences by region, risk factors, and other factors; creating appropriate messages; ensuring high quality coordination between partners; and synchronizing BCC breadth and depth between ongoing mass media campaigns and on-the-ground interpersonal communications activities.

During FY 2008, the winning consortium will provide BCC capacity building for all PEPFAR-supported partners in Namibia, and continue to implement activities during FY 2009. Although the approach and technical assistance plan will be developed in partnership with USG Namibia, the PEPFAR-supported partners and the GRN, possible activities might include the following: a national BCC capacity building/mentoring program which would include a participatory assessment of BCC skills of those partners that currently implement community-and-clinic-based BCC programs, and application of results to their prevention programs; intensive on-site skill building with senior and field-level staff to convey in-depth understanding of BCC models, theories, and 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; an increased technical support/guidance during programming planning, such as with annual work planning, and M&E and quality assurance plans; facilitation for and coordination of a national BCC technical working group whose role might include standardization and coordination of BCC messages, curricula, and incentive schemes; complementary targeting of audiences; and sharing of resources, best practices, and lessons learned; media collaboration to build sustainable capacity to incorporate health programming; and/or a feasibility study to explore working with Namibian institutions of higher learning (nursing schools, etc.) to develop quality undergraduate and graduate courses in BCC.

USG/Namibia will also investigate the possibility of conducting an evaluation looking at the application of quality assurance and performance improvement models to BCC programs. Another evaluation possibility is the design and measurement of mentor-based capacity building models that use blended learning approaches to build sustainable Namibian capacity in all aspects of programmatic BCC design and implementation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16129, 16149, 16548, 16199, 16211, 16177, 16170, 16150, 16130, 16140, 16112, 16119, 16122, 16232, 16762, 16123, 16120, 16106, 16141, 16131, 16151, 16173, 16178, 16179, 16133, 16142, 16111, 16121, 16134, 16154, 16175, 16180, 16125, 16114, 16198, 16201, 16108, 16135, 16156, 16136, 17057, 17261, 16182

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16131	7459.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$282,500
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493

16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Local Organization Capacity Building

Male circumcision

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	793	False

Indirect Targets

Other Direct Indicators

14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building: 15
14.4 Number of individuals trained in HIV-related institutional capacity building: 397
14.6 Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment: 387

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	599.08	**Mechanism:**	N/A
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	18777.08	**Planned Funds:**	$197,600
Activity System ID:	18777		

Activity Narrative: This activity also relates to the Condoms and Other Prevention (HVOP) activity (ID#4730).

In fiscal year (FY) 2007, Peace Corps/Namibia's (PC/N) PEPFAR program expanded to involve all Peace Corps Volunteers ("Volunteers") from the Health and Education projects in HIV/AIDS activities through enhanced training and support. In accordance with the Namibian National Strategy and the USG supported Initiatives and pilot programs, Volunteers support USG cross-cutting prevention activities, such as awareness raising and sensitization related to alcohol, gender, behavior change and capacity building. Volunteers assist their host agency partners in a comprehensive prevention program to take pilots to scale to enhance abstinence and being faithful (AB) approaches.

In FY 2008, PC/N will continue its focus on HIV prevention. PEPFAR funds will be used to support the costs of training and support for all Volunteers and their counterparts who will work on AB activities. Funding will be used for the development of training materials, small community-initiated grants, and HIV/AIDS workshops and activities targeting youth. PC/N's aim is to reach communities in all 13 regions of Namibia with Abstinence and Be Faithful (AB) messages. The targeted beneficiaries of Volunteers' AB activities are young Namibians, including students, out-of-school youth, orphans and vulnerable children, as well as adult community members. Volunteers will provide youth activities such as educational tours, girls and boys clubs, sport days, region camp GLOW, gender and development (GAD) activities, and computer classes which integrate AB messages and information into the programs. These activities provide alternatives to involvement in high risk behaviors.

Training: PC/N will organize pre-service training (PST) and in-service training (IST) for Volunteers and their counterparts. Trainings will be organized to also enable both Health and Education Volunteers who are working on HIV/AIDS prevention as a part of their primary assignment or as secondary projects to enhance competencies in the areas of outreach and training to address relevant social and community norms.

Training Materials: Training materials (incorporating language and cross culture) and training tools/supplies will be either developed or acquired to enhance competencies for both Health and Education Volunteers engaged in HIV/AIDS prevention and awareness activities.

VAST Grants: PEPFAR Funds will be made available to all Volunteers for small Volunteer Activity Support and Training (VAST) grants to support community-initiated AB prevention activities. It is expected that many VAST grants will support the establishment and functioning of girls clubs, HIV/AIDS clubs, and sports clubs, as well support local FBOs/NGOs providing HIV/AIDS related outreach and prevention services.

Activities funded by VAST grants 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 their vulnerability to infection and build the institutional capacity of local organizations targeting these populations.

HIV/AIDS TOT workshops: PC/N will organize and conduct training of trainers (TOT) workshops for Peace Corps/Namibia staff to enhance skills and knowledge of staff on the HIV/AIDS pandemic in Namibia, how volunteers will be addressing these issues in the field, and how best to support volunteers in this effort. This is particularly critical as all staff members interface regularly with PCVs, and need a deeper understanding of the issues in order to provide improve training delivery to incoming PCTs and enhance support to current PCVs. This will also ensure that HIV/AIDS is integrated into all Volunteers' activities through enhanced PST and IST and better technical and cross cultural support to Volunteers in the field. These workshops will place special focus on male involvement and gender norms to prepare staff to effectively engage in and contribute to this PEPFAR Initiative in Namibia.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16177, 16140, 16119, 16122, 17061

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484

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

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* Safe Motherhood

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	14,208	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,736	False

Indirect Targets

DIRECT TARGET BREAKDOWN:

2.1: 14,208 =
FAO: 120
MOE: 11,088
MOHSS: 900 (removed at country level for double counting)
CAA: 1,200 (removed at country level for double counting)
Red Cross: 300 (removed at country level for double counting)
ELCAP, Cafo, Christian Welfare Org: 600 (removed at country level for double counting)

2.2: 2,736 =
FAO: 24
MOE: 115
MOHSS: 690 (removed at country level for double counting)
CAA: 40 (removed at country level for double counting)
Red Cross: 51 (removed at country level for double counting)
ELCAP, Cafo, Christian Welfare Org: 1,816 (removed at country level for double counting)

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 6145.08

Mechanism: DOD/Social Marketing Association

Prime Partner: Namibian Social Marketing Association

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3830.08

Planned Funds: $267,500

Activity System ID: 16170

Activity Narrative: 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 will include, 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 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, commnaders 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. 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) partner 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 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 the 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 base commanders and chaplains to services in the camps and bases and beyond. SMA will put in place a quality assurance system. BCC coordinators will have the responsibility of ensuring quality assurance with the chaplains and base commanders. Tools will establish the key messages imparted to military from chaplains and base commanders, 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 review 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. To ensure effective coordination and implementation meetings will be held with the chaplains and base commanders on a quarterly basis 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7893

Related Activity: 16501, 16122, 16211, 16140, 16173, 16123, 16106, 18277, 17057, 17289, 16762

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25856	3830.25856.09	Department of Defense	Namibian Social Marketing Association	10885	6145.09	DOD/Social Marketing Association	$262,150
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
18277	18277.08	7380	3072.08		Social Marketing Association/Population Services International	$596,196
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** In-Service Training
* Retention strategy

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	96	False

Indirect Targets

Direct Target Comments:

2.1. 10 000 military members at all the 23 bases/camps will be reached with prevention messages. There are approximately 19 000 military personnel but expect to reach over 10 000 with prevention messages.

2.2. 96 military personnel including chaplains, peer educators and commanders will be trained to promote HIV/AIDS prevention focusing on abstinence and/or being faithful. "

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Kavango

Khomas

Kunene

Ohangwena

Omaheke

Oshana

Oshikoto

Otjozondjupa

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7656.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 6470.08

Planned Funds: $1,137,539

Activity System ID: 16177

Activity Narrative: Pact's primary mandate is to provide guidance and follow-up for capacity building in civil society to help indigenous organizations develop & become sustainable. Pact uses participatory approaches to ensure local ownership, financial and program accountability, and continuous quality improvement. In FY 2008, Pact will support AB interventions in all 13 regions using a combination of grants & assistance to at least 7 non-governmental organizations (including 4 faith-based organizations & 2 multi-purpose centers) as described here. Overall, Pact will collaborate with prime partners such as EngenderHealth (activity 12342.08) & the new Partnership for Health & Development Communications activity 16501.08) to provide technical assistance & 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 & male involvement (including make circumcision), addressing alcohol & drugs, & ensuring referrals to VCT & other services. Pact will regularly assess whether each subgrantee has the support it needs for continuous quality improvement, and respond with addition support if needed.

1) As part of its integrated community care program (activity 6471.08), Catholic AIDS Action (CAA) will use participatory learning strategies to empower youth in all 13 regions to understand more about HIV & AIDS, & develop personal strategies & skills to prevent HIV. CAA will target 3080 OVC age 8-13 with its abstinence curriculum "Adventure Unlimited" & 4620 OVC age 14-25 with its Stepping Stones curriculum. The curricula cover co-factors for positive community health: effective communication skills, gender issues, the role of alcohol & AIDS, relationship & intimacy skills, & cultural norms & practices, particularly male norms & behaviors. CAA provides this education & routine follow up through peer educators with plans to recruit 250 new peer educators in FY 2008. New for 2008, 100 senior experienced peer educators will be supervisors. Also new, & a collaboration with EngenderHealth, CAA will significantly expand its Men As Partners pilot program to reach 800 men.
2) Change of Life Styles (COLS) will contribute to the reduction of HIV among youth age 8-18 in 3 towns (Windhoek, Walvisbay & Swakopmund) in Khomas & Erongo regions by employing evidence-based HIV/AIDS prevention methods through an expanded program in 18 churches, 6 schools including a special needs institution, & the SOS Children's Village. COLS aims to improve youth self-esteem & build their capacity to make informed choices, postpone sex, choose secondary virginity & remain faithful to one tested partner. Using a revised Christian Life Family Education (CLFE) curriculum that incorporates appropriate behavior change methodologies, COLS will train & support 45 peer educators, employ a participatory edutainment model, establish CLFE clubs at schools, & conduct holiday learning camps to reach 600 youth age 8-14 with activities focused on delaying sexual debut (A) & an additional 1800 youth age 15-18 with activities focused on A&B. COLS will collaborate with partners in achieving behavior change, including more focus on gender norms, particularly male norms & behaviors that place boys & girls at risk.
3) The Walvis Bay Multi-Purpose Center (WBMPC) will continue its youth peer education program to promote AB messages, preventive behaviors, & life skills, targeting 800 in-school youth & 600 out-of-school youth. With Pact assistance, WBMPC will improve the quality of peer education including interpersonal communication techniques; 50 peer educators will be trained.
4) The Sam Nujoma Multi-Purpose Center (SNMPC) will reach over 30% of the population in Ongwediva with age-appropriate ABC programs (activity 4726.08). As part of the youth AB program, SNMPC aims to reach 1,700 in- & out-of-school youth with AB messages through a peer education programs & videos. Of those, 200 will be reached with abstinence only messages. SNMPC will also recruit 25 males to work in the center to model increased male engagement & leadership across multiple program areas.
5) The Rhenish AIDS Program (RAP) works with youth from 16 church congregations in 4 rural regions using age-appropriate curricula at learning camps & Sunday School. RAP uses the Ministry of Education's Window of Hope curriculum to target 600 youth age 9-13 years to promote abstinence & delayed sexual debut; RAP will use CAA's Stepping Stones curriculum to target 200 youth age 14-18 years. Peer educators support the program & follow up.
6) The Namibia Association for Community Based Natural Resource Management (NACSO), an umbrella organization whose HIV activities & financial management are supported by Namibia Nature Foundation (NNF), will reach communities via its innovative workplace approach. It works closely with the Ministries of Agriculture, Water & Forestry; Environment & Tourism; Lands & Resettlement plus 12 member NGOs & 40 conservancies (activity 8037.08). In FY 2008, the peer education program (balanced ABC messages, VCT referrals, CT) will scale up (activity 726.08). The program will target over 5,000 community members. The AB peer education component emphasizes male norms & behaviors, targets conservancy & community leaders, & focuses on adopting norms that support abstinence until marriage, partner reduction, & denouncement of forced sex in marriage & relationships. Age-appropriate messages to youth will focus on delay of sexual debut and/or faithfulness to partners.
In addition, Pact-supported OVC & home-based care programs will integrate age- & status-appropriate behavior change activities into their programs. (activity 4727.08 & activity 6471.08). For example, Philippi Trust has integrated prevention into its existing OVC program: 2360 OVC receive prevention interventions in line with the newly-developed Quality Standards for HIV Prevention for OVC.

Pact's results reach beyond PEPFAR-funded programs to strengthen organizational capacity & sustainability by addressing leadership, management, governance, & strategic direction (activity 8037.08 & activity 8038.08).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7414

Related Activity: 16122, 16501, 16123, 16106, 16178, 16179, 16180, 16181, 16182, 17057

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26984	6470.26984.09	U.S. Agency for International Development	Pact, Inc.	11226	7656.09	PACT TBD Leader with Associates Cooperative Agreement	$546,276
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302

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

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,843	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	574	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1068.08	**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:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3875.08	**Planned Funds:**	$2,674,711
Activity System ID:	16150		

Activity Narrative: This activity is an expansion from FY07 and includes continued training and deployment of Community Counselors and support for education on the association between alcohol and HIV. The Ministry of Health and Social Services (MOHSS) established the Community Counselor cadre in 2004 to assist doctors and nurses with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI, and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as Community Counselors as a strategy to reduce stigma and discrimination. As of end of June 2007, 382 Community Counselors (approximately 25% of whom are HIV positive) have been placed at 253 health facilities. By end of September 2007, 448 Community Counselors will be deployed in health facilities throughout the country. With FY08 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 VCT, expand prevention with positives (PwP) efforts, and initiate counseling and testing services in correctional facilities. The Community Counselor "package" includes: recruitment and salaries for the Community Counselors, 13 regional coordinators, a national coordinator, and an assistant national coordinator (implemented through the MOHSS' partnership with the Namibian Red Cross Society); initial and refresher training for Community Counselors (implemented by a local training partner); supervisory visits by MOHSS staff who directly supervise the Community Counselors; training for MOHSS staff who are responsible for management of the program at national level; support for planning meetings and an annual retreat for Community Counselors; and support for MOHSS staff and Community Counselor to attend conferences and other workshops.

Within COP08, funding for Community Counselors, who dedicate part of their time to this activity, is distributed among six MOHSS activities: Preventing Mother to Child Transmission (7334), Abstinence and Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling and Testing (7336), and ARV Services (7330). This activity also links with CDC's System Strengthening activity (7360). Community Counselor prevention activities include delivery of AB and C messages appropriately targeted to various risk groups defined by age, sex, HIV status, and STI/TB diagnosis, as well as distribution of condoms to high-risk groups in health facilities. Community Counselors are the primary personnel at health sites responsible for providing HIV testing and counseling, and in this capacity, are well-positioned to deliver AB prevention messages to those who test either positive or negative. They conduct both group and individual sessions primarily in outpatient settings (antenatal clinic, TB clinic, ART clinic, outpatient services for VCT, etc). Community Counselors are trained to encourage clients to bring in their partners for counseling and testing, providing opportunities to deliver prevention messages to discordant couples (approximately 12% of couples in VCT are discordant). As part of development of an individual risk reduction plan during the post-test counseling stage, Community Counselors educate clients about sexual abstinence, partner reduction, being faithful to a partner of known HIV status, and correct and consistent condom use as ways in which to prevent HIV.

A high proportion of Community Counselors' clients will be sexually active HIV-positive patients in health facilities, providing an opportunity for the prevention with positives (PwP) approach. Since October 2006, Community Counselors have been receiving training in PwP counseling (using CDC's curriculum) and are providing these counseling services at the ART sites to which they are assigned. With FY08 funding, additional Community Counselors will implement nationwide rollout of PwP in other settings. Community Counselors will promote couples counseling and encourage all their clients, but particularly PLWHA, to reduce their high risk behaviors through abstinence, being faithful to one partner or promoting "secondary abstinence." Couples counseling and testing will also be reinforced to identify prevention opportunities with discordant couples. In addition, funding for this activity includes travel for technical support for PwP from CDC Headquarters and study tours to other countries successfully implementing PwP by national staff managing the program.

In a continuation of FY07, this activity will also support the MOHSS' Coalition on Responsible Drinking (CORD). CORD incorporates media messaging and work with shebeens and breweries to reduce alcohol abuse, a major driver of the HIV epidemic in Namibia. The CORD program will be rolled out to all regions of the country; USG funds will be used to educate business owners and the general public about the association between alcohol consumption, high-risk sexual behavior, and HIV transmission and acquisition. Messaging around the "B" component will emphasize the relationship between alcohol and impaired judgment, including the increased likelihood of having risky sex with a non-steady partner.

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 transgenerational sex, power inequities between men and women, and heavy alcohol use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7329

Related Activity: 16149, 16548, 16501, 16122, 16140, 16123, 16762, 16106, 16151, 16153, 16154, 16155, 16156, 18058, 16157, 16158, 16221, 16162, 16159, 17061, 16160

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24325	3875.24325.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$2,207,128
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16160	3874.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$806,857

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

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1058.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3927.08

Planned Funds: $1,790,133

Activity System ID: 16119

Activity Narrative: Continuation from FY07. Development AID from People to People (DAPP) has 2 main AB activities in Namibia: Total Control of the Epidemic (TCE) and Hope Humana. DAPP AB activities mainly involve house-to-house AB education by trained TCE Field Officers (FOs) and community volunteers, and expanding Hope Humana youth clubs in schools. Overall, TCE supports both prevention and care activities, and thus funding is allocated across 3 program areas: HVAB (7325), HVOP (7327), and HBHC (7326). 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. The TCE 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. GF supports 290 community members trained as FOs. By the end of 2007, DAPP will have trained and deployed a total of 450 community members as FOs; 272 of these positions are supported through PEPFAR. Both GF and PEPFAR will continue to provide support to DAPP in FY08. The 2005 GF annual report singled out TCE as one of 3 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. DAPP's efforts address these components of the minimum package of prevention services: age-appropriate behavior change communication, HIV counseling and testing, condom distribution, and linkages with care, support and treatment. The condom distribution and linkages components support "B" messaging for persons in discordant relationships.

PEPFAR funding for DAPP in FY08 is level and expansion into new regions has been put on hold to sharpen the focus of DAPP's efforts. Both PEPFAR and GF supported assessments of DAPP conducted by CDC technical advisors which identified that DAPP's efforts must be more targeted to impact behavior change and linking individuals to services. Through FY08, CDC/Namibia and CDC/Atlanta will work closely with DAPP on an impact assessment of the TCE program and to revise and harmonize the TCE curricula with other curricula in-country, in particular with the curriculum used to train the Ministry of Health and Social Services (MOHSS) community counselors (7329) and with CDC's Prevention with Positives curriculum. These revisions will refine DAPP's communication strategies to optimize delivery of the AB and OP approaches. Greater emphasis will be placed on approaches that achieve behavior change in terms of being faithful to partner(s) of known HIV status and partner reduction, particularly for adult men. DAPP will participate in an intensive USG-funded behavioral change communication training to enhance their prevention messages, including gender-related messaging around partner reduction and family planning. FY08 funds will support follow-up TA in monitoring and evaluating the program's impact on behavior change.

The assessment and refined curricula should also allow DAPP to improve linkages to community- and facility-based services, and add an outreach-based VCT component. 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 2007, the Permanent Secretary of the MOHSS approved delivery of VCT in non-traditional settings for the first time. DAPP FOs in select sites will be trained in VCT and rapid testing in the same manner as MOHSS community counselors. These pilots will be evaluated in 2008 to assess whether mobile VCT can become a priority activity for DAPP.

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. The course orients FOs to the TCE program and how to use household registers to document activities. Role-playing enables practice in communicating prevention messages. New FOs visit assigned households (2000 people per FO) with an experienced FO. FOs report to the Troop Commander (TC). 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. The sessions identify additional FO needs, which are met by organizing trainings or linking with appropriate community resources. To assure quality, SF members visit their FOs in the field on short notice. Through March 31, 2007, FOs have reached 147,054 community members (49% of the target population of 300,000) through household visits. FOs register household members, provide targeted AB and OP communications (7327), 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.

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 (7331) and New Start Centers (7405). 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.

Community volunteers are key partners with the FOs, communities, and health care facilities. PEPFAR-supported FOs have recruited and deployed nearly 2,000 volunteers to assist with delivery of health messages and referrals. TCE also coordinates with PEPFAR-funded volunteers supported by the PACT program (7412) 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. During FY07, FOs and volunteers facilitated 15 support groups for PLWHA and their families, and organized community-wide HIV-related activities. FY08 funds will continue to support these activities. TCE will continue to collaborate with Lironga Eparu (7404), the national PLWHA umbrella NGO; the organizations represented within the Regional and Constituency AIDS Coordinating Committees (RACOCs and CACOCs, respectively); local MOHSS officials; and other stakeholders to recruit PLWHAs (especially members of minority groups, such as the San) as FOs. Recruitment of PLWHAs continues to foster the development of effective HIV-related community support groups close to the home of

Activity Narrative: HIV/AIDS delivery sites. Gender issues are addressed: provision of equitable services to both male and female PLWHA, support for disclosure of status, and messaging to encourage males to seek services. DAPP is a partner in the Male Norms Initiative begun in Namibia in 2007.

FY08 funds will support continued and more intensive AB activities within current regions. If 70% of this population is reached by FOs during the reporting period, an estimated 40% or 152,320 will be reached with AB messages during the reporting period. (The remaining 60%, or 228,480 will be reached with OP messages.) Because youth are at high risk for HIV infection, particularly young girls, 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; deciding not to get infected by HIV; deciding to delay the first sexual encounter; and pregnancy and STI risk. For adults, young persons who ask, and those at high risk of contracting HIV through sexual contact, FOs discuss knowledge about HIV transmission; correct and consistent use of condoms, (demos used); and knowing where condoms are available. As appropriate, FOs will also distribute condoms to those who have received education.

In 2008, DAPP will continue to receive subagreement funds through PACT (7412) to support Hope Humana Youth Clubs in schools in Omusati Region, in cooperation with the Regional AIDS Coordinating Committees (RACOC), local leaders and the Ministry of Education. DAPP has observed that the rate of teenage pregnancies is high and that it is culturally acceptable for young girls to have babies and leave them to be taken care of by their grandparents or aunts while they search for jobs or attend school. In 2008, over 100 schools in Omusati, Ohangwena, Oshikoto, and Kavango will participate in education sessions with games and drama, and peer education with AB messages. The project involves training peer educators, teachers and volunteers and targets boys and girls 14-19 years of age, focusing specifically on the girls and their right to say no to sex, delay their sexual debut, and abstain before marriage. At the annual Hope Youth Festival, students attend as representatives and make presentations, sharing their lessons learned with their communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7325

Related Activity: 16548, 16501, 16122, 16140, 16123, 16762, 16106, 18058, 17057, 17061, 16150, 16177, 16120, 16121

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24315	3927.24315.09	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	10424	1058.09	Cooperative Agreement U62/CCU025166	$1,467,909
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	65,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	65,500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	222	False

Indirect Targets

A. Ohangwena, Oshikoto and Kavango west – 2 first columns (These are old TCE areas in the third year of the programme).

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence or being faithful.

In these areas we estimate a total number of 1,500 young people remained to be reached with AB messages for the first time. The field officers will be focusing on getting people to make PES plans thereby working through the demand to gradually becoming TCE Compliant.

B. Kavango east, Caprivi and Khomas – column 3 and 4 (These are new TCE areas where 122 new Field Officers will be trained and employed).

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence or being faithful.

Each field officer will reach an average of 344 young people for the first time with AB messages over a period of 12 months, the first year of the programme.

C. Khomas 2 and Erongo - column 5 (These are also new areas where 100 new Field Officers will be trained and employed).

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence or being faithful.

Each field officer will reach an average of 260 young people for the first time with AB messages over a period of 8 months, in the first year of the programme.

D. Otjozondjupa – column 6 (This is also new areas where 50 new Field Officers will be trained and employed).

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence or being faithful.

Each field officer will reach an average of 180 young people for the first time with AB messages over a period of 6 months, in the first year of the programme.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Ohangwena

Kavango

Oshikoto

Caprivi

Khomas

Omusati

Oshana

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	7649.08	**Mechanism:**	TBD (EngenderHealth)
Prime Partner:	Engender Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	12342.08	**Planned Funds:**	$0

Activity System ID: 16122

Activity Narrative: Narrative deleted on April 22, 2008. Funding will be allocated to USAID Namibia SOAG.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12342

Related Activity: 16129, 16149, 16217, 16548, 16199, 16211, 16177, 16170, 16150, 16130, 16140, 16112, 16119, 16501, 16232, 16250, 16120, 16106, 16141, 16131, 16151, 16173, 16178, 16153, 16133, 16142, 16111, 16121, 16185, 16218, 16134, 16180, 16125, 16155, 16114, 16198, 16201, 16186, 16213, 16108, 16135, 16156, 16174, 16187, 16158, 16136, 17057, 17261, 16148, 16138, 16182, 16202, 17061

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12342	12342.07	U.S. Agency for International Development	Engender Health	4442	4442.07	ACQUIRE	$120,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441
16250	4730.08	7394	599.08		US Peace Corps	$273,900
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16131	7459.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$282,500
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16185	7967.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$466,500
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000

16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16186	7448.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$648,500
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Targets

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

Indirect Targets

Other Direct Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities: 1
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS): 20
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building: 30
14.4 Number of individuals trained in HIV-related institutional capacity building: 98

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7648.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4048.08

Planned Funds: $1,273,484

Activity System ID: 16140

Activity Narrative: 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, 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 (see Prevention OP and HBHC).

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, and reducing negative attitudes and behaviors leading to stigma and discrimination.

NLT will have support from these areas: alcohol counseling and screening (activity 17061.08); Men and HIV/AIDS mainstreaming gender into clinical and community programs (activity 12342.08); and capacity building in behavior change communications (activity 16501.08).

NLT established 14 Community Action Forums (CAFs) in 11 of Namibia's 13 regions by the start of FY 07. 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 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. By the end of 2007, a total of 16 CAFs will be established and operating in: 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 (see Prevention-OP and system strengthening).

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 FY 2008, CAFs will reach 24,576 community members ages 15 and above through outreaches, or about 17% of target audiences in these sites. Outreaches 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. All of the people reached through AB outreaches (24,576) will receive at least one IEC material (see Systems Strengthening).

A total of 208 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 (activities 5690.08, 7464.08).

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.

NLT will continue partnering with the MOHSS and such regional partners as NASOMA, creating a link for distribution of condoms through CAFs, which act as service outlets. 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.

CAF outreaches will continue reinforcing mass media messages at the community level, reaching underrepresented areas such as informal settlements. CAF members will specifically reinforce Take Control's "Be there to Care" mass media campaign messages, focusing on relationships. Take Control is a government-led initiative, comprised of international and local organizations, including line ministries and development partners. All activities under the "Be There to Care" campaign aim at encouraging Namibians to re-evaluate the way they conduct relationships and will involve extensive discussion on gender relations and the role of men in HIV prevention. Specifically, NLT works with Take Control's national mass media campaign to promote partner reduction, partner testing, condom use and the development of healthy behaviors in sexual relationships. NLT leadership has resulted in sourcing increased campaign funding and partner support.

By 2008, Take Control will conclude the "Care and Support" and "Respect" phases of "Be There to Care", focusing on family support to PLWHA and male involvement in PMTCT and partner reduction respectively. In 2008, NLT will conduct the "Trust & Honesty" phase of its campaign, focusing on couples testing and may link with counseling and testing demand creation activities for a period of three months. Other issues that may be addressed include cross-generational and transactional sex. NLT may support one additional phase

Activity Narrative: in the campaign (e.g. Communication) with partners. NLT will produce two televised messages on partner reduction/partner testing and related radio, print and outreach materials. Messages will also be adapted to positive audiences where applicable.

Under Take Control, NLT will strengthen interpersonal communication and campaign regionalization efforts, providing message toolkits to at least 500 outreach workers attached to CAFs and other organizations partnering with the campaign. Two production workshops will be held to strengthen local ownership in priority areas.

NLT will extend campaign activities to non-traditional marketing channels such as consumer promotions, sponsorships, public relations to strengthen material distribution.

Short films promoting campaign values as respect, trust & honesty will be produced and nationally broadcasted to foment discussion on social norms. Such discussions will then be replicated using films during outreach sessions and through programs like NawaCinema.

NLT will reach 800,000 Namibians ages 15 years and above with mass media messages under the “Be There to Care” campaign. Key target groups for the 2008 campaign will include steady couples (married and unmarried) of reproductive ages (15-49 years) with a focus on men.

NLT will train CAF members in its relationships campaign (see system strengthening). CAF members will implement this training through community outreaches. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7455

Related Activity: 16122, 16501, 16123, 16106, 17061, 17057, 16141, 16142

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26974	4048.26974.09	U.S. Agency for International Development	Nawa Life Trust	11223	7648.09	Nawa Life Trust Cooperative Agreement	$1,344,883
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24,576	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	208	False

Indirect Targets

1. Target Formulas for Outreaches

People Reached (indicator 2.1): 48 weeks x 16 CAFs x 40 people reached – 20% overlap = 24,576 people reached
(New) People receiving IEC Materials: 100% of 24,576 total people reached provided with at least one IEC material = 24,576 people receiving IEC materials
Relationships campaign: Approximately 1 million people between 15-49 years. Of these individuals, 80%* will be reached with mass media messages through the relationships campaign= 800,000 people between 15-49 years reached with mass media messages

*IEC percentage based on CMA determination on how many people could be realistically be provided with materials during outreaches

*Mass Media Percentage based on the funding level and maturity of campaign

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3078.08

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 6609.08

Planned Funds: $379,951

Activity System ID: 16130

Activity Narrative: The following are new initiatives that are co-funded across program areas. USG proposes to support the Government of the Republic of Namibia (GRN) integrated male circumcision initiative. This initiative includes the roll out of clinical male circumcision services. The Capacity Project (CP) will support the Ministry of Health and Social Services (MOHSS) in training and supervising FBO service providers, using protocols and curricula developed in collaboration with the MOHSS and ITECH. CP training and supervision support is funded 25% AB, 50% OP (activity7459.08) and 25% CT (activity 4736.08). CP will also support the MOHSS national rollout of a facility-based Prevention with Positives initiative (ref: 4737.08). The CP will support the MOHSS in training and supervising service providers, using protocols and curricula developed in collaboration with the MOHSS and ITECH. CP will also train the regional supervisors in performance improvement methodologies. CP training and supervision support for both elements is funded 10% AB, 10% OP (activity 7459.08), 40% treatment (activity4737.08), 30% care (activity4735.08) and 25% CT (activity 4736.08).CP will also support the MOHSS efforts in strengthening prevention and treatment responses. Based on guidance from the Global Technical Working Group sponsored by the Gates and Kaiser Family Foundations, during the revision of training curricula for clinical staff, PwP and regional supervisors/ case managers, MOHSS, CP and ITECH will revise protocols and materials to strengthen gender-sensitive HIV prevention counseling and refer to CT and STI screening. Messages shall emphasize the importance of risk reduction and prevention, and the limitations of ART. No additional funding for this element is required. IntraHealth/Namibia, the Capacity Project is expecting as a result of its FY06/ 07 capacity building process to transition to direct funding Lifeline/Childline (LL/CL) for FY 08. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY08 funding, i.e., continuing resolution (CR), it 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 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 it is deemed eligible and approved by the Pretoria USAID Regional Contracting office.

The following is an existing program and funded via a sub-award with LifeLine Childline (LL/CL). It is estimated that 9,000 new HIV infections take place every year in Namibia (NIP, 2005) which translates into 24 new infections daily. Most of these new infections will occur through heterosexual activities. 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

According to the 2000 Demographic and Health Survey (DHS) the median age of sexual debut in Namibia is 18 years for both boys and girls. The LL/CL school program, supported by PEPFAR since FY04, 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 sexuality 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 FY08, LL/CL will target children in school ages 7-18 to address attitudes and behavioral issues related to abstinence, alcohol, abuse, violence, sexual predation, fidelity, intergenerational sex, as appropriate to the school grade and age. LL/CL programs emphasize intergenerational sex as this is one of the main drivers of the Namibian epidemic to which young girls are particularly susceptible. LL/CL employs a number of interactive communication techniques depending on age. For 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 Being a Teenager. 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 underpinning for decision making, building refusal and negotiation skills, empowering them through accurate information on rights and source of assistance.

During FY08, LL/CL support teams will spend more time at each school; although this will mean less schools and learners covered, the extra support 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. 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. Since program inception, this approach has resulted in a significant increase in the number of abuse cases reported and referred for counseling. LL/CL has been able to reach more than 10,500 youths in the last six months in more than 150 schools from all 13 regions. A step further will be undertaken in FY 2008 to reach out of school youth with same or tailored prevention message in two pilot sites.

In FY07 and FY08, the LL/CL team will receive training in age-relevant gender messages from the Men and HIV curriculum, so that from pre-school upwards girls and boys will be given opportunities to recognize unhelpful and risk-related gender norms and be given tools to challenge these. During FY08, these norms including risk of alcohol and substance abuse and will be integrated into all aspects of the program (activity 17061.08). LL/CL will also receive capacity building support in behavior change communications

LL/CL, with support from PEPFAR and UNICEF, will maintain its national (all 13 regions) Uitani Child Line radio program by and for children. LL/CL estimates that the show reaches more than 100,000 members of the public, essentially children. During FY07, 10 programs are being translated into Oshiwambo and broadcast on the Oshiwambo radio service. During FY 2008, Oshiwambo programming will grow and a third language will be introduced expanding the radio services to five languages. 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. 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

Activity Narrative: building sessions are held 8 times per year in areas of broadcasting training, personal growth and peer counseling. In FY 2007 they will be offered gender training using messages from the Men and HIV curriculum and by FY08 will include topics which challenge risk-related gender and social norms, alcohol and male circumcision mainstreaming as it relates to the broader set of prevention interventions.

During FY07 all LL/CL activities will be reviewed and revised as per the new National Standards and LL/CL own child protection policy. LL/CL will develop themes around the Convention on the Rights of the Child. In collaboration with Southern Africa Network against Trafficking and Abuse of Children (SANTAC), LL/CL programs will address child trafficking. In FY08, LL/CL will mount a large-scale media campaign to highlight child protection and stimulate uptake of services for children.

To ensure quality and performance improvement, effective supportive supervision of the program is done through regular visits, mentoring and routine analysis of data. 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. During FY08, the Uitani radio listeners will be assessed using a survey in collaboration with the Namibian Broadcasting Corporation, NawaLife Trust and other stakeholders (activity 4048.08). This will assist in assessing program effectiveness in terms of media reach and impact. LL/CL depends heavily on volunteers for its outreach activities. The change in the labor law prohibiting the use of volunteerism is bound to affect these activities. LL/CL will continue to lobby with other civil society organizations and NGOs for an exemption to allow services to continue.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7408

Related Activity: 16548, 16501, 16122, 16123, 16131, 16762, 16106, 16133, 16134, 17639, 16135, 18058, 16136, 17057, 16139, 17061, 16140, 16221

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26955	6609.26955.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$315,359
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16131	7459.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$282,500
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000

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

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Indirect Targets

Direct Target Comments:

2.1: 24,000 = the targeted school students as estimated from previous years & the number of students enrolled in targeted schools. According to Lifeline/Childline previous work in different schools, they reached 10,500 students for A & B in 6 months. So, for COP08, they will target 24,000 for the full year.

2.1.A: 24,000 = the message for all students is 100% "A-message", so this is the same target as 2.1.

2.2: 200 = the number of candidates who will be enrolled in LL/CL training. 50 counsellors/quarter.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7660.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 8500.08

Planned Funds: $1,171,843

Activity System ID: 16112

Activity Narrative: The Academy for Educational Development (AED) began PEPFAR-funded prevention activities in the Ministry of Education (MOE) in 2006. The goals are to reduce the number of new HIV infections among teachers, learners and their families, and mitigate the impact of HIV/AIDS on these persons. This activity links with OVC activity 3781.08 (strengthen education systems) and Strategic Information (SI) activity 16830.08 (information for implementation, monitoring, evaluation). The activity directly supports four of the five key components of the Government's third Medium Term Plan for HIV and AIDS: prevention; creating an enabling environment; treatment, care, and support; impact mitigation.

The MOE was the first Ministry with an HIV/AIDS policy, finalized in January 2003, to support teachers to stay healthy or live positively with HIV/AIDS. Some workplace and life skills components have been implemented. This activity builds on existing policy and activities. In FY 2006 - FY 2008, AED provided the Ministry's HIV/AIDS Management Unity (HAMU) with technical assistance (TA) to review the policy for timeliness, design and implement programs, and regularly measure success.

The Ministry is the largest public employer with 19,000 teachers and 4000 staff. In a 2002 study, jointly funded by the USAID Education and HIV/AIDS program, HIV/AIDS mortality among the country's MOE teachers was projected at about 8% annually. Teacher absenteeism has increased and negatively impacted educational quality.

A generalized epidemic requires comprehensive prevention programs -- not only AB, PMTCT, blood safety and the like, but a focus within these programs and others on strengthening appropriate behavior change communication and linkages for support and treatment. Specific messages must also be directed to specific groups, such as the education sector. To address MOE management, all 1,606 principals will receive training on the MOE policy to be sure that they implement it as designed, with a focus on positive dialogue, ongoing teacher training and involvement, and support for employees. For all MOE employees, policy and activities will encourage employees and families to sign up for health insurance with access to both private and public facilities, improving not only HIV/AIDS treatment but that for sexually transmitted infections (STIs). Men's issues will be a focus of materials developed and used by other partners, the Ministry, and UNICEF and will focus on: promoting respect for women and children; reducing sexual violence, coercion, and alcohol abuse; and reducing the number of partners and cross-generational sex. To strengthen the impact of the workplace activities, the National Union of Namibian Teachers (NANTU) will be a new partner to help promote union support and delivery of some components via its 13 regional offices, all of which have an HIV/AIDS desk officer. For example, to reduce alcohol abuse, which promotes risky sexual behaviors, AED and NANTU will collaborate to give talks to teachers, covering topics like the dangers of alcohol abuse, and inappropriateness of cross-generational sex, an especially relevant issue because teachers in a number of communities are seen as authority figures with income thus increasing the opportunity and risk for cross-generational sex. AEDcollaboratively with NANTU will promote social opportunities for teachers, such as social clubs, writing clubs, and sports to promote healthy, positive living.

A package of prevention messages -- which includes promoting VCT, treatment for STIs, reducing risk by abstinence and faithfulness, delaying sexual debut among youth, and support-seeking behavior -- will be provided to reach 25% of teachers, principals and parents. Using social capital gained over the past 7 years of working with MOE, and the Ministry professional development structure to which the USG has contributed through the USAID Education program, training will be provided during semi-annual teacher/principal/parents conferences held in 20 of the 54 country circuit offices. For parents, the training will include equipping them with approaches and methods to talk with their children about abstinence, delay of sexula debut and being faithful to reinforce messages from school. Circuit support teams (CST) will deliver the training. AED's Center for AIDS and Community Health will train its cadre of six professional development advisors who will then train all 200 CST members who already have considerable expertise. Similarly, we will host semi-annual conferences to reach 140 teacher educators from the four education colleges with prevention messages. To achieve the important aim of reducing infections by knowing one's status, AED will work with NANTU to conduct national and regional teacher health days where the complete package of prevention together with malaria, blood pressure, diabetes and dental facilities will be available for teachers and their families. Linked to the teacher health days, AED, NANTU, and Lironga Eparu will encourage the formation of 13 regional support groups of HIV-positive teachers so that they can participate in Prevention with Positives.

In Namibian schools, HIV/AIDS prevention messages are provided in-and-outside the formal curriculum as part of life skills, either one hour a week or in an after school program. The two forms of these programs are called "Windows of Hope" for younger learners and "My Future My Choice" for older learners. Their effectiveness of in-school programs is questionable because they are not accorded the same importance as other subjects. AED will advocate with the National Institute for Educational Development (NIED) to expand and include as appropriate HIV/AIDS prevention messages in the formal curriculum in classes to be taught as subjects like science and social studies. Meantime CST will provide focused workshops for life skills teachers to improve prevention communication, and work with UNICEF and HAMU to conduct a rapid assessment of the effectiveness and reach of the two current life skills programs. We anticipate scaling up the programs to reach at least 20% (111,000) of students. Communication to students will be further strengthened via media, including the Lifeline-Childline radio talk show and the HIV/AIDS safe-sex campaign insert that appears in the daily newspaper, The Namibian.

Targeting older learners makes sense: in Sub Saharan Africa, the 15-24 age group accounts for more than half of all new HIV infections (UNICEF). In FY2007-2008, a public private partnership with Johnson and Johnson provided funding to run a sports program that targeted 5,000 older youth in 50 schools in Ohangwena and Kavango regions. The program will be scaled up to reach 10,000 youth using role models, including peers and sportsmen and women. For girls, studies (Vemoortele 2000, DeWalque 2004) attest to the effectiveness of education as a way to reduce the spread of HIV/AIDS; thus we will target vulnerable girls to ensure that they have the support they need to stay in school. One thousand vulnerable girls will be identified through the Forum for African Women Educationists in Namibia (FAWENA) OVC activity 3781.08 and provided with scholarships to remain in school and resist coercion and other situations in which they are vulnerable. These girls will also be targeted with interventions at youth camps that will develop their self-esteem as well as skills to avoid risky sexual behaviors.

In ensuring program quality, AED will build upon the system of monitoring that it helped the Ministry set up and scale up. For teachers, AED will continue to use the pre-post test approach in all its professional

Activity Narrative: development workshops to measure change not only in knowledge and attitudes but also in behaviors. Among older youth, the number of pregnancies will be monitored. To assess the delivery of prevention messages to all students, AED will provide TA to NIED to revise the current classroom observation form to include a component that monitors the delivery of HIV/AIDS age-appropriate messages.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8500

Related Activity: 16501, 16122, 16106, 16123, 16114, 16830, 17057

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26947	8500.26947.09	U.S. Agency for International Development	Academy for Educational Development	11214	7660.09	Academy for Educational Development (AED) Cooperative Agreement TBD	$972,630
8500	8500.07	U.S. Agency for International Development	Academy for Educational Development	4403	1583.07		$440,060

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Male circumcision

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	72,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	24,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10,000	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Pregnant women

Business Community

People Living with HIV / AIDS

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1376.08

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19392.08

Planned Funds: $320,125

Activity System ID: 19392

Activity Narrative: 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 has 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 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	98	False

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4667.08

Mechanism: N/A

Prime Partner: Project HOPE

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Activity ID: 21261.08

Activity System ID: 21261

Program Area Code: 02

Planned Funds: $17,025

Activity Narrative: Outcome evaluation of a HIV-prevention-via-microcredit intervention (previously activity #19878)

Total projected budget
Total project cost for COP07 = USD$ 789,015, budget for PHE USD$19,000
Total project cost for COP08 = USD$1,030,000, budget for PHE USD$17.025

Local co-investigator
• Nelson Prada, Project HOPE, Project coordinator and chief of party for Project Hope.

Project description
Project HOPE is implementing a micro-credit and health-education program called Village Health Fund (VHF) among 15-24-year-old women in order to prevent girls from engaging in unprotected cross-generational sex. This initiative arose from the expressed needs of young women participating in the activities of Development Aid From People to People (DAPP) Total Control of the Epidemic (TCE) program, which is working in HIV prevention, who is tasked with designing an intervention that makes unprotected, cross-generational sex less likely. Project Hope and Catholic Aids Action will provide the health education component of the intervention, while Project HOPE will provide young women with sources of income as an alternative to relying on transactional relationships with older men, who are both more likely to be HIV-positive and less amenable to demands that condoms be used during sex.

The main evaluation questions will be:
1. Are the young women who received microcredit loans and health education more likely to report practicing safer sex (abstaining, being monogamous, using condoms, not having a cross-generational sex partner) than similar young women who received only the health education and similar young women who received neither?
2. Are the young women who received the health education intervention more likely to report practicing safer sex (same outcomes as above) than similar young women who were not exposed to the intervention?

Programmatic importance
The evidence on whether poverty is associated with an increased risk for HIV infection is unclear. In Namibia, however, it's commonly stated that poverty – especially among young women – is a major cause of transactional and cross-generational sex and thus contributes to risky sexual behaviors and HIV transmission. If the micro-credit loans to young women do decrease their likelihood of engaging in risky sex behaviors, this pilot intervention will be rolled out to other regions in Namibia, and other countries might also consider replicating such interventions.

Methods
We propose a quasi-experimental study design, with 2 study arms: (1) full intervention (microcredit + health education); and (2) health education only. Participants in the intervention arm will be selected through convenience sampling as they will be agreeing to participate in the micro-credit scheme and/or the education activities. However, it is possible and recommendable that the control group be selected randomly from neighboring villages/townships with similar characteristics to the study groups in the effort to minimize bias. Data will be collected at 3 points in time: baseline, mid-term and final follow up. Quantitative KAP surveys will be administered by program staff. Target outcomes will be increase in knowledge of means of transmission and prevention of HIV, improved understanding of unprotected transactional sex and subsequent risk for HIV, and decreased high-risk sexual behaviors. Interviewers will be trained in unbiased interviewing techniques. Survey instruments will be translated into local languages. Interviewers will be the same gender as interviewees. The protocol is being developed with technical assistance from Project HOPE headquarters, but additional assistance may be required from CDC and USAID, both in-country and in the US.

Formative research will be conducted among the target population in the effort to more fully comprehend the dynamics of transactional and cross-generational sex, and within what context transactional sex takes place. Additionally the formative research will explore self assessment of risk for HIV infection based upon varied sexual behaviours including transactional sex. Focus groups will also be conducted among both intervention arms in order to assess perceptions of the context in which transactional sex occurs and perceived ability to control behaviours in this context.

Project HOPE Headquarters and a doctoral candidate from the Johns Hopkins Bloomberg School of Public Health will participate in the research providing inputs and technical assistance in study design, instrument development, quality control of data collection, and analysis and interpretation. The data analysis will compare targeted outcomes between the 2 study arms, using multivariate techniques to adjust for confounding variables.

The study will gain informed consent from all participants taking part in the study. The participants in the study arm without the microcredit intervention will be given the option to receive the microcredit loans after the study has completed.

Population of interest
Young women, 15-24 years old, will be recruited into the intervention and evaluation. For the full intervention arm, participants will be selected from those recruited who choose to take part in the microcredit intervention. These beneficiaries will be identified through young women participating in the activities of Project HOPE; they will be invited to participate in a promotional meeting on which principles of group lending, solidarity and accountability will be explained. A pillar of group lending is self selection and interested women will form Village Health Funds (VHFs) with women that they know very well and trust, they could even invite women from their neighborhoods to join the group. There will be 780 participants in the full intervention arm, which is the number of participants that Project HOPE has budgeted for.

For the health-education-only arm, participants will be identified from among those young women whom Catholic Aids Action is providing health education via its community-based peer educators. The sample size for this arm will be 780.

Information dissemination plan
Project Hope will collect the data and refine the research design and data-collection tools. Peace Corps

Activity Narrative: volunteers will also be involved in refining the study design and study instruments, and may even help in analysis. A doctoral candidate from Johns Hopkins Bloomberg School of Public Health will also take a lead role in the design of this study and the analysis and interpretation of results. USAID and CDC are providing technical assistance during the study's entirety. Study participants will also be informed of the results. Should the intervention prove successful, those who were in the study but not invited into the intervention will be invited to participate. Results will be shared with the local communities from which the study participants come and from other prevention partners working in Namibia. Results will also be shared more widely via conferences and peer-reviewed journals.

Budget justification (in USD) For COP08
Salaries/fringe benefits:
Equipment:
Supplies:
Travel:
Participant Incentives:
Laboratory testing:
Other: USD$17,025 (Consultancies)
Total: USD$17,025

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HMBL - Blood Safety

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

Total Planned Funding for Program Area: $2,000,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

There are many gaps in understanding the drivers of Namibia's HIV epidemic, but existing data set analysis strongly suggests that within a generalized epidemic, there are geographic hotspots and most at-risk populations (MARP), and the USG prevention strategy targets its efforts appropriately. Within the generalized epidemic, the USG prevention program provides 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, prevention of medical transmission services, PEP, PMTCT, male circumcision, and supporting policy and advocacy. Within Namibia's hyper-epidemic geographic hotspots, the minimum prevention service package includes BCC focused on outreach services to MARPs, CT, targeted media, condom distribution, STI screening and treatment, and referrals to prevention, care and treatment services.

The prevention of medical HIV transmission and biosafety is a core component within the prevention service package, and since 2004 USG/Namibia has support Namibia's blood safety initiatives. The Blood Transfusion Service of Namibia (NAMBTS) is responsible for collection and testing to ensure an adequate and safe blood supply throughout Namibia. It was established in 1963 as an NGO under the Red Cross and became the South West Africa Blood Transfusion Service, an Incorporated Association Not For Gain entity, in 1966. Testing of all donor blood was carried out by the South African Institute of Medical Research on behalf of the Blood Transfusion service. In 1987 the blood collection and testing facilities were joined into a single entity, The South West Africa Blood Transfusion Service. In 1990, following the independence of Namibia, the name was changed to The Blood Transfusion Service of Namibia (NAMBTS).

Under the PEPFAR initiative, funding has been made available to NAMBTS to improve blood safety, and technical assistance to the National Blood Program has been provided through the WHO. The Ministry of Health and Social Services (MOHSS) is limited to having a regulatory function over NAMBTS, as well as providing the major clientele base. A National Blood Program has been developed (July 2007), "Guidelines for the Appropriate Use of Blood and Blood Products in Namibia" have been released (June

2006) and presently the formal Blood Transfusion legislation and the “Standards for the Practice of Blood Transfusion in Namibia” are under development.

The NAMBTS national transfusion center in Windhoek operates within leased MOHSS facilities and achieves cost-recovery through charging service fees to the 30+ hospitals that use blood and blood products. The number of units collected, tested negative for transfusion transmissible infections and made available over the past five years are as follows: 2003 17,408; 2004 18,642; 2005 18,492; 2006 17,768; and 2007 8,938 (first six months only).

During the most recent twelve month period (June 2006 to May 2007) 16.3% of collections were made by first time donors, 10.6% by lapsed donors and 73.1% by repeat donors. (First time donors are donors making their first donations to NAMBTS; lapsed donors are donors whose previous donation was made more than twelve months previously; repeat donors are donors whose previous donation was made within the previous twelve months).

The initial (2005) estimate of the blood requirement for Namibia was 22,000 units per annum. This estimate was apparently based on the fact that with 18,500 collections per annum 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 quite successful in meeting all requests in the past twelve months, and therefore the present estimate, determined on the basis of requests received, is 17,500 units per annum. Clearly, the bare numbers do not always tell the whole story, and although NAMBTS collected sufficient blood during 2003, 2004 and 2005 when the numbers only are considered, many requests were not met, especially during the malaria season, because of the fact that the collections were not always timed to meet the demands. In other words there were swings between excesses and shortages which are not reflected when the annual collection figure is viewed in isolation. This probably led to the simplistic view that NAMBTS needed to “collect more blood” to provide for these times of shortage.

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 & HBV; and Syphilis. These tests are carried out by the South African National Blood Service in Johannesburg, South Africa, on behalf of NAMBTS. The frequency with which donors are screened reactive for anti-HIV over the past five years is as follows: 2003 0.65%; 2004 0.57%; 2005 0.60%; 2006 0,46%; and 2007 0.69%. (Note that these are screen reactive figures and that the confirmed reactive figures will be lower).

The main challenges that NAMBTS continues to face are recruitment and retention of a pool of regular Voluntary, Non-Remunerated Blood Donors from low-risk populations, aging equipment, insufficient staff to recruit and counsel donors, no peer review panels, and an inadequate transport network for the distribution of blood and blood products to some parts of the vast country. The Namibia Institute of Pathology (NIP) is tasked by the MoHSS to provide transfusion laboratory services in areas where NAMBTS does not have a laboratory network. However, NIP does not receive Track One funding to support blood safety testing. 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. From the MoHSS perspective, other challenges include limited operation times of NAMBTS and shortages of blood during school holidays and malaria transmission season.

The USG established a direct-funding relationship with NAMBTS in FY04. USG also supports technical assistance from WHO which included a needs assessment and placement of a WHO technical advisor to assist NAMBTS and the MoHSS to strengthen the National Blood Program. Under this program NAMBTS has strengthened the PRO department and employed more donor recruiters in order to facilitate the targeting of safe, regular donors.

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

The collection of blood in the Oshakati area in northern Namibia was discontinued in 2003 due to the high prevalence of malaria, HIV and hepatitis, although the crossmatch facility has continued to operate and provide safe blood and blood products in the area. In mid-2006 the program of blood collections in Oshakati was revived with an improved donor education and counseling program to increase the level of safety. Present plans are to visit the donor clinics in this area 3 times per year. Standards for the Practice of Blood transfusion in Namibia are currently being drafted and address the utilization of blood collected in areas (such as Oshakati) where malaria is endemic.

Major achievements in 2007 included assisting with development and launching of national guidelines for appropriate clinical use of blood and blood products, done in collaboration with MoHSS and NAMBTS. Other major areas of emphasis were approval and dissemination of the first National Blood Policy; drafting the blood transfusion draft legislation, development of the first blood safety 3-year strategic plan; and technical assistance to facilitate training of NAMBTS, MoHSS, and NIP staff on their respective responsibilities in quality management, component production, counseling of clients; supervisory skills, and assessing the cost-effectiveness of localizing testing of donor blood for transfusion transmitted infections (TTI), currently all TTI screening is being done in South Africa.

FY08 blood safety initiatives include the evaluation of TTI testing protocols for screening blood donors; finalization of blood transfusion legislation and the Human Tissues Act; an evaluation of the adequacy of the blood transfusion infrastructure in Namibia; and a National Blood Program monitoring and evaluation plan. In addition, USG/Namibia will facilitate the signing of memoranda of understanding between MoHSS, NIP and NAMBTS to strengthen historically weak interagency linkages. The USG will also technically support the development of policies and guidelines (drafting of blood transfusion legislation, drafting of appropriate standards for blood transfusion practice), the establishment of a National Blood Authority in Namibia, continued quality control and surveillance activities to ensure a safe blood supply in Namibia, dissemination of the recently released National Blood Policy to all stakeholders (private and public), and procurement of incinerators for the safe disposal of potentially bio-

hazardous materials.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	41
3.2 Number of individuals trained in blood safety	513

Custom Targets:

Number of facilities provided with renovated incinerators for safe disposal of potentially bio-hazardous waste	5
Number of facilities provided with blood bags	41

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1455.08	**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:**	Medical Transmission/Blood Safety
Budget Code:	HMBL	**Program Area Code:**	03
Activity ID:	5124.08	**Planned Funds:**	$1,200,000
Activity System ID:	16115		

Activity Narrative: This is a continuing activity from FY 2004, FY 2005, FY 2006, and FY 2007. It supports the Blood Transfusion Service of Namibia (NAMBTS) to collect, screen, and distribute blood and blood products while building capacity (through training workshops) and strengthening national policies and frameworks related to blood safety. It leverages support from WHO (activity 5123.087), CTS Global (activity 7322), ITECH blood safety training (activity 18275.08), and the Partnership for Supply Chain Management blood safety procurement activities (activity 18281.08).

The national blood transfusion service in Namibia is operated by the Blood Transfusion Service of Namibia (NAMBTS) with headquarters in Windhoek. 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 finalised (accepted July 2007); the 3-Year Strategic Plan and legislative framework will follow. Also before PEPFAR, i.e. before 2004, there was one blood bank and 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 programme to assist potential donors in understanding the risk factors that contribute to a higher risk of transfusion transmitted infections (TTIs). Mobile Teams collect blood from other sites (e.g. schools and businesses) throughout the country. During FY06, 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 to its present level of approximately 60%.

In 2005 eight blood transfusion staff were funded by the project. A part-time medical officer was hired, who 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. The Quality Management System and the development of documented policies and procedures, the internal audit program etc. is also ongoing.

NAMBTS' capacity to supply units of blood increased from 17,853 in 2003 to 18,421 in 2006, Improved stock management, the more appropriate use of blood and the reduction in discards has enabled NAMBTS to meet the vast majority of requests for blood and shortages have been reduced considerably over the past two years. To facilitate the design of more effective donor recruitment and retention campaigns, a KAP study was done in collaboration with WHO and the University of Namibia in 2005 with support from NAMBTS and MoHSS.

All donated blood is tested for HIV, syphilis, and hepatitis B and C. This testing is currently carried out by the South African National Blood Service in Johannesburg, South Africa, on behalf of NAMBTS because it was determined that this was the most cost-effective method of providing the safest blood possible (including ID-NAT for HIV, HCV and HBV) to overcome the issues of prohibitive cost for local NAT and the lack of adequately trained local staff. However, this policy will be reviewed this year. HIV prevalence among blood donors during 2006, based on the initial screening results was 0.45%.

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

The NAMBTS plan of activities for FY08 is largely focused on the implementation of the recently ratified National Blood Policy, which defines quite far reaching objectives for the strengthening of the National Blood Programme. These initiatives include –
•the establishment of a National Blood Authority for Namibia,
•drafting of the legislation to control blood transfusion,
•drafting of appropriate Standards for the Practice of Blood Transfusion,
•drafting of formal agreements (memoranda of understanding) between NAMBTS, MoHSS and the Namibia Institute of Pathology (NIP),
•ongoing surveillance of TTI prevalence in sub-populations of donors in order to identify the safest sub-groups
•the development of a quality management system for the entire blood programme,
•provision of appropriate reagents and equipment for blood transfusion activities at all hospital blood banks,
•training of hospital blood bank staff on crossmatch techniques, and quality management and cold chain management,
•the development of a nation-wide haemovigilance programme,
•the strengthening of hospital therapeutic/transfusion committees,
•blood bank and hospital audits to ensure conformity with best practices with regard to the provision of blood and blood products by the blood banks, and best bedside transfusion practices by the hospitals,
•possible extension of crossmatching services, particularly in northern Namibia. We plan to investigate the feasibility of opening a NAMBTS blood bank in Rundu, in order to improve the provision of blood and allied services to the community resident in that area.
•review of the donation testing practices for TTIs. At the present time the testing of blood donations for

Activity Narrative: Transfusion Transmitted Infections is carried out on behalf of The Blood Transfusion Service of Namibia by the South African National Blood Service in Johannesburg, South Africa. The feasibility of carrying out this testing in Namibia, without a commensurate loss in sensitivity or unacceptable increase in cost, should be reviewed from time to time in the light of changing circumstances.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7321

Related Activity: 18281, 18275, 18260, 16253, 16231, 16232

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23939	5124.23939.09	HHS/Centers for Disease Control & Prevention	Blood Transfusion Service of Namibia	10316	1455.09	Track 1	$1,500,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16253	5123.08	7395	1495.08	Track 1	World Health Organization	$500,000
18281	18281.08	8028	8028.08	CDC/Track 1	Partnership for Supply Chain Management	$300,000
16231	3774.08	7386	1317.08		University Research Corporation, LLC	$1,529,031
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	41	False
3.2 Number of individuals trained in blood safety	257	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8028.08

Mechanism: CDC/Track 1

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 18281.08

Planned Funds: $300,000

Activity System ID: 18281

Activity Narrative: This is a new activity for FY 2008 to support blood safety and injection safety nation wide. The Partnership for Supply Chain Management Systems (SCMS) is an international leader in procurement of medical supplies. This activity will leverage resources provided through the Namibian Blood Transfusion Services (NamBTS, activity 5124.08), the World Health Organization (WHO, activity 5123.08) the International Training and Education Center on HIV and AIDS (ITECH, activity 18275.08), and the Partnership for Supply Chain Management (SCMS activity 18281.08).

NamBTS supplies approximately 20,000 units of blood per year, all of which are screened for principle transfusion transmissible infections (HIV, HBV, HCV, and syphilis). In addition to the routine need for blood bags, there is a critical shortage of functioning incinerators to safely dispose of blood bags and other blood safety materials. SCMS will procure blood bags and incinerators to support the Namibian blood program. This will go to procure 7,700 blood bags, supplying approximately 38% of the Namibian need for blood bags. It will also support renovation of approximately 2 large incinerators and 3 smaller incinerators within strategic geographic points in the country. In addition to blood safety, these incinerators will be a critical element to support injection safety activities (activities 3774.08, 7461.08). According to the Ministry of Health and Social Services (MOHSS), Namibia has only one incinerator in country that is fully functional. The national referral hospital Katatura Hospital incinerator requires significant renovation, and the incinerators in the hospitals in Grootfontein, Otjiwarongo, and Katima Mulilo have either broken down or burned down. The incinerators in the other regions are not 100% functional. SCMS will work closely with CDC and the MOHSS to determine and prioritize the incinerator renovation needs in FY08, and provide the renovation services as well as required maintenance training.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18275, 16115, 18260, 16253, 16231, 16232

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16115	5124.08	7354	1455.08	Track 1	Blood Transfusion Service of Namibia	$1,200,000
16253	5123.08	7395	1495.08	Track 1	World Health Organization	$500,000
16231	3774.08	7386	1317.08		University Research Corporation, LLC	$1,529,031
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	41	False
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Additional Indicators/Targets:
Number of facilities provided with renovated incinerators for safe disposal of potentially bio-hazardous waste: 5
Number of facilities provided w/ blood bags: 41

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1495.08

Mechanism: Track 1

Prime Partner: World Health Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 5123.08

Planned Funds: $500,000

Activity System ID: 16253

Activity Narrative: This is a continuing activity from FY 2004, FY 2005, FY 2006, and FY 2007. It supports the World Health Organization (WHO) in providing technical support to the Blood Transfusion Service of Namibia (NAMBTS) to collect, screen, and distribute blood and blood products while building capacity (through training workshops) and strengthening national policies and frameworks related to blood safety. It leverages support from NAMBTS (activity 7321), and CTS Global (activity 7322), SCMS (activity 8028), and University Research Co., LLC, activities (7386, 7387). Synergies will be developed with the Strategic Information Team to utilize blood transfusion data to ensure the safety and adequacy of the Namibian blood supply.

The World Health Organization received Track 1 funding beginning in FY 2004 to provide technical assistance to the Blood Transfusion Service of Namibia (NAMBTS), Ministry of Health and Social Services (MoHSS), and Namibia Institute of Pathology (NIP). Following a needs assessment and situation analysis in FY 2004, which identified several technical assistance needs in terms of policy, guidelines, and associated training, substantial progress was made in FY 2005. A long-term WHO technical advisor (TA) with extensive experience on blood safety was assigned to Namibia. The WHO's role is mainly to provide technical support while NAMBTS, MoHSS and NIP are the implementers of the program. Namibia's first National Blood Policy was drafted following an extensive consensus-building process and was finalized in FY2007. A major challenge has been bringing the NAMBTS, MoHSS, and NIP together for the first time to deliberate on respective roles and responsibilities, and the policy development process greatly facilitated development of those relationships. The TA has now facilitated the organization of a working group of relevant stakeholders to develop a national 3-year strategic plan for blood safety.

Major achievements in 2007 included assisting with development and launching of national guidelines for appropriate clinical use of blood and blood products, done in collaboration with MoHSS and NAMBTS. Other major areas of emphasis were approval and dissemination of the first National Blood Policy; drafting the blood transfusion draft legislation, development of the first blood safety 3-year strategic plan; and technical assistance to facilitate training of NAMBTS, MoHSS, and NIP staff on their respective responsibilities in quality management, component production, counseling of clients; supervisory skills, and assessing the cost-effectiveness of localizing testing of donor blood for transfusion transmitted infections (TTI), currently all TTI screening is being done in South Africa.

Major targets for next year will be continuing to support the role out of the stated programs to regional level and strengthening of all the systems including setting up data and information systems to assist with monitoring, evaluation, and haemovigilance.

Initiatives in which the WHO TA could support NAMBTS during FY2008 include –
•Data collection on transfusion practices in Namibian Hospitals
•Evaluation of TTI testing protocols for screening blood donors
•Finalization of blood transfusion legislation and the Human Tissues Act
•Evaluation of the adequacy of the blood transfusion infrastructure in Namibia
•Facilitate preparation of memoranda of understanding between MoHSS, NIP and NAMBTS
•Formulate and implement an M&E plan for the National Blood Programme
•Develop a system of cost recovery for blood and blood products

Training initiatives to be supported by WHO in FY2008 include:

6x 3 day training workshops for doctors nurses and laboratory workers on the Guidelines for the appropriate use of blood and blood products. Approx 35 persons attending each workshop, to be held in different parts of Namibia in order to accommodate persons in all regions.

6x 2 day training workshops for NAMBTS and Namibia Institute of Pathology (NIP) staff in quality management and cold chain management. NIP staff assist in the provision of blood bank services in many of the hospitals in Namibia and training relating to the storage, transport, crossmatching and issuing of blood and blood products needs to be ongoing. Approx 8 persons attending each workshop, to be held in different parts of Namibia in order to accommodate persons in all regions.

4x Morning or evening educational talks for doctors by visiting experts in the field of transfusion medicine, with two sessions in Windhoek and two in areas such as Swakopmund or Oshakati.

4x 3 day training sessions for NAMBTS staff in Quality Management, Blood Safety, Cold Chain Management . Approx 20 persons attending each workshop.

3x 1 day training sessions for NAMBTS Donor Staff in donor resuscitation procedures, including CPR. Approx 10 persons attending each workshop.

3x 5 day training sessions for NAMBTS staff in computer skills (Windows, Work, Excel, Outlook). Approx 10 persons attending each workshop.

2x 5 day training sessions for NAMBTS staff in management skills. Approx 10 persons attending each workshop.

1x 3 day orientation workshop for members of the proposed National Blood Authority. Approx 15 persons attending.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7362

Related Activity: 18281, 18275, 16115, 18260, 16231, 16232

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23934	5123.23934.09	HHS/Centers for Disease Control & Prevention	World Health Organization	10315	1495.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16115	5124.08	7354	1455.08	Track 1	Blood Transfusion Service of Namibia	$1,200,000
18281	18281.08	8028	8028.08	CDC/Track 1	Partnership for Supply Chain Management	$300,000
16231	3774.08	7386	1317.08		University Research Corporation, LLC	$1,529,031
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	43	False
3.2 Number of individuals trained in blood safety	513	False

Indirect Targets

Direct Indicators:
14.1 Number of local organizations provided with technical assistance for HIV-related policy development: 3

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HMIN - Injection Safety

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

Total Planned Funding for Program Area: $1,529,031

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Program Area Narrative: Injection Safety

There are many gaps in understanding the drivers of Namibia's HIV epidemic, but existing data set analysis strongly suggests that within a generalized epidemic, there are geographic hotspots and most at-risk populations (MARP), and the USG prevention strategy targets its efforts appropriately. Within the generalized epidemic, the USG prevention program provides 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, prevention of medical transmission services, PEP, PMTCT, male circumcision, and supporting policy and advocacy. Within Namibia's hyper-epidemic geographic hotspots, the minimum prevention service package includes BCC focused on outreach services to MARPs, CT, targeted media, condom distribution, STI screening and treatment, and referrals to prevention, care and treatment services.

The prevention of medical HIV transmission and biosafety is a core component within the prevention service package, and since 2004 USG/Namibia has support Namibia's injection safety and waste management initiatives. URC, together with the Ministry of Health and Social Services (MOHSS), and in partnership with WHO and UNICEF conducted a rapid baseline assessment in June 2004 to identify gaps in existing injection-related practices, adapting tools from the Safe Injection Global Network (SIGN) Toolkit. The baseline assessment showed a number of quality gaps, including over-prescription of medical injections, improper injection and a lack of consistent waste disposal procedures, among others. In 2005 URC conducted an assessment of perceptions and attitudes of the community and health care providers towards injections, and results showed that the great majority of the population believes that injection is better than oral medication and request injections accordingly. Although the Government of Namibia (GRN) issued National Standard Treatment Guideline (NSTG) which rationalizes the use of injections, only 28% of survey doctors indicated that they followed guidelines when prescribing treatment. 50% of doctors and 35% of nurses reported having been injured by used needles and sharps during or after the execution of a procedure, and although only 17% of doctors and 4% of nurses reported having seen used needles, sharps and syringes outside facilities, there are only two functioning incinerators in country.

With USG Track 1 funding, University Research Co., LLC (URC) is assisting the MOHSS to develop and create an enabling environment for safe injection and waste management practices in the country. The prevention of HIV medical transmission is a key component of the minimum package of prevention services within a generalized epidemic (re: prevention). The injection safety partner and the MOHSS work in close collaboration with partners supporting CT, ARV, TB/HIV and PMTCT services during all phases of the program, using that biosafety requirements are identified and met.

The project is an ongoing, five year initiative to cover all the health care facilities (hospitals, health centers and clinics) in the country. The program has four major strategies: behavioral change communication (BCC) targeted at prescribers and the general public to decrease prescription of and demand for injectable medication; compliance with infection prevention and control practices to reduce opportunities for transmission of blood-borne pathogens; commodity and logistic aimed at strengthening the procurement system and ensuring the availability of safety boxes to health care facilities; and waste management to improve waste disposal practices. Some facilities will be supported directly while other facilities will be supported through a collaborative methodology that links multiple facilities together in a region, ensuring rapid scale-up of best practices. The USG and the MOHSS work with hospitals and health centers to identify a core team representing clinical, pharmacy and administrative staff responsible for improving injection practices, while also incorporating private sector physicians and pharmacists into the safe medical injection program.

In FY 07, the project interventions scaled up to cover all 13 regions of Namibia and since project inception, has produced strong results. The MOHSS developed and distributed National Injection Safety policies and guidelines; availability of NSTG has risen from 57 to 93%, of Post Exposure Prophylaxis (PEP) guidelines from 35% to 96%. The proportion of facilities where needles are removed from multi-dose vials has improved from 47% to 89%. The use of barriers when opening glass vials has improved from 51% to 88%. The average number of types of injections prescribed per patient per treatment has declined from 1.42 to 0.5 in the pilot regions. The project purchased and distributed more than 70,000 safety containers to more than 70% of health facilities, and a local producer of safety containers has been identified and supported to initiate local production. Due to the lack of functioning incinerations, the project devise a manner by which safety boxes in lower level facilities are transported to regional hospitals for incineration. A total of 3106 healthcare practitioners (HCP) are trained in injection safety and waste management. The BCC strategy, aimed at reducing demand for injections, is being implemented through a network of grassroots organizations, with 176 trained community educators. The MOHSS is carrying out regular supportive supervision activities, using a continuous monitoring of quality improvement processes.

Significant challenges remain including increasing volumes of waste, insufficient waste management compliance, and insufficient numbers of and improperly functioning incinerators. In FY08, the program will train an additional 4000 health care providers in injection safety and waste management, bringing the cumulative total of trained providers from project inception to 8,295, 85% of the total of MOHSS staff. The project will continue to incorporate private practitioners into the program. All regions will support the implementation of the National Waste Management Policy, and the MOHSS will strengthen its capacity to accurately forecast waste and procure safety containers accordingly, as well as its capacity to provide consistent supportive supervision and monitoring and evaluation support. The project will support the procurement of 100,000 safety boxes for all facilities. URC will work in partnership with CDC for bio-safety, SCMS for strengthening of the procurement system, RPM+ for training of relevant staff in logistic and stock management and for support to Therapeutic Committees as part of an effort to reinforce awareness regarding rational use of drugs and to decrease demand for injection, while community organizations will disseminate relevant health information to community members. The project will train 200 additional community educators in injection safety and waste management messages, as well as develop behavior change messages to mitigate the impact of unnecessary injection to the community.

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

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety	6000

Custom Targets:

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	1317.08	**Mechanism:**	N/A
Prime Partner:	University Research Corporation, LLC	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Medical Transmission/Injection Safety
Budget Code:	HMIN	**Program Area Code:**	04
Activity ID:	3774.08	**Planned Funds:**	$1,529,031
Activity System ID:	16231		

Activity Narrative: Under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Namibian Ministry of Health and Social Services (MOHSS) with University Research Co., LLC (URC) technical assistance is implementing several policy and programmatic interventions to improve medical injection and waste management practices in the country. MOHSS, together with URC, conducted a rapid baseline assessment in June 2004 to identify gaps in existing injection-related practices. Interviews were conducted with health-related policy-makers, health managers, health care providers (public and private), and community members. The analysis looked at quality of services, 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 approach to develop and test, as well as rapidly scale-up best practices. Under the program, four major strategies are being used: behavioral change communication (BCC) targeted at prescribers and the general public to decrease prescription of and demand for injectable medication; compliance with infection prevention and control practices to reduce opportunities for transmission of blood-borne pathogens; commodity and logistics aimed at strengthening the procurement system and ensuring the availability of safety boxes to health care facilities; waste management to improve waste disposal practices.

Program interventions have produced dramatic results. URC supported the MOHSS with the development of and distribution of guidelines and policies related to Injection Safety. Since the program inception 3 years ago availability of Standard Treatment Guidelines rose from 57 to 93%, of Post Exposure Prophylaxis (PEP) guidelines from 35% to 96%. Practices on preparation and administration of injections have improved. Sharp injuries have decreased significantly from 54 in first quarter 2006 to 12 in first quarter 2007, while 96% of health facilities offer access to PEP after injuries from 35%. The proportion of facilities where needles are removed from multi-dose vials has improved from 47% to 89%. The use of barriers when opening glass vials has improved from 51% to 88%. Awareness creation about risk of Hepatitis B resulted in improved vaccination of Health Care Workers. To decrease prescriptions of unnecessary injections, awareness has been raised regarding rational drug use mainly oral versus injectable drugs. The average number of types of injections prescribed per patient per treatment has declined from 1.42 to 0.5 in the health facilities where. Compliance with guidelines has increased. The National Waste Management Policy is in development process. In the meantime Interim Waste Management Guidelines are developed and applied by specific decentralized management entities. URC purchased and distributed more than 70,000 safety containers to more than 70% of health facilities. A local producer of safety containers has been identified and supported. Local production has started during the second quarter of FY2007. A total of 3106 healthcare practitioners (HCP) are trained in injection safety and waste management. Up to June 2007 a total of 44 Private healthcare providers are integrated into the program and are being supported through training, procurement of safety containers for a limited period of time. The (BCC) strategy, aimed at reducing demand for injections, is being implemented through a network of grassroots organizations. In FY2007 176 community educators have been trained. Supportive supervision activities are being carried out on a regular basis. A system for continuous monitoring of quality improvement processes in injection safety using PDSA approach has been established. The Program, which covered 38% of the country the first year of implementation, is currently covering all 100%.

Despite some positive attitudes of management (Openness to suggestions, participation in problem-identification, support for corrective actions), some big challenges remain: Waste Management (lack of knowledge, repetitive stock out of appropriate color coded bags due to weaknesses in procurement system, incinerators not functioning according to standards); insufficient compliance due to systems weaknesses, low level of supportive supervision, non integration of the topics of injection safety and waste management in the regular forum of discussion with relevant HCP, non participation of some categories of HCP in the quarterly regional feedback (PDSA); barriers to policy implementation due to centralization of decision making, insufficient coordination among partners, high turnover, unavailability of financial resources. To address the issues mentioned above, the implementation efforts will increase during FY08. To strengthen the knowledge, the program envisions training 4000 additional HCP in injection safety, waste Management and BCC. All regions will be assisted with finalization of Interim Waste Management guidelines. The National Waste Management Policy will be distributed. Its implementation will be supported. The anticipated increased volume of waste to be generated by HIV interventions scale up will be dealt with through very accurate forecasting and procurement of safety containers as well as training on waste management. Upgrading and Incinerator maintenance will be added as a component of the program, addressed as well in Blood Safey. Infection control with emphasis on Injection Safety and Waste Management will be emphasized. Incorporating of private practitioners will continue. Capacity of MOHSS staff, and Community Organizations to ensure program viability will be built. Monitoring and Evaluation skills will be transferred to MOHSS staff of the 13 regions. Incorporating of private practitioners will continue. URC will advocate at MOHSS level for integration of relevant HCP in the Program. URC will work in partnership with CDC for bio-safety, SCMS for strengthening of the procurement system, RPM+ for training of relevant staff in logistic and stock management and for support to Therapeutic Committees as part of an effort to reinforce awareness regarding rational use of drugs and to decrease demand for injection, with Community Organization to ensure dissemination of relevant health information to community members. A total of 200 additional community educators will be trained in injection safety and waste management messages as well as strategies for behavior change to mitigate the impact of unnecessary injection to the community. By the end of FY2008 the total number of community educators trained from the beginning of the project will be 400. In FY2008, community activities will be expanded to 4 more regions. The trainees will disseminate messages related to safe injections and waste management to 500,000 (25%) community members. In subsequent years these activities will be extended to all regions. As part of Quality Assurance, quarterly Feedback to the regions, regular and continuous monitoring activities, and NISG (National Injection Safety Group) meetings will be conducted jointly with relevant MoHSS and stakeholders staff, to ensure that activities are carried out according to standard and that the trainees are performing at expected level.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7139

Related Activity: 16501, 16122, 18281, 18275, 16115, 18260, 16253, 16232, 16106, 16123, 17057, 17061, 16158, 16136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27005	3774.27005.09	U.S. Agency for International Development	University Research Corporation, LLC	11234	4662.09		$600,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16253	5123.08	7395	1495.08	Track 1	World Health Organization	$500,000
16115	5124.08	7354	1455.08	Track 1	Blood Transfusion Service of Namibia	$1,200,000
18281	18281.08	8028	8028.08	CDC/Track 1	Partnership for Supply Chain Management	$300,000
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	6,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

HVOP - Condoms and Other Prevention

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

Total Planned Funding for Program Area: $5,486,635

Amount of total Other Prevention funding which is used to work with IDUs	$0
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

USG Namibia's national prevention portfolio supports the Government 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 Orphans and vulnerable children (OVC), systems strengthening, care, and treatment initiatives, and are coordinated with Government of the Republic of Namibia (GRN) and other donors including the Global Fund, UNICEF and the European Community. Building and strengthening these linkages help ensure national response that is sustainable over time via strengthened capacity amongst Namibian institutions.

Currently, the GRN is reassessing its national response to prevention, with vigorous support from the USG and other donors. With support from COP06 funding, the GRN will conduct a national prevention assessment which will include 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 "clusters". The USG anticipates this assessment driving the creation of a national prevention strategy and technical working group, as well as GRN support for new approaches to fill critical strategic information (SI) gaps. The prevention assessment and SI tools will help the GRN create a prevention portfolio based on epidemiologically sound priorities, evidence based approaches taken to scale and scope, supported by quality assurance and monitoring and evaluation mechanisms. The GRN's leadership in the national prevention assessment is a major achievement to strengthen a historically weak prevention response.

While Namibia is within a generalized epidemic, initial data analysis strongly suggests there are geographic hotspots typical of a concentrated epidemic, as well as most at-risk populations (MARP) with risk behaviors higher than that of the general population; and the USG prevention strategy targets its efforts appropriately. Within Namibia's hyper-epidemic geographic hotspots and MARPs, the minimum prevention service package includes 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 hotpots include the northern regions of Namibia where >45% of the population resides, land and water borders, areas with high migrant populations (cities, mines, large agricultural farms), and transit corridors. MARPs include the military, prisons and police, border services, people engaged in commercial and informal transactional sex, and HIV positive individuals.

C/OP-funded target messages to MARPs will focus on what is currently known to be the main epidemic drivers in Namibia: multiple current partnering including cross generational and informal sexual relationships, social norms that exacerbate risk behaviors including male norms and alcohol, and the consistent and correct use of condoms during high-risk sexual encounters. C/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 including border towns. The USG also works with the uniformed services – the military and police – to provide technical assistance to integrate C/OP programs into their existing infrastructure. The USG will continue to support the community action fora and community-based organizations which target a broad range of community members with C/OP and unnecessary injections messages and referrals to CT, care and treatment services. The GRN-supported community counselors will continue to provide high quality C/OP-focused messages to the clientele of public and faith-provided hospitals. The USG will ensure that, as appropriate, MARP activities will reinforce the USG-supported Ministry of Information and Broadcasting's (MIB) national Take Control mass media relationships and alcohol campaigns. MIB will distribute communications packs with target messages and suggested activities to all organizations involved in interpersonal communications to actively reinforce mass media messages within MARP-targeted interventions. USG will continue to support the MOHSS' socially marketed condom, "Smile", through commodity purchasing and widespread condom distribution throughout PEPFAR-supported prevention, care and treatment programs.

Based on guidance from the Global HIV Prevention Technical working group, the USG will strengthen the integration of prevention and treatment, and referral systems. Although not strictly an C/OP initiative, approaches include expansion of access to HIV testing, strengthening prevention services (PMTCT, risk reduction counseling, CT, condoms, STI screening, FP referrals) in health care services, strengthening prevention messages for HIV negative people within service settings, and a national strengthening of STI screening and treatment including acyclovir treatment. The upcoming national prevention assessment will support highly functioning referral systems to prevention, care and treatment services. Within these clusters, USG will support 35 facility-based case manager 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.

USG will also take OGAC's facility-based 'Prevention with Positives' initiative to national scale, ensuring that all HIV positive individuals and their partners and families have access to the 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 infected women and their partners, STI management and treatment, and testing of partners and children. Health care providers will deliver targeted behavioral messages to patients on disclosure, partner testing, and sexual risk reduction during all routine clinic visits. A PLWHA-driven national social marketing campaign will increase demand for services as

well as reinforce multiple healthy living behaviors.

STIs have been shown to increase the likelihood of HIV transmission and acquisition by two- to five-fold. The USG is currently assisting the MOHSS with activities to support a better understanding of the burden of STIs and STI/HIV co-infection in Namibia. Such efforts will provide technical assistance to the MOHSS to support development of an STI surveillance system, and qualitative research will investigate STI treatment seeking behaviors. With few exceptions, STI management is entirely syndromic and the MOHSS' current paper-based surveillance system is unable to accurately reflect what is generally understood to be a high burden of STIs in Namibia. A second effort includes development and implementation of an assessment to quantify STI prevalence among ART clinic patients in select sites. While planning for this assessment is currently underway, specimen and data collection will be carried out in FY08.

In FY08 the USG will support the GRN's rollout of a national male circumcision service delivery and communications initiative. The USG is currently supporting costing and situation analysis studies; depending on subsequent MOHSS guidance, potential activities could include clinical capacity building, integration of circumcision messages into broader prevention strategies implemented by PEPFAR-supported partners, technical assistance to the MOHSS in policy development and advocacy, and commodities support.

Shifting social norms is critical to decreasing HIV incidence, and alcohol abuse is prevalent throughout Namibia, significantly contributing to risky behaviors and lack of treatment adherence. Prevalent male norms and behavior, and sexual violence also undermine prevention efforts (please refer to the AB program area narrative for a description of gender and alcohol mainstreaming activities). The MOHSS will pilot an outpatient alcohol treatment program in partnership with the USG.

If additional C/OP funding becomes available during FY08, the USG suggests piloting 6 mobile clinics to provide CT, STI screening and treatment, and prevention education to MARPs and underserved high prevalence communities, reaching at least 19,000 high risk individuals annually. Other possible programs include MARP-focused qualitative research to improve MARP networks and behaviors, the expansion of the national PwP social marketing campaign, and the piloting of a community-based PwP component that will build the capacity of community based organizations, including faith-based groups and PLWHA-support groups, to provide high quality PwP services. Additionally, the USG would procure additional condoms and Acyclovir.

During FY08, the prevention program will focus on strengthening technical and programmatic quality. Incidence measurement and the AIDS Indicator Survey will greatly strengthen Namibia's understanding of epidemic drivers and impact of USG's programs, and possibly re-direct the GRN's and USG's strategic prevention design. The USG will conduct a process review of each C/OP-focused BCC program to strengthen quality assurance and impact. During FY08, all prevention partners will receive technical capacity building inputs in order to strengthen the overall quality of C/OP-focused BCC programming within service delivery, mass media communications, and interpersonal communication, and effectively mainstream gender and alcohol issues into ongoing programming. The proposed SI and technical assistance will facilitate much needed increased program impact and human capacity strengthening as well as harmonized, complementary programming.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	1026
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	342455
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2856

Custom Targets:

Number of males who received medical circumcisions in a clinical setting	
Number of males who received medical male circumcisions via the public sector	5000
IEC materials distributed	68084
Number of ART patients receiving alcohol-treatment services	300
13.1 Number of local organizations provided with technical assistance for strategic information activities	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	4662.08	**Mechanism:**	N/A
Prime Partner:	University Research Corporation, LLC	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	7461.08	**Planned Funds:**	$116,441

Activity System ID: 16232

Activity Narrative: Stigma and discrimination can affect negatively the interactions of healthcare workers with HIV infected clients or those perceived to be positive. Non 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 they 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 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 revealed 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. “Health worker’s fears are not unfounded”…”The number of cases of HIV infection through medical transmission is certainly not trivial; transmission of hepatitis B and C is also a serious risk”.

Some in depth anonymous discussions conducted with staff of the MOHSS by URC staff revealed some problems worth considering and addressed. Those who sustained needle stick injuries and who did not report to their supervisors experience such symptoms as: fear of stigmatization, uncontrollable crying, extreme fatigue, insomnia, headaches, loss of appetite, stomach upsets, and disruption of the menstrual cycle, among others. 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.

In order to fight stigma and discrimination in the healthcare settings, to protect the human rights of patients seeking HIV-related services, University Research Corporation (URC) will exposed 61% of HCP to relevant training. The Trainer’s Manual “Reducing Stigma and Discrimination Related to HIV and AIDS” develop by ENGENDERHEALTH will guide the quarterly training sessions. The Plan Do Study Act (PDSA) session that is held in each region every quarter will be used to apply this behavior change strategy in HIV/AIDS that will empower the population of Health Care Providers to take 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 some ideal behaviors regarding patients infected with HIV/AIDS. It will also support the workplace program of the MoHSS in order to assist healthcare workers in dealing with the HIV/AIDS situation in their working environment.

This activity will be the continuation of the Provider knowledge that will be carried out in FY2007. The same simple three components teaching approach will be followed: (1) Identification of training needs through a pre-test questionnaire which addresses the knowledge/attitudes/practices regarding HIV/AIDS and ABC; (2) training of target groups; (3) monitoring of the results of the training through post-testing the knowledge/attitudes/practices regarding HIV/AIDS and ABC. As part of capacity building, and to ensure sustainability of the intervention, URC will train MoHSS staff member, mostly supervisors (Control Registered Nurse, Infection Control Nurse for example) as TOT. The trainees will take advantage of field supervision and mentoring to assist in the dissemination of information. They will, in turn, train other colleagues, who will continue dissemination during on the job training sessions. To enhance the global effect of this strategy and to support further strengthening of MoHSS capacity, this activity will be integrated with workplace programs.

The workplace program component whose principal aim is “Care of the Carers” will be carried out by qualified psychologists who have the 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. They will conduct counseling sessions, follow up progress and provide support in recovery when necessary. These sessions will improve the Post Exposure Prophylaxis (PEP), will help the healthcare workers cope with the stress associated with HIV activities in their work environment and will prevent burn out. 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: janitors, cleaners, waste handlers, guards, receptionists, gardeners, nurses, administrators, doctors, 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 FY08, 875 (375 additional) healthcare workers will be exposed to the knowledge through PDSA and 5,000 (2,225 additional) through supportive supervision; that 52 (26 additional) MoHSS health workers will have been trained in ABC; that 3,700 healthcare workers will express confidence to seek medical help and disclose the information to their superior if they get needle prick or sharp injuries, and 2,400 healthcare workers will report positive change of behavior vis a vis patients infected with HIV/AIDS, Knowledge of 100% of those exposed will be improved, 100% of the trainees will offer good quality dissemination sessions. Furthermore the workplace program will be extended from 1 to 3 regions; 20 counseling sessions and 40 follow up will be conducted.

Baseline data will be available through an assessment of knowledge, attitude, and practice among healthcare workers which will be carried out prior to the beginning of the training activities. They will serve as a comparison basis for later evaluation of the program. Follow up will be conducted throughout the execution of the activities using a checklist and data collection tools. A quarterly report will be produced and shared with all stakeholders. Results and trends will serve as information for decision making and for improvement plans during the feed back sessions to the field during PDSA sessions

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7461

Related Activity: 18281, 18260, 18275, 16115, 16253, 16231, 16123, 17061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27006	7461.27006.09	U.S. Agency for International Development	University Research Corporation, LLC	11234	4662.09		$200,000
7461	7461.07	U.S. Agency for International Development	University Research Corporation, LLC	4662	4662.07		$110,896

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16115	5124.08	7354	1455.08	Track 1	Blood Transfusion Service of Namibia	$1,200,000
16253	5123.08	7395	1495.08	Track 1	World Health Organization	$500,000
18281	18281.08	8028	8028.08	CDC/Track 1	Partnership for Supply Chain Management	$300,000
16231	3774.08	7386	1317.08		University Research Corporation, LLC	$1,529,031
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,200	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	26	False

Indirect Targets

Other Direct Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful: 5,000
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction: 26

TARGETS HAVE CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

Indicator#5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful = 5,000

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	1065.08	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	16758.08	**Planned Funds:**	$178,000
Activity System ID:	16758		

Activity Narrative: In a new activity for FY08, I-TECH will develop and carry out training for (1) a cadre of 34 newly hired clinical case managers (Potentia/new), (2) Prevention with Positives for health care workers, and (3) training for clinical staff on male circumcision.

Case managers will fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. Priority assignment sites for these case managers will be ART clinics and ANC sites, where they will provide adherence counseling, prevention with positive services, coaching of patients regarding notifying and referring partners for HIV counseling and testing, following-up of patients who "slip through the cracks", facilitation of support groups, and referrals to other health and social services, including counseling for drug/alcohol treatment and domestic violence. Particular emphasis will be placed on encouraging men to seek services and to support their partners and children in doing the same. These case managers will have backgrounds in psychology. This activity will support the following components of the minimum package of prevention services in a generalized epidemic: behavior change counseling, HIV counseling and testing, condom distribution, STI treatment, PMTCT, male circumcision, and linkages with care, support and treatment.

I-TECH will further be responsible for integrating CDC's PwP curricula into existing and future trainings for health care workers. The PwP program integrates prevention counseling and services for people living with HIV into HIV care and treatment clinics. HIV clinical staff will be supported in the integration of prevention counseling and services for people living with HIV/AIDS (PLWHA) into HIV care and treatment clinics. Specifically, health care providers and lay counselors in care and treatment settings will be trained to deliver prevention messages during routine clinic visits using tools and job aids. In addition, clinical staff will be trained to integrate prevention services into care and treatment settings, including family planning counseling and services, identification and treatment of STIs, and prevention counseling provided by lay counselors. The C/OP portion of this activity will include provider- and lay counselor-delivered prevention messages promoting correct and consistent condom use during every sexual encounter. Also, condom use will be encouraged during family planning counseling as a method of dual protection and to reduce STI transmission and acquisition. These prevention messages and interventions will be delivered during risk-reduction counseling, family planning counseling, and STI management and counseling. Condoms and educational materials on correct condom use will be provided to all people living with HIV at all clinic sites. This activity will support the following components of the minimum package of prevention services in a generalized epidemic: behavior change counseling, HIV counseling and testing, condom distribution, STI treatment, PMTCT, male circumcision, and linkages with care, support and treatment.

Thirdly, I-TECH will be responsible for training a select number of private and/or public health care workers on performing male circumcision (MC). With FY07 funds, PEPFAR will support a MC feasibility assessment that will inform the way forward in implementing an MC program in Namibia. As per WHO's MC guidelines, such assessments should "describe and map out the anticipated scope of male circumcision scale-up, human resource and training needs, infrastructure, commodities and logistics requirements, costs and funding, and systems for monitoring, evaluation and follow-up." Though the assessment is not yet complete, there is solid support for MC within the public and private medical communities of Namibia. In anticipation that demand for MC will continue to increase, I-TECH will be funded to develop a clinical training in MC, utilizing its existing network of clinical mentors to provide both didactic and practical training. Given the time required to develop a curriculum and to properly train providers to maximize safety, training will be targeted to 25 providers in FY2008. I-TECH's training program will not only incorporate clinical delivery of MC, but also the prevention and aftercare messaging that completes the MC package. This activity will support the following components of prevention services in a generalized epidemic: behavior change counseling, HIV counseling and testing, condom distribution, male circumcision, and linkages with care, support and treatment.

For all trainings above, funding will 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.

For new and existing curricula and trainings, I-TECH will support the MOHSS' efforts in strengthening prevention and treatment responses. Based on guidance from the Global Technical Working Group sponsored by the Gates and Kaiser Family Foundations, ITECH will revise protocols and materials to strengthen gender-sensitive HIV prevention counseling, access to condoms and other prevention tools, and refer to CT and STI screening. Messages shall emphasize the importance of risk reduction and prevention, and the limitations of ART. No additional funding for this element is required.

All of these programs will have support from the following resources: technical assistance in alcohol counseling and screening (17057.08), and mainstreaming gender into clinical and community programs (EngenderHealth 12342.08); and capacity building in behavior change communications (PHDC 16501.08).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16149, 16217, 16150, 16123, 16151, 16153, 16218, 16154, 16156, 16221, 16158, 16223, 17061, 16224, 16136

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16223	3872.08	7384	1065.08	I-TECH	University of Washington	$840,089
16224	3869.08	7384	1065.08	I-TECH	University of Washington	$622,985

Emphasis Areas

Gender

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

Human Capacity Development

* Retention strategy

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	99	False

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 599.08
Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4730.08
Planned Funds: $273,900
Activity System ID: 16250

Activity Narrative: This activity also relates to the Abstinence and Be Faithful (HVAB) activity.

In fiscal year (FY) 2007, Peace Corps/Namibia's (PC/N) PEPFAR program expanded to involve all Peace Corps Volunteers ("Volunteers") from the Health and Education projects in HIV/AIDS prevention activities. In accordance with the Namibian National Strategy and the USG supported Initiatives and pilot programs, Volunteers support USG cross-cutting prevention activities, such as awareness raising and sensitization related to alcohol, gender, behavior change and capacity building. Volunteers assist their host agency partners in a comprehensive prevention program to take pilots to scale to enhance condoms and other prevention (OP) approaches. Such pilots include Prevention with Positives, Ministry of Education Workplace/Classroom Programs, and Mobile MARPS (Most at Risk Populations) Services

In FY 2008, PC/N will continue its focus on HIV prevention. PEPFAR funds will be used to support the costs of training for Volunteers and their counterparts; the development of training materials; 15 two-year Volunteers; two third year Volunteers; two Crisis Corps Volunteers; small community-initiated grants; HIV/AIDS workshops. PC/N's aim is to reach communities in all 13 regions of Namibia with OP messages. The targeted beneficiaries of Volunteers' OP activities are national, regional and local agencies of the Ministry of Health, Ministry of Youth, and the Ministry of Education, FBOs/NGOs/CBOs, community action committees, in and out of school youth and underserved communities affected and infected by HIV/AIDS. Volunteers will organize workshops on AIDS awareness-raising, conduct condom demonstrations, support condom distribution systems and organize motivational speakers on alcohol abuse. They will encourage community members to access voluntary counseling and testing and to support male and gender norms initiatives. Volunteers will participate in the following programs: Windows of Hope and My future is My Choice. They will also integrate HIV/AIDS awareness into lesson plans.

Two-Year Peace Corps Volunteers: 15 additional PEPFAR-funded Health Volunteers are scheduled to arrive November, 2008 through the Community Health and HIV/AIDS Project CHHAP. These Volunteers will serve in all 13 regions of the country to support community mobilization, prevention outreach and institutional capacity. Volunteers will assist Government Ministries and FBOs/NGOs in identifying community needs and priorities and promoting local services and community-based action. Volunteers will bolster the institutional capacity of their host organizations in program development, budgeting and/or proposal writing. Volunteers will work with the Ministry of Youth, National Service, Sport and Culture 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, and with the Ministry of Health to build capacity in the areas of prevention outreach and information, education and communication (IEC).

Peace Corps Volunteer Leaders (PCVL) for HIV/AIDS: Two experienced Volunteers will extend for a third year to serve as Volunteer Leaders (PCVL) to coach and support other Volunteers designing gender and development (GAD) activities as part of the PEPFAR-funded pilot initiative on male involvement in HIV/AIDS prevention in Namibia. The Volunteers will assume their PCVL role in December 2008. One PCVL will be based in Ondangwa and assigned to support Volunteers in the northern region. The other PCVL will be placed in the Rundu office to similarly support the Volunteers working in both the Kavango and Caprivi Regions. In addition to their primary assignments, these third-year Volunteers will provide support to Volunteers and their counterparts for accessing resources and sharing lessons to strengthen their effectiveness in the field. Specific attention will be made to helping Volunteers and their counterparts address gender norms and behavior change in the field.

Crisis Corps Volunteers: PC/N will recruit two Crisis Corps Volunteers (CCV) for 6-month to 1-year assignments to support C/FBOs or at the regional and district levels of the Ministries of Health and Youth/Sport. CCVs will assist with community mobilization and local organizational capacity development, with special emphasis on prevention outreach education, communication and information sharing, especially among those living in underserved communities and affected and infected by HIV & AIDS.

VAST Grants: PEPFAR Funds will be made available to all Volunteers for small Volunteer Activity Support and Training (VAST) grants to support community-initiated OP activities. Activities funded by VAST grants 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 their vulnerability to infection. In addition, VAST-funded activities will be designed to build the institutional capacity of local organizations targeting these populations and address gender norms and male involvement. It is expected that many VAST grants will support the establishment and functioning of girls clubs, HIV/AIDS clubs, and sports clubs, as well support local FBOs/NGOs providing HIV/AIDS related outreach and prevention services.

Training: PC/N will organize pre-service training (PST) and in-service training (IST) for Volunteers and their counterparts. Trainings will be organized to also enable both Health and Education Volunteers who are working on HIV/AIDS prevention as a part of their primary assignment or as secondary projects to enhance competencies in the areas of outreach and training to address relevant social and community norms.

Approximately 69 incoming education and health Volunteers and their counterparts in FY08 will receive several days of instruction focused specifically on HIV/AIDS during their Pre-Service Training (PST). Sessions include cultural aspects related to HIV/AIDS, the epidemiology of AIDS in Namibia, sector responses to HIV/AIDS, gender norms, male involvement, approaches to community entry and the use of assessment tools, as well as alternative and sustainable energy technologies (ASET) to save resources and offset the economic burdens generated by HIV/AIDS. As Volunteers gain more experience in the field, additional sessions on resiliency training focusing on grief and loss management as well as Monitoring and Reporting skills will be provided.

The enhanced training/technical assistance for all Health Volunteers will have as its institutional target the regional/district level installations of the Ministry of Health, facilities of the Ministry of Youth/Sports, Ministry of Education, and FBOs/NGOs that are increasing their engagement in the fight against HIV/AIDS. The targeted beneficiaries will include PCV counterparts, those living in underserved communities and affected and infected by HIV & AIDS, students, out-of-school and unemployed youth and the population of underserved geographical regions and service providers. The enhanced training for Education Volunteers and the increased support for Secondary Projects will have as its institutional target school administrations

Activity Narrative: and local club structures, such as girls clubs, HIV/AIDS clubs, and sports clubs.

The HIV/AIDS Technical Coordinator will provide guidance and assistance in establishing a comprehensive HIV/AIDS training program, in addition to providing country-specific knowledge about HIV/AIDS prevention, monitoring and control strategies to Peace Corps Volunteers and community health liaisons and training and coaching to strengthen their cultural and communication competencies to meet the needs of local communities related to HIV/AIDS. This position will support all Volunteers in country, in both the Health and Education programs, as well as Crisis Corps.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8036

Related Activity: 16501, 16177, 16130, 16119, 16122, 16123, 16120, 16106, 16141, 16178, 17061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25934	4730.25934.09	Peace Corps	US Peace Corps	10907	599.09		$700,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0

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

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	14,980	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	915	False

Indirect Targets

Direct target breakdown:

5.2: 14,980 =
MOY: 802
RACOC: 1,440
MOE: 11,088
MOHSS: 1,350 (removed at country level for overlap)
Red Cross: 300 (removed at country level for overlap)

5.3: 915 =
MOY: 35
RACOC: 24
MOE: 115
MOHSS: 690 (removed at country level for overlap)
Red Cross: 51 (removed at country level for overlap)

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3078.08	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	19394.08	**Planned Funds:**	$137,500
Activity System ID:	19394		

Activity Narrative: Three randomized controlled trials in sub-Saharan Africa have demonstrated that safe male circumcision (MC) reduces a man's chances of HIV infection by roughly 60 percent. MC rates in southern Africa are low, however, and widely considered one of the drivers of the epidemic in the region. A regional estimate by the World Health Organization (WHO) estimates that less than 20 percent of men in the region are circumcised. It seems likely that MC rates in Namibia are low as well: for instance, a survey in 2004 of the National Defense Forces of Namibia found that 26 percent of soldiers reported being circumcised (this estimate is not necessarily representative of the larger male population, however). The 2006 Demographic and Health Survey (DHS) will provide additional information on prevalence of MC in Namibia, and its results should be available in September 2007.

Despite its new and somewhat controversial nature, MC is recognized by the Government of the Republic of Namibia (GRN) as having an important role to play in HIV prevention; 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 is adamant 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 MOHSS is using FY07 funds from USG and UNAIDS to conduct a situational assessment based on WHO's situational analysis toolkit. The situational assessment will include: (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, the MOHSS will use PEPFAR FY07 funding to conduct a costing analysis (based on methods used in other African countries) that will determine the cost and likely impact of providing male circumcision in Namibia.

Because the MOHSS will base its national MC strategy, policy, and guidelines on the results of the situational assessment and costing analysis (which will appear sometime in FY07), most MC activities supported by the USG for FY08 cannot at this stage be defined in a detailed way and are only listed as TBD. Once the results are out, USG Namibia will work closely with OGAC, MOHSS and the MC task force to reprogram the FY08 funding in support of the strategy and recommendations adopted from the research. Some general activities, however, have already been proposed: (1) training of MC service providers; (2) an information, education, and communication strategy and intervention to address acceptability issues and create demand; (3) MC-related commodity procurement; and (4) an MC policy and advocacy development activity.

For instance, 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; and (3) counseling on risk reduction behaviors with a focus on partner reduction and abstinence, as well as condom provision and appropriate referrals to other health and social services. The MOHSS will develop standard operating procedures and guidelines and an intensive capacity-building plan for service providers that will result in the certification of facilities and service providers. This certification process will include require quality-assurance mechanisms and a protocol for the management of surgical complications. The surgical training will be based on the WHO/ UNAIDS/ JHPIEGO procedures for circumcision under local anesthesia. The initiative might eventually require approved task shifting to senior nurses and midwives to alleviate the burden on medical doctors (the national IMAI has been approved and IMAI training is being rolled out); the situational assessment and costing analysis will include recommendations on cadre numbers, task shifting, and training. Additionally, the MOHSS will also review the essential medicines list to accommodate lower level facilities and commodity management systems. MOHSS will also investigate the procurement of clinical MC kits and commodities, the specifications of which would be based on the recommendations currently in development between OGAC, the Clinton Foundation, and SCMS.

The MOHSS understands the risk of not implementing a well-constructed communications and advocacy strategy concurrent to the development of clinical services. The MOHSS will facilitate an intensive sensitization process throughout the medical community to counteract apparently widespread attitudes and resistance to MC. Building on its November 2007 "Engaging Men" Conference, the MOHSS will liaise with stakeholders to conduct a highly sensitive dialogue with leaders and decision makers at the community level to mitigate fears and misunderstanding, including the likelihood of an increase in disinhibited sex behaviors. Although the MOHSS recognizes that USG funding cannot support traditional MC providers to perform circumcisions, the MOHSS has prioritized traditional MC providers for information and education as key community gatekeepers. 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.

In FY07, the MC task force has initiated this communications and advocacy process with sensitization about MC by targeting the medical fraternity via the HIV Clinicians' Society, which is hosting a series of meetings with key MC experts. 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 national insurance when indicated for medical reasons, and the cost of private circumcision services is prohibitive for most Namibians.

Activity Narrative: This initiative will help create sustainable national services for MC in Namibia. It will leverage and complement resources from other donors including UNAIDS and WHO. Discussions with MOHSS and the MC task force suggest that FY08 USG resources might support the national MC initiative in the following way: support clinical training, capacity building and supportive supervision within the public sector (ref: ITECH 16758.08, $75,000) and faith-based sector (ref: Capacity 16130.08, $30,000); procurement of clinical MC kits and commodities (this submission, ref: 16548.08, 16762.08 for a total of $275,000); provide technical assistance to the MOHSS on the creation of policies, guidelines and standard operating procedures, as well as timely response to consumer concerns via the media (ref: Capacity 16130.08); integrate MC into the package of services for prevention with positives within clinical settings; integrate MC messages to primary and secondary target audiences within a comprehensive prevention campaign (ref: NLT 5690.08, $160,000); mainstream MC messages within all ongoing clinical, VCT, workplace and community mobilization activities, ensuring inclusion within existing gender mainstreaming initiatives that address male norms and behaviors and sexual violence (ref: EngenderHealth 8030.08). All budgeted activities are allocated in the following manner: 25% AB, 50% OP, and 25% CT.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1376.08 **Mechanism:** N/A

Prime Partner: US Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19396.08

Activity System ID: 19396

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: $64,500

Activity Narrative: 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, ccessibility to alcohol is high – there are more 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). Thus, the MOHSS believes that alcohol plays a major role in the disinhibition of risky behaviors and failure to adhere to HIV/TB treatment. Within the region, sexual risk-taking behaviors associated with alcohol use are highly prevalent in many of the countries severely affected by HIV/AIDS. For example, 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.

There are no outpatient alcohol addiction treatment services in Namibia other than a few Alcoholic Anonymous chapters in Windhoek, and there is only one inpatient addiction treatment center in the country. Consistent anecdotal evidence from implementing partners and service providers within the MOHSS cite the lack of alcohol treatment services as a great barrier to long term impact of advocacy and sensitization efforts. Catholic Health Services conducted a study in 2005 which indicated that 41% of patients receiving ARVs at St. Mary's Hospital in Rehoboth who defaulted did so on account alcohol. In FY07, Management Sciences for Health will implement adherence monitoring which will determine factors associated with poor adherence and default, including the influence of alcohol consumption.

In 2004, the MOHSS launched the Coalition on Responsible Drinking (CORD) with the mandate to ensure increased awareness on the effects of alcohol. Member organizations include Ministry of Information and Broadcasting (MIB), Ministry of Gender Equality and Child Welfare (MGECW), the Namibian Chamber of Commerce and Industry, Namibian Breweries, the Namibian Broadcasting Company, various NGOs, the Namibian Shebeen Association, and the Windhoek City Police. Since inception, CORD has developed a mass media alcohol awareness campaign, held sensitization meetings with industry captains, and drafted a National Substance Abuse Policy. USG partners with CORD and supports its alcohol efforts. COP07 funds were allocated to support an alcohol knowledge, attitudes and practices assessment; CORD's alcohol awareness campaigns; technical assistance in integrating alcohol prevention into prevention with positives (PwP) efforts; and to mainstream alcohol prevention programming within the Ministry of Safety and Security (MOSS) and Ministry of Defense (MOD) programs.

During FY08, USG will substantially expand its support to MOHSS and CORD to mainstream responses to alcohol misuse at a national level throughout USG's programs. USG will strengthen the capacity of a Namibian organization(s) to support CORD's advocacy and policy efforts, which will likely include advocacy with the Namibian Shebeen Association, regulatory reform, and national alcohol policies. In addition, this partner will provide technical assistance to USG's service delivery and community outreach partners to strengthen their technical capacity to integrate alcohol responses into existing programs. This Namibian partner(s) is TBD; CORD and USG will determine the technical assistance needs and partner selection based on several factors, including sustainable capacity to provide support over time.

A possible alcohol mainstreaming approach that might be developed with CORD and OGAC is an evidence-based approach to engaging population opinion leaders (POL). Using a methodology developed and tested by the Academy for Educational Development, this intervention identifies, enlisted and trains opinion leaders to encourage safer norms and behaviors within their social networks. This methodology is effective in identifying and targeting influential leaders and their networks, and might be combined with another potential best practice: a venue-based intervention to conduct outreach to bar owners, managers and personnel, who then target patrons in drinking venues as peer educators. These peer educators provide risk reduction information related to alcohol and sexual risk behaviors, teach proper, consistent condom use and provide condoms to bar patrons, and refer them to a range of services within the prevention, care and treatment continuum, including STI services. This approach uses a diffusion of innovation theoretical model by the Sahwira Intervention Program, which is being evaluated in Harare, Zimbabwe.

Within clinical settings, USG will adapt brief interventions (BI) alcohol counseling and referral techniques. These are time-limited patient centered counseling strategies that focus on changing patient behavior and increasing patient compliance with treatment medications. BI are 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. The Capacity Project will pilot the use of BI for alcohol in clinical settings (ref: Capacity Activity 4737.08).

FY07 funds are set aside to support MOHSS' development of an alcohol strategic plan. In FY08, the MOHSS, with assistance from the USG will create a comprehensive alcohol addiction treatment roadmap, in support of the National Substance Abuse Policy, which will include: a) treatment responsive aligned to severity of addiction (in descending order of severity: rehabilitation center, hospital based addiction treatment, outpatient treatment models). The roadmap will define MOHSS' response to building long term capacity in addiction treatment, which might include pre-service capacity building (establishment of addiction treatment subunit with the Department of Psychology/Basic Sciences at the University of Namibia (UNAM); out of country post graduate training in South Africa, UCT) as well as in-service capacity building responses. The ability to provide sustainable addiction treatment in Namibia might require an evaluation of provider cadre responsibilities and task shifting.

USG will continue to support CORD's alcohol awareness mass campaigns, building on USG's investment made in FY07. The mass media will reinforce all of the advocacy and alcohol mainstreaming initiatives within clinical and community settings, lending scale and credibility to the national initiative. Nawa Life Trust will continue to provide technical assistance to CORD in FY08 (ref: NLT 4048.08).

MOHSS and USG will design and pilot an outpatient alcohol addiction treatment program targeted to patients on TB/ART treatment. Three models of treatment have been shown to be effective in treating alcohol dependence: Twelve Step Facilitation (based on the Minnesota model and AA principles);

Activity Narrative: Motivational Enhancement Therapy (also known as Motivational Interviewing); and Cognitive Behavioral approaches that include relapse prevention training. After treatment, treatment gains tend to be better maintained if the person becomes actively involved in AA or other recovery support groups and develops family and peer relationships that are supportive of recovery. MOHSS and USG will work closely with OGAC to design, implement and evaluation the pilot, learn from the experiences of other countries, and source expert TA from either the US (i.e. a university with addiction treatment services such as Columbia University) or from within the region (South African Research Council, Alcohol and Drug Abuse Research Unit; and university-based outpatient treatment services).

In summary, funding components for the comprehensive integrated alcohol program are as follows: 1) Support to strengthen the capacity of a Namibian NGO to provide policy & advocacy support, TA to PEPFAR clinical and communications partners to mainstream alcohol into programs: $100,000 (17061.08); 2) pilot addiction treatment program: $215,000 in HVOP, HTXS, systems strengthening ref: 17061.08). The following are programs that will integrate alcohol programming into existing clinical and communications programs with support from the Namibian TA organization. The International Training and Education Center on HIV/AIDS (I-TECH) (4489.08) will integrate appropriate approaches into provider curricula, the Capacity Project (4737.08) will ensure mainstreaming into regional supervision/case management and VCT programs, and PHDC (16501.08) will coordinating TA in behavior change communications techniques. Other USG supported programs that will receive alcohol mainstreaming TA include AED's workplace and classroom programs (8500.08), PACT-supported community programs (6470.08), the national rollout of the PwP program, SMA's MARPs outreach (3831.08), MOD and MOSS programs, and service delivery programs. Additionally, NLT will continue to provide TA to CORD and MIB in support of its alcohol awareness campaigns (4048.08). This activity's coverage will be national in scope.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1376.08

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 19397.08

Planned Funds: $71,208

Activity System ID: 19397

Activity Narrative: 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 has 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 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	45	False

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3072.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Activity ID: 18277.08

Activity System ID: 18277

Program Area Code: 05

Planned Funds: $596,196

Activity Narrative: This activity expands SMA's FY07 HIV/AIDS OP prevention program with most at risk populations (MARP). There are many gaps in understanding the drivers of Namibia's HIV epidemic, but the analysis of data sets from the Demographic Health Surveys, VCT client intake surveys, and Nawa Life Trust's Household Surveys strongly suggests that within a generalized epidemic, there are geographic hotspots and most at-risk populations (MARP). Within Namibia's hyper-epidemic geographic hotspots, the minimum prevention service package includes BCC focused on outreach services to MARPs, CT, targeted media, condom distribution, STI screening and treatment, and referrals to prevention, care and treatment services.

SMA has been working in HIV prevention targeted to MARPs since 2005. These include transport workers, informal and commercial fishermen, informal traders, people engaged in informal sexual relationships, and border populations. The geographic areas targeted are Walvis Bay, Oshikango, Ohangwena Region, Katima Mulilo Caprivi Region and Rundu in Kavango Region. The program's main objective is to reach 27,500 MARPs with HIV prevention activities. Target messages will emphasize the risks of multiple concurrent partnering, one of the main drivers of Namibia's epidemic, including cross generational, informal and transactional sexual relationships. Other target messages include consistent and correct condom use, and the role of alcohol abuse and unhealthy male norms and behaviors and other risky behaviors. The target audiences will receive a comprehensive package of prevention messages, includes CT, treatment for STIs, and referrals to care and treatment services.

The Namibian police force is another key MARP with whom SMA has been working since 2005, implementing HIV/AIDS AB and OP prevention program in all 13 regions of Namibia. In FY 2008 SMA intends to continue to build the Capacity of the MOSS to eventually transfer ownership of the PolAction program to the Namibian police force, and harness existing structures to implement the program. The main program objective is to reach 7,500(62.5% of the total police force) police men and women with HIV OP prevention activities. Target messages will emphasize the risks of multiple concurrent partnering, one of the main drivers of Namibia's epidemic, and other risky behaviors, including cross generational, and transactional sex relationships. Other target messages include consistent and correct condom use during high risk sexual encounters, screening and treatment for STIs, the role of alcohol abuse, and male norms and behaviors that contribute to the transmission of HIV. This program will link to SMA's HVAB program (ref: 3072.08), ensuring that the target audience receives a comprehensive package of prevention messages. Please refer to SMA's HVAB narrative for a comprehensive description of the PolAction program.

During previous COP years, and in partnership with the now finished Regional Corridors of Hope program, SMA verified and mapped the hotspots for each cadre of MARP through qualitative assessments. During FY08, SMA will continue to update their data on the estimated number of people within each MARP category and specific targets for each MARP within the geographic areas in which SMA operated. Through a data for decision making continuous process, SMA will continue to analyze the information required to tailor and update the most effective MARP-specific intervention. In addition, SMA will continue to engage stakeholders via community meetings in MARP interventions, which will include the National Shebeen Association, the Walvis Bay Corridor Group, and the Traditional Leaders Council.

The main interpersonal communications (IPC) activities, specific to each target group, will include community mobilization for behavior change communications and services, and distribution of materials and condoms. SMA will adopt materials from other partners like NawaLife, especially for alcohol and care and treatment. In collaboration with the Ministry of Health and Social Services (MOHSS), SMA will develop a condom distribution strategy and distribute the ministry's "Smile" brand condom through IPC and community mobilization. Condom distribution will also occur through designated outlets which will be manned by hotspot stakeholders. Contact with MARPs will place special emphasis on the service delivery linkages available like CT, STI diagnosis and care, PMTCT, home based care and ART services. Therefore, for each hot spot, SMA will facilitate the mapping of service to engage the multi-directional use of prevention, care and treatment services. SMA will coordinate mapping with the USG team's wider effort in mapping and GIS (FY07 activity). Other support services that will be considered for the referral networks will include increasing access to income generation activities for young women at risk of HIV and susceptible to multiple sexual relationships through partnership with Project Hope and other related organizations (ref: 8025.08).

Reinforcement of mass media messages with interpersonal communications activities is critical for scale-up and depth of impact. SMA will work with other USG supported partners working in mass media communications to integrate all interpersonal messages with the larger national mass media campaigns such as Take Control and Positive Living around prevention, alcohol, and gender norms. They will also work with Nawa Life Trust (NLT) (5690.08) to support and distribute the Positive Living campaign care guide. SMA will provide training in MARP-specific gender sessions from the Men and HIV curriculum (ref: 8030.08). There will be a deliberate effort to strengthen this partnership to ensure gender equity and address male norms and behavior that result in sexual violence and coercion. SMA will also receive technical support in the design, implementation, quality assurance, monitoring and evaluation of behavior change communications (ref: 12326.08), and mainstreaming alcohol and substance abuse messages into the PolAction program (ref: 17061.08).

SMA regional coordinators will be in charge of activities supported by health educators. Each region will have a minimum of two health educators depending on number of hotspots and the nature of outreach activities; however SMA will identify and train peer educators among the different categories of the MARPs to work with the health educators. SMA will also utilize community leaders to assist with prevention programming, including religious and traditional leaders.

SMA will partner with the current initiatives in the community like the Community Action Forums of NawaLife, the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa. Synergies for partnership and collaboration will be identified and strengthened. To ensure proper implementation of the above activities, SMA will develop simple tools like checklists to assess the impact of above activities, and train MARPs stakeholders, such as religious and traditional leaders, to use these tools. To ensure effective coordination and implementation, SMA will hold meetings on a periodic basis with religious and traditional leaders and other MARP stakeholders to communicate the progress of the program.

To support all these activities and ensure effective implementation, SMA will develop a comprehensive Management Information System (MIS) which will include a work plan and monitoring and evaluation plan.

Activity Narrative: To strengthen the quality of activities to be implemented SMA will develop a system for quality assurance. This will include set parameters for minimum and maximum standards, defined in terms of targets and impact. Information from assessments tools like training assessments, peer education tools and checklists will feed into the program through a data for decision making process. SMA will use these assessments to identify gaps, challenges and assess impact of the program on a continuous basis. All tools and systems will be reviewed on a quarterly basis to assess relevance and appropriateness in capturing important information that will inform the program. SMA staff will also work with the peer educators, chaplains and community leaders to assess quality of IPC activities. Periodic partnership meetings will be conducted to review the progress of the program, focusing on quality and coverage.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16501, 16211, 16170, 16123, 17057, 17061, 16122, 16106, 16173, 16213

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0

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

* Training
*** In-Service Training
* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	200	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Indirect Targets

Other direct targets

14.4 Number of individuals trained in HIV-related institutional capacity building: 40
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction: 25
14.6 Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment: 25

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Religious Leaders

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1376.08

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 8011.08

Planned Funds: $150,000

Activity System ID: 18272

Activity Narrative: Funding is requested to continue support for the position of Senior HIV/AIDS Prevention Advisor, created in FY06 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8011

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27008	8011.27008.09	U.S. Agency for International Development	US Agency for International Development	11235	1376.09		$167,446
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
* Reducing violence and coercion

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3078.08	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	7459.08	**Planned Funds:**	$282,500
Activity System ID:	16131		

Activity Narrative: IntraHealth/Namibia, the Capacity Project is expecting as a result of its FY06/ 07 capacity building process to transition to direct funding two sub-grantee partners, Catholic Health Services (CHS) and Lifeline/Childline (LL/CL) for FY 08. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY08 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 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.

It is estimated that 9,000 new HIV infections take place every year in Namibia (NIP, 2005) which is translated into 24 new infections daily. Most of these new infections will occur through heterosexual activities and driven by concurrent multiple partnership. 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.

Targeting the general population within health facility catchments areas, the activities under CP support comprise a range of prevention interventions that include condoms promotion and distribution, post exposure prophylaxis (PEP), community outreach and mobilization with prevention messages around the ABC approach. During FY 2008, these campaigns will include male circumcision (MC) as an intervention and the prevention with positives (PwP) initiative.

As per existing agreement with MoHSS, all FBH are part of the condom distribution chain. This is included in a comprehensive promotion package of abstinence, fidelity and correct and consistent condoms use. During FY 2008, condoms will continue to be distributed through an increasing number of outlets (180 outlets) in and around the FBH catchment areas. This includes all healthy facilities, VCT centers, Cuca shops and shebeens. This will ensure increased availability of condoms and potential use during high-risk sexual behavior.

To ensure increased knowledge and skills to promote HIV/AIDS prevention through behavior change communication, LL/CL will continue to train counselors using a comprehensive skill building approach (about 200 counselors during FY08). An estimated 24,000 people (female and male) will be reached through outreach prevention activities by all CP partners, representing 8% of the total catchment population within FBH districts. Community awareness and mobilization will focus on high risk messaging. Therefore, Behavior Change Communication (BCC) promoting monogamy, reduction of sexual partners and emphasis on the role of cross-generational sex will be addressed with correct and consistent use of condom. The operational teams (district coordinators and volunteers) will deliver messages through different platforms that include schools within 50 km radius, teachers, women and men groups, church groups, community and traditional leaders, social events partnering with Nawa Soccer, support groups.

Social capital mobilization is already happening using stakeholder meetings in each district where councilors, traditional leaders and healers, community and other FBO organizations, PLWHA and volunteers are meeting on quarterly basis. CP will endeavor to continue supporting this platform to ensure critical issues such as male norms relating to the HIV 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 income generating activities (Andara, Nyangana and Oshikuku), currently constituting 75% of the support group membership.

To address male norms and behavior, LL/CL training curriculum will include cultural and social male norms and behavior that contribute to domestic and sexual violence. The training will ensure that all trained counselors are familiar with how to motivate men to obtain their participation. These activities will be linked to the male mobilization program taking place within the C&T centers. 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 is starting in FY 2007 and by 2008 will be scaled up. Currently less than 2% of PMTCT women are counseled with their partners. Bringing this activity to scale should yield at least 20% testing as couple or referred partners.

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. PwP explores systematic interventions to reduce the spread of HIV to family and sexual partners (consistent and correct condom use especially for discordant couples, partner reduction, C&T for the family, PMTCT, family planning), STI screening and treatment, and ensures comprehensive individual and family care that addresses the physical and psychological well being of HIV infected person and encourages disclosure. Namibia is one of the three PEPFAR focus countries chosen to implement the PwP model. As part of this model, the emphasis on STI program mainstreaming is critical. In all FBH facilities, STI clients will continue to be offered routine HIV TC and all HIV positive clients will be screened for STI. Refresher training courses (on site and out of site) will be done in collaboration with other stakeholders (MoHSS, I-TECH, HIV Clinicians Society).

The PwP initiative will include alcohol abuse as it affects new infections and interferes with ART adherence. CP will continue to work with its partners to roll out alcohol brief motivational interviewing (BMI) at both treatment and C&T sites. This evidence-based concept is being tested in FY 2007 in Rehoboth and by 2008 its practical implementation will be assessed and a roll-out program designed for other FBH sites.

LL/CL will use the opportunity of the Oshikango border town to address the special needs of migrant population, truck drivers and commercial sex workers. This activity will be monitored through routine report identifying number of these groups accessing services at C&T.
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 education, 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. This program will engage the MoHSS

Activity Narrative: focal people who have been appointed regionally to oversee its implementation. In most FBH, committees are in place but not functional; the program is likely to reach more than 500 workers and their families.

PEP for both occupational exposure and rape survivors will continue to be provided in all CP supported health facilities as per the current Namibian ART guideline. This will continue to be linked to the infection control unit to reinforce messages on universal precautions. During FY06, 52 clients were provided with PEP within the five FBH of which 30 were occupational exposure and 22 post rape.

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 five FBH by FY08 will be achieved through strong advocacy for the MoHSS to finalize policy guidelines. The task force is currently paving the way for a situational analysis followed by national stakeholder consultation meetings before full fledged MC implementation. CP will play a major role in the advocacy campaign and share with HIV clinician society, UNAIDS and WHO in the technical response to the media with correct information dissemination, evening lectures, national training on MC SOP in line with WHO/UNAIDS Technical Manual and ultimately service delivery.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7459

Related Activity: 16129, 16130, 16548, 16123, 18272, 16133, 16134, 16135, 18058, 16136, 16221, 16137, 16139, 17061

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26957	7459.26957.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$549,121
7459	7459.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$20,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
18272	8011.08	7388	1376.08		US Agency for International Development	$150,000
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
16137	7458.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$42,624
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000

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

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	180	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	24,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

Indirect Targets

TARGETS HAVE CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

Indicator #5.1 Number of targeted condom service outlets = 40

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

Religious Leaders

Teachers

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7648.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 5690.08

Planned Funds: $922,096

Activity System ID: 16141

Activity Narrative: These activities build and expand existing community mobilization and mass media activities from COP07. 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 will have support in: mainstreaming alcohol awareness and sensitization messages into mass media and interpersonal communications (activity 17061.08); Men and HIV/AIDS mainstreaming gender equity into clinical and community programs (activity 12342.08); and capacity building in behavior change communications (activity 16501.08).

NLT has established 14 Community Action Forums (CAFs) in 11 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 (see Nawa AB 4048.08).
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 (see CT 12334.08), especially male and couple testing, and creating an enabling environment in which needed referrals to HIV/AIDS-related services are correctly advocated.

CAF Outreaches: In FY 2008, CAFs will reach 24,576 community members aged 15+ years in 16 sites, reaching about 17% of the target audiences in these sites. Outreaches will focus on such OP areas as alcohol awareness, prevention with positives and possibly reproductive health. Each CAF will use an average of five sites to conduct these outreaches continuously throughout an 11 month period. Approximately 19,660 people will receive IEC materials on VCT, treatment literacy and alcohol awareness through these outreaches. A total of 208 CAF members will receive outreach training (see Systems Strengthening 7464.08).

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. NLT will train a total of 106 CAF members and partners to be program coaches. The NawaSport Coaches Guide will be updated in 2007, 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 2008, for a total of 16 sites. The program will reach 2,160 men between the aged 15-35 years, representing approximately 5% of this target group in the 16 CAF sites.

"Street Squad Soccer" enables NawaSport men completing the formal program to continue their involvement. In COP 08, Street Squad Soccer will increase to 1,440 members, engaging more communities and increasing attendance at its events. The program will host a tournament series including a national competition on World AIDS Day. IT will also begin forging partnerships with popular sponsors such as One Africa Television. Approximately 6,400 individuals will receive IEC leaflets on alcohol, gender, VCT and ART through the NawaSport program and Street Squad activities by the end of COP 08.

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.

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. A total of 240 CAF members will be trained as facilitators in this program.

By the end of 2008, NawaCinema will be active in all 16 CAF sites, reaching 30,720 community members ages 15+ years, reaching about 17% of target audiences. Approximately 24,576 individuals will receive IEC leaflets through these outreaches. NawaCinema will expand to 8 institutions offering VCT, PMTCT and ART services, enabling the program to reach patients and clients. This will also improve collaboration between CAFs and other HIV service providers. 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, condom use and PMTCT (see System Strengthening 7464.08).

In FY 2008, NLT will continue to build partnerships with film distributors to strengthen the entertainment component of the program by including more "blockbuster" movies in the program, which will be screened after the educational videos.

NLT will assess NawaCinema through analysis of its facilitator and audience feedback forms, the program pilot 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 (see System Strengthening). Take Control is a government-led initiative of NGOs, faith-based organizations, UN Agencies, line ministries and development partners. NLT is working to strengthen this forum and contribute to coordinated efforts. NLT provides technical support to the Take Control secretariat (at the Ministry of Information and Broadcasting) to develop a strategy document for the national campaign and strengthen partnerships with other organizations.

Activity Narrative:

Mass media messages will be reinforced at the community level through CAF outreaches. NLT developed alcohol facilitation guides in FY 2007, which will continue to be used in community mobilization activities in FY 2008, and additional guides will be distributed to PEPFAR-supported partners. This guide includes a description of the physiological and emotional impacts of alcohol abuse and detailed directives for responsible drinking.

"Alcohol aids HIV" campaign: NLT will continue serving in a leading role with Take Control and its partners, UNICEF and CAA, to support the Coalition for Responsible Drinking (CORD) to highlight the link between alcohol abuse and vulnerability to HIV infections and to publicize responsible drinking guidelines.

By 2008, the "Alcohol aids HIV" campaign will be evaluated, updated and improved. Print and radio materials for the campaign will also be developed. The focus of the campaign will be on moderate drinkers. The campaign will also target persons of reproductive age (15-49 years). NLT aims to reach a minimum of 70% of social drinkers (350,000 persons) with mass media messages in this campaign (ref: 17057.08)

In 2008, NLT will assist Take Control/CORD in sustaining this initiative. NLT will expand the campaign by adapting radio messages to three more languages and by adding a television component. NLT will support placement of materials and will plan to run messages during two holiday intensification periods. NLT will seek to leverage additional funds for placement through Take Control and CORD partnerships. Based on the program's potential success, NLT will support CAFs to expand its work with Shebeen and bar owners to encourage them to operate in a manner that reduces negative impacts on communities.

NLT will train CAF members in alcohol awareness and responsible drinking during community outreaches. 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 on field visits and ongoing supportive supervision. NLT will incorporate findings into future trainings and TA to improve intervention quality and relevance.

Over the next two years, NLT will evaluate the initial impact of this campaign and develop a follow-up phase in collaboration with other partners. This will include developing mechanisms allowing greater involvement of alcohol retailers. This may include a "responsible retailer" program conducted through CAFs to recognize Shebeens operating responsibly and in accordance with the National Liquor Act.

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 be able to work with partners and stakeholders in establishing communication initiatives as identified and needed (ref: MC 16762.08).NLT will cultivate responsible drinking habits within Namibia through support to the national campaign and other alcohol treatment initiatives, material development for partner organizations, and supportive supervision to CAF outreaches (activity 17057.08).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7457

Related Activity: 16548, 16140, 16122, 16501, 16762, 16123, 16106, 16142, 16108, 17057, 17061

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26976	5690.26976.09	U.S. Agency for International Development	Nawa Life Trust	11223	7648.09	Nawa Life Trust Cooperative Agreement	$126,660
26975	5690.26975.09	U.S. Agency for International Development	Nawa Life Trust	11223	7648.09	Nawa Life Trust Cooperative Agreement	$982,095
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	16	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	59,055	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Indirect Targets

Additional Indicators/Targets:

IEC materials distributed: 48,424
Individuals between 15-49 years reached with mass media messages: 350,000
Condoms distributed: 202,752

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7649.08

Mechanism: TBD (EngenderHealth)

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 8030.08

Planned Funds: $0

Activity System ID: 16123

Activity Narrative: 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 has 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 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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8030

Related Activity: 16129, 16149, 16199, 16211, 16177, 16170, 16130, 16112, 16119, 16122, 16501, 16232, 16120, 16141, 16131, 16151, 16173, 16178, 16179, 16183, 16153, 16133, 16142, 16111, 16121, 16210, 16134, 16213, 16108, 16135, 16156, 16174, 16158, 16136, 17057, 17261, 16139, 16182, 16202, 17061

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26952	8030.26952.09	U.S. Agency for International Development	Engender Health	11217	7649.09	TBD (EngenderHealth)	$379,586
8030	8030.07	U.S. Agency for International Development	Engender Health	4442	4442.07	ACQUIRE	$315,582

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16131	7459.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$282,500
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278

16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1058.08
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: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3931.08
Planned Funds: $312,743
Activity System ID: 16120

Activity Narrative: In an activity continuing from FY07, Development AID from People to People (DAPP) will continue to use Field Officers (FOs) from its program, Total Control of the Epidemic (TCE), to educate adults and high-risk persons on the consistent and correct use of condoms and other prevention messages, including basic information and referrals for family planning and STI services. Overall, TCE resources support both prevention and care activities and thus funding is allocated across three program areas: this area, as well as HVAB (4382) and HBHC (7326). TCE is a highly organized house-to-house mobilization strategy that aims to individually educate and empower members of a community to reduce risk of HIV and to access HIV-specific resources in the community. A 2005 Global Fund annual report singled out TCE 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.

PEPFAR funding for DAPP in FY08 is essentially level and expansion of the TCE program into new regions has been put on hold to better focus DAPP's efforts. PEPFAR and the Global Fund (GF) supported recent assessments conducted by technical advisors from CDC which clearly identified that DAPP's efforts must be more targeted to have a greater impact on behavior change and linking individuals to services. Through FY08, CDC/Namibia and CDC/Atlanta will work closely with DAPP to initiate an impact assessment of the TCE program and to revise and harmonize the TCE curricula with other prevention and care curricula in-country, in particular with the curriculum used to train the Ministry of Health and Social Services (MOHSS) community counselors (7329) and with CDC's Prevention with Positives curriculum. These revisions will refine DAPP's communication strategies to optimize delivery of prevention education and referrals to services. Greater emphasis will be placed on effective approaches to achieve behavioral change, particularly for adult men. An intensive USG-funded behavioral change communication training will be provided in the coming year to assist DAPP and other partners to enhance their prevention messages, including the incorporation of gender-related issues around condom negotiation skills and family planning. FY08 funds will support follow-up TA in monitoring and evaluating the TCE program's impact on behavior change.
It is anticipated that the assessment and refined curricula will also allow DAPP to improve linkages to community- and facility-based services, and add outreach-based VCT to their menu of services. DAPP FOs are quite successful at promoting the importance of knowing your 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 2007, the Permanent Secretary of the MOHSS approved delivery of VCT in non-traditional settings for the first time. DAPP FOs in select sites will be trained in VCT and rapid testing in the same manner as MOHSS community counselors. These pilots will be evaluated in 2008 to assess whether mobile VCT can become a priority activity within DAPP's programming.

Since 2005, DAPP has leveraged PEPFAR and GF resources to support TCE in the regions of Omusati, Oshana, Ohangwena,Oshikoto, Kavango, and parts of Caprivi and Khomas Regions. GF supports 290 community members trained as FOs. The Global Fund also intends to continue support for TCE in FY08. By the end of 2007, DAPP will have trained and deployed a total of 450 community members as FOs; 272 of these positions are supported through PEPFAR.

The organizational structure of DAPP's TCE program is sound and will likely remain unchanged. TCE field officers (FOs) operate within a continuous learning and support system. Initial training will continue to educate the FOs on the basics of HIV transmission, STIs and TB, abstinence and behavior change, and appropriate condom education. The course orients FOs to the TCE mission and structure and how to use household registers to document all activities. Role-playing enables practice in communicating prevention messages. New FOs begin visiting assigned households (2000 people per FO) with an experienced FO. FOs report to the Troop Commander (TC), their immediate supervisor. In each region, groups of 50 FOs meet together each Friday under the leadership of a TCE TC with support from Special Forces (SF). FOs report numbers of persons educated, share experiences, and ask questions; training is provided as appropriate and challenging questions are addressed through the chain of command. The weekly sessions are effective in identifying additional FO needs, which are met by organizing trainings or linking with appropriate resource groups in the community. SF members also visit their FOs in the field on short notice to assure quality of efforts.

Through March 31, 2007, FOs have reached a total of 147,054 community members (49% of the target population of 300,000) through household visits. Services provided by FOs include registration of household members, appropriately targeted AB communications or other prevention communications (7327), and mobilization of community members to access services, including VCT, TB, ART, PMTCT, family planning, OVC, and STI services. The FOs further provide psychosocial support and simplified messaging around ART adherence and pain management. Where possible, FOs will continue to coordinate with health care facilities to provide critical transportation to rural persons in need of accessing essential HIV/AIDS services including VCT and ART.

The TCE program continues to be an entry point for building human resources 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 (7331) and New Start Centers (7405). This strengthens the career ladder for Namibians and the capacity of community counselors and health facilities, as well as builds the technical expertise of FOs. Not only will FOs become employed as community counselors, but they are anticipated to build community awareness into facilities and strengthen the HIV continuum of care between facilities and community partners.
Community volunteers are a key to the TCE program, and FOs have recruited and deployed nearly 2,000 community volunteers to assist with these health messages and referrals. Supportive supervision of all community caregivers is provided by TCE Special Forces Officers, CDC nurse mentors, and primary health care nurses from nearby facilities. During FY07, FOs and volunteers facilitated 15 support groups for PLWHA and their families, and organized community-wide HIV-related activities. Other prevention efforts include education in HIV/AIDS for traditional leaders and traditional birth attendants, as well as 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: 1) Knowledge about HIV transmission; 2) Prevention of HIV through correct and consistent use of condoms, incorporating condom demonstrations and 3) Knowing where condoms are available. FOs carry condoms with them and also establish distribution points. TCE obtains free condoms from regional mechanisms through MOHSS so

Activity Narrative: condoms are not included in this budget. FOs are ideally suited for knowing where to go and who to reach with condoms: at bars and shebeens, commercial sex workers (CSWs), and mobile populations. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7327

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24316	3931.24316.09	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	10424	1058.09	Cooperative Agreement U62/CCU025166	$256,449
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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	500	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	170,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	222	False

Indirect Targets

Direct Target Comments:

A. Ohangwena, Oshikoto and Kavango west – 2 first columns (These are old TCE areas in the third year of the programme).

5.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevemtion through other behaviour change beyond abstinence and /or being faithful.

We also estimate a total number of 3,500 adult people remaining to be reached with OP messages for the first time.

B. Kavango east, Caprivi and Khomas – column 3 and 4 (These are new TCE areas where 122 new Field Officers will be trained and employed).

5.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevemtion through other behaviour change beyond abstinence and /or being faithful.

Each field officer will reach an average of 900 adult people for the first time with OP messages over a period of 12 months, the first year of the programme.

C. Khomas 2 and Erongo - column 5 (These are also new areas where 100 new Field Officers will be trained and employed).

5.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevemtion through other behaviour change beyond abstinence and /or being faithful.

Each field officer will reach an average of 600 adult people for the first time with OP messages over a period of 8 months, in the first year of the programme.

D. Otjozondjupa – column 6 (This is also new areas where 50 new Field Officers will be trained and employed).

5.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevemtion through other behaviour change beyond abstinence and /or being faithful.

Each field officer will reach an average of 480 adult people for the first time with OP messages over a period of 6 months, in the first year of the programme.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Ohangwena

Kavango

Oshikoto

Caprivi

Khomas

Omusati

Oshana

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	1068.08	**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:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	3880.08	**Planned Funds:**	$1,277,751

Activity System ID: 16151

Activity Narrative: This activity includes 5 primary components: (1) continued training & deployment of Community Counselors (CC), (2) procuring condoms for high-risk individuals, (3) targeting STI Patients for HIV counseling & testing & correct & consistent condom use, (4) providing herpes suppressive therapy to ART patients, & (5) supporting the Ministry of Health & Social Services' (MOHSS) Coalition on Responsible Drinking (CORD).

(1) The MOHSS established the CC cadre in 2004 to assist doctors & nurses in health care facilities with provision of HIV prevention, care, & treatment services, including HIV counseling & testing, PMTCT, ART, TB, & STI; & to link & refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as CC as a strategy to reduce stigma & discrimination. As of July 2007, 382 community counselors (25% of whom are HIV positive) have been placed at 253 health facilities. By end of December 2007, 508 community counselors will be trained & deployed in health facilities. With FY08 support, an additional 150 community counselors will be hired & trained, giving a cumulative total of 650 by September 2009. The additional community counselors will accommodate loss through attrition, enhance provision of outreach-based counseling & testing, initiate counseling & testing services in correctional facilities, & expand prevention with positives (PwP) efforts. With COP 08 funding, 300 deployed community counselors will receive refresher training in rapid testing, couples counseling, prevention with positives (PwP), & preventive care counseling for children & counseling in clinical settings. PEPFAR funding for the "Community Counselor package" includes: recruitment & salaries for the CC, 13 regional coordinators, national coordinator & an assistant national coordinator (implemented through the Namibian Red Cross); CC initial & refresher training (implemented by a local training partner); Recruitment & salary for a MOHSS Counseling & Testing Outreach Coordinator; supervisory visits by MOHSS staff who directly supervise the CC; training for MOHSS who coordinate the program at national level; support for CC planning meetings & an annual CC retreat; & support for CC participation at international conferences.

Within COP08, funding for Community Counselors, who dedicate part of their time to this activity, is distributed among six program areas, all of them MOHSS activities: Preventing Mother to Child Transmission (7334), Abstinence & Be Faithful (7329), Other Prevention (7333), HIV/TB (7972), Counseling & Testing (7336), & ARV Services (7330). This activity also links with CDC's system strengthening activity (7360). Community Counselor prevention activities include delivery of ABC messages appropriately targeted to various risk groups defined by age, sex, HIV status, & presentation of other STIs, & distribution of condoms to high risk groups. CC are the primary personnel at health sites responsible for providing HIV testing & counseling, & in this capacity, are well-positioned to deliver prevention messages to those who test both positive & negative. CC are trained to encourage clients to bring in their partners for counseling & testing (CT), providing opportunities to deliver prevention messages to discordant couples (approximately 12% of couples who are tested at VCT sites are discordant). Effective October 2006, CC will be trained in "Prevention with Positives" (PwP) counseling using CDC's curriculum for integration into counseling services within ART & PMTCT sites.

(2) Procurement of Condoms. This is a continuation of an activity added in 2007 to leverage support with the Global Fund, which provided support for the MOHSS' new "Smile" brand of male condoms & for female condoms in 2007. The "Smile" condom is comparable in quality to local commercial & socially-marketed condoms & was launched by the MOHSS in 2005 following complaints from the public that the free condoms distributed from health facilities were substandard. The public response to the "Smile" condom has since been overwhelming & demand has exceeded the MOHSS' ability to purchase the amount needed. Commodity Exchange is a local company which has been contracted by the MOHSS to establish a condom production factory & quality assurance laboratory with funding from the Global Fund. A 2005 USG-funded evaluation of condom supply & logistics evaluation concluded that the quality assurance laboratory & plans for local production needed supplemental support.

The MOHSS requests an additional $420,000 to meet a projected financial gap to purchase an additional 77,000 Femidoms ($103,180) & 6,092,692 "Smile" condoms ($316,820) in FY08. 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, & patients having sex with a person of unknown HIV status) & for further distribution to NGO/FBO partners for distribution to high-risk individuals (including mobile workers, commercial sex workers, & the clientele of shebeens).

The planned number of condoms to be procured in FY08 is 20 million. Global Fund is expected to fund ~13 million, PEPFAR ~6 million, and the Namibian government ~1 million condoms.

(3) STIs have clearly been shown to increase acquisition & transmission of HIV by two- to five-fold (Wasserheit, 1999). In 2006, 67,414 STI cases were reported in Namibia primarily from public health facilities, representing 2.9% of the outpatient consultations. Despite the implementation of syndromic management of STIs by the MOHSS in 1994, there are still gaps in quality & coverage of STI services, especially with regard to delivering effective services to most at risk populations. In FY08, additional community counselors will be assigned to additional outpatient departments throughout the country to ensure that persons diagnosed with STIs are provided with risk reduction counseling & HIV rapid testing.

(4) In a FY08 pilot, the MOHSS intends to use funds to procure acyclovir for ART patients coinfected with HSV. New STI Treatment Guidelines will be released in 2007 that will for the first time recommend acyclovir therapy for persons with HSV. Before the release of the guidelines, acyclovir was not available to persons presenting to MOHSS health care facilities with genital herpes. Assuming a 50% of coinfection rate among adults, the pilot will provide acyclovir therapy for an estimated 2,500 patients at the three busiest ART sites. Prior to initiating this program, protocols will be submitted for approval through the appropriate channels within MOHSS & CDC.

(5) In a continuation of FY07 activities, USG funds will support expansion of the MOHSS' Coalition on Responsible Drinking (CORD). CORD incorporates media messaging & works with shebeens & breweries to reduce alcohol abuse, a major driver of the HIV epidemic in Namibia. CORD will be rolled out to all regions of the country & will use these funds to educate business owners & the general public about the association between alcohol consumption, high-risk sexual behavior, & HIV transmission & acquisition.

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,

Activity Narrative: including lack of health care seeking behavior by men, multiple sex partners, transactional & transgenerational sex, power inequities between men & women, & heavy alcohol use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7333

Related Activity: 16149, 16150, 16122, 16758, 16123, 16153, 16154, 16155, 16156, 16157, 16158, 16159, 16160, 17061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24326	3880.24326.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$1,270,378
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16758	16758.08	7384	1065.08	I-TECH	University of Washington	$178,000
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16160	3874.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$806,857

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	74	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	False

Indirect Targets

Additional Indicators/Targets:
Number people doing outreach testing: 50
Number people counseled and tested via outreach-based VCT: 60,000

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7656.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 4726.08

Planned Funds: $317,220

Activity System ID: 16178

Activity Narrative: Pact's primary mandate is to provide guidance and follow-up for capacity building in civil society to help indigenous organizations develop & become sustainable. Pact uses participatory approaches to ensure local ownership, financial and program accountability, and continuous quality improvement. During FY 2008, Pact will support 5 local prevention programs targeting older youth and adults with balanced ABC interventions and workplace programs. Overall, Pact will collaborate with prime partners such as EngenderHealth (activity 12342.08) & the new Partnership for Health & Development Communications (activity 16501.08) to provide technical assistance & 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 & male involvement (including make circumcision), addressing alcohol & drugs, & ensuring referrals to VCT & other services. Pact will regularly assess whether each subgrantee has the support it needs for continuous quality improvement, and respond with addition support if needed. Specific program targets, populations, & activities are described below for each sub-partner:

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 FY 2008, OHEAP's grant will focus on reducing STI/HIV/AIDS by reaching 8520 workers, their spouses and families, & 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 50 new peer educators, provide refresher training to 100 peer educators, and provide more advanced training to 50 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 & information on correct & consistent condom use, & make condoms available to employees & their families. COM will continue to mainstream its workplace program for peer education & community outreach to employees' families & communities within its overall Occupational Health & Safety Program.

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 over 3000 workers with FY 2008 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 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 160 peer educators participate in supervisory sessions and seminars once a month. In its outreach program, WBMPC targets over 6,000 community members in shebeens, taxi ranks, and car washes. 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 FY 2008. Together with COLS (with experience in juvenile justice activities) and the Ministry of Safety and Security, WBMPC reaches over 400 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.

The Sam Nujoma Multi-Purpose Center (SNMPC) will target 30% of the population in Ongwediva with age-appropriate ABC programs (See also Pact AB 6470.08). With workplace and community outreach activities similar to the WBMPC, SNMPC will reach 2368 individuals ages 14-80: of those, 448 reached through monthly centre-based events, 1500 community members reached with outreach programs 4 times a year, 320 reached through workplace peer educators, and 100 reached with video at the center.

The Namibia Association for Community Based Natural Resource Management (NACSO) is an umbrella organization whose HIV activities & financial management are supported through the help of a member NGO, Namibia Nature Foundation (NNF). Working closely with 3 line ministries (the Ministry of Agriculture, Water & Forestry; the Ministry of Environment & Tourism; & the Ministry of Lands & 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, FY08 funds will scale up the peer education program while providing a balanced ABC approach (see also Pact AB 6470.08) as well as referrals to VCT, care, & 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 & behaviors.

In FY 2007, Pact provided small initial support to the male-dominated Ministry of Safety and Security (MOSS) to address male involvement. With FY08 resources, Pact proposes to work with MOSS to mainstream male involvement prevention activities and to introduce the topic of how alcohol leads to risky behavior choices. Messages will be targeted to workers, such as police, and men in the communities they serve. Pact proposes to support the development of workplace policies within the MOSS based on existing models carried out by the multipurpose centers, ensuring also a focus on consistent and correct condom use, VCT, and male circumcision.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7411

Related Activity: 16177, 16122, 16501, 16762, 16123, 16179, 16180, 17057, 16181, 17261, 16182, 17061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26985	4726.26985.09	U.S. Agency for International Development	Pact, Inc.	11226	7656.09	PACT TBD Leader with Associates Cooperative Agreement	$263,293
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	273	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	28,920	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	705	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Religious Leaders

Teachers

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Kavango

Khomas

Oshana

Oshikoto

Otjozondjupa

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1064.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 7994.08

Planned Funds: $283,080

Activity System ID: 16191

Activity Narrative: This activity is a continuation of FY07 activities and has been updated. This activity relates to many activities including the provision of condoms and support for community counselors by the Ministry of Health and Social Services (MOHSS), #7333, and to the position of a prevention technical advisor (HVAB #8001). This activity addresses the critical human resources gap at facility levels to deliver HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and at the level of quality that is required for ARV roll out and palliative care expansion. This in turn creates issues of providing suitable incentives for health care workers to return to practice in public settings in Namibia and retention incentives for staff currently serving in the country. The vacancy rate in the MOHSS is approximately 40% for doctors, 25% for registered nurses, 30% for enrolled nurses, and 60% for pharmacists. The lack of training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive care and treatment services on the scale and at the level of quality that is required. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia Human Resources Consultancy, a Namibian firm which administers salary and benefits packages equivalent to the packages offered by the MOHSS. Both HHS/CDC and the MOHSS participate in the development of position descriptions and selection of health personnel who are then trained and provided with field support by ITECH, HHS/CDC, and the MOHSS with USG funding.

Beginning in FY06, Potentia also began supporting technical and administrative staff previously funded through I-TECH in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets. As of August 2007, Potentia supported a total of 301 staff and this number is projected to increase in FY08 in order to support the rapid scale-up of prevention, care and treatment services. Potentia positions partially related to delivery of HVOP services include doctors, nurses, enrolled nurses, and VCT supervisory staff. This activity will continue to contract condom supply logistics officers for distribution of the MOHSS' "Smile" condom. The public "Smile" condom is comparable in quality to local commercial and socially-marketed condoms and was launched by the MOHSS in 2005 following complaints from the public that the free condoms distributed from health facilities were substandard. The public response to the "Smile" condom has since been quite positive and demand has exceeded the MOHSS' ability to purchase the amount needed. These condoms are manufactured in Namibia by Commodity Exchange and undergo quality assurance in a local laboratory prior to distribution. The Commodity Exchange is a local company contracted by the MOHSS leveraging support from the Global Fund. A 2005 USG-funded evaluation of condom supply and logistics concluded that the quality assurance laboratory and plans for local production were reliable. These condoms are distributed free of charge to health facilities for distribution to and use by high-risk clients (HIV-positive patients, STI patients, TB patients, and patients having sex with a person of unknown HIV status) and for further distribution by NGO and FBO partners for use by to high-risk individuals (mobile workers, commercial sex workers, shebeen customers, discordant partners, PLWHA and their partners, and persons having sex with a partner of unknown HIV status). The Global Fund currently supports a Condoms Logistics Manager in the MOHSS plus two additional Condom Logistics Officers in the regions. The MOHSS created a more responsive supply management chain to make condoms more accessible to the public. PEPFAR will continue to support an additional 15 officers at the district hospitals to facilitate local supply and distribution from hospital pharmacies to health facilities and PEPFAR-funded NGOs and FBOs who distribute condoms to high-risk people. Condom logistics officers (costing ~$10,000 per annum per officer), who would receive technical support from the MOHSS and RPM-plus, are placed at the following 15 district hospitals: Oshakati, Onandjokwe, Rundu, Katima Mulilo, Outapi, Oshikuku, Opuwo, Engela, Eenhana, Grootfontein, Otjiwarongo, Swakopmund, Marienthal, Gobabis, and Keetmanshoop. Apart from the 331 public health facilities, implementing partners who will benefit from this activity include DAPP, the Walvis Bay Multi-Purpose Center, Nawa Life Trust, PACT, Capacity and many other NGOs/FBOs/CBOs who rely on the ability to access condoms at a district level as part of their program interventions.

In a new activity for FY 2008, Potentia will recruit and hire 45 clinical case managers and HIV Regional Supervisors. Case managers will fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. The case managers will provide adherence counseling, prevention with positive services, coaching of patients regarding notifying partners, following-up of patients who "slip through the cracks", facilitation of support groups, and referrals to other health and social services, including counseling for drug/alcohol treatment and domestic violence. Particular emphasis will be placed on encouraging men to seek services and to support their partners and children in doing the same. These case managers will have backgrounds in psychology and will be trained by I-TECH. All case managers will be trained in effective behavior change communication through Namibia's Male Norms Initiative as well as be a part of the alcohol programming and training and the prevention with positives initiative.

Also in 2008, eight Regional HIV Supervisors will be recruited, hired, and assigned to regions to provide supportive supervision of HIV activities being delivered in health facilities. These supervisors will report to the HIV Chief Health Programme Administrator and focus on the programmatic, not the clinical side of HIV service delivery. The supervisors will assist with the implementation of the case management program and the delivery of VCT, PwP, and adherence counseling. 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.

Both the clinical case managers and regional supervisors will be assigned 10% to HVAB, 10% to HVOP, 40% HTXS, 30% HBHC, and 10% to HVCT.

The hiring of these positions will support all regions and thus this activity is national in scope.

Keenly aware 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7994

Related Activity: 16190, 16538, 16150, 18260, 16758, 16151, 16192, 16154, 16193, 16155, 16156, 16194, 16157, 16158, 16195, 17322, 16196, 16197

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23949	7994.23949.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$234,956
7994	7994.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$204,923

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16190	3898.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$428,337
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16538	16538.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$68,000
16758	16758.08	7384	1065.08	I-TECH	University of Washington	$178,000
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
16193	3896.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$263,218
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16196	3892.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,069,229
16197	3895.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,361,821

Emphasis Areas

Gender

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

Human Capacity Development

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Indirect Targets:
5.1 Number of targeted condom service outlets: 74
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 249

Additional Targets:
The number of condoms distributed: 10,000,000

Please note that downstream targets related to this activity are captured by MOHSS (7333) and I-TECH (new).

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6145.08

Mechanism: DOD/Social Marketing Association

Prime Partner: Namibian Social Marketing Association

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3831.08

Planned Funds: $287,500

Activity System ID: 16173

Activity Narrative: 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7894

Related Activity: 16170, 16122, 16501, 16123, 16106, 17057, 17061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25857	3831.25857.09	Department of Defense	Namibian Social Marketing Association	10885	6145.09	DOD/Social Marketing Association	$300,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** In-Service Training
* Retention strategy

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	23	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	92	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Kavango

Khomas

Kunene

Ohangwena

Omaheke

Oshana

Oshikoto

Otjozondjupa

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3078.08

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Activity ID: 21396.08

Activity System ID: 21396

Program Area Code: 05

Planned Funds: $66,000

Activity Narrative: 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 has 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 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 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

Activity Narrative: 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).

This $66,000 will be used to support the evaluation component of the Men and HIV/AIDS Initiative. IntraHealth will award this funding to LifeLine/ChildLine, who is working with EngenderHealth to implement the intervention component of the evaluation in the field.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7651.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 19395.08

Planned Funds: $150,000

Activity System ID: 19395

Activity Narrative: AID/W is in the process of awarding the new Communications for Change (C-Change) cooperative agreement, the follow-on to the Health Communication Partnership. The mechanism utilized will be a leader with associates. Duration of the award is for 5 years and the geographic scope is worldwide. It is envisioned the award will be made in September 2007. In FY 2007, USG/Namibia allocated funding to PHDC to support initial behavior change communication (BCC) capacity building, program design, implementation, and monitoring and evaluation, to be made available to all PEPFAR-supported partners in Namibia as appropriate.

The purpose of the award is to integrate agency-wide and inter-agency programming in BCC for strategic health and development priorities, including BCC programs in health: family planning, child health, maternal health, HIV/AIDS, and infectious disease. PHDC will focus on developing evidence-based, scaled-up BCC programs, building in-country capacity and ensuring sustainability, integrating BCC programs in the wider public health and development communities, and generating and sharing lessons learned.

Among the challenges and cross-cutting issues C-Change will address are coordination with USAID and other USG collaborating agencies , host-country programs and other donors, foundations and alliances; implementing programs to improve interpersonal communication among health care personnel and support initiatives to improve the quality of health care including community involvement and oversight, exploit innovations in information and communication technology with particular emphasis on working with mass media to incorporate health information at minimal cost and ensure sustainable coverage, develop a clear understanding of the determinants of human behavior and appropriate strategies to influence human behavior in the defined areas of interest.

Areas for strengthening BCC among PEPFAR-supported partners include building knowledge among senior and field staff in state-of-the-art approaches to behavior change, BCC theories and models, and how to apply these theories and models in effective, cost-efficient interventions; building knowledge among managers of BCC programs both in the public and private sectors so they may skillfully recognize successful BCC programming, needed key elements, and appropriate costs; building skills in tailoring programs and messages effectively to target audiences with a focus on moving beyond merely transferring knowledge to influencing factors that impact behavior change; developing and standardizing training curricula and manuals, and making sure that training for staff successfully evolves into top job performance via long-term supervision and mentoring, with on-the-job evaluation and support; applying evidence-based best and promising practices in the design, implementation and evaluation of mass media and interpersonal BCC; and coordinating a national strategy for defining and reaching target audiences by region, risk factors, and other factors; creating appropriate messages; ensuring high quality coordination between partners; and synchronizing BCC breadth and depth between ongoing mass media campaigns and on-the-ground interpersonal communications activities.

During FY 2008, the winning consortium will provide BCC capacity building for all PEPFAR-supported partners in Namibia, and continue to implement activities during FY 2009. Although the approach and technical assistance plan will be developed in partnership with USG Namibia, the PEPFAR-supported partners and the GRN, possible activities might include the following: a national BCC capacity building/mentoring program which would include a participatory assessment of BCC skills of those partners that currently implement community-and-clinic-based BCC programs, and application of results to their prevention programs; intensive on-site skill building with senior and field-level staff to convey in-depth understanding of BCC models, theories, and 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; an increased technical support/guidance during programming planning, such as with annual work planning, and M&E and quality assurance plans; facilitation for and coordination of a national BCC technical working group whose role might include standardization and coordination of BCC messages, curricula, and incentive schemes; complementary targeting of audiences; and sharing of resources, best practices, and lessons learned; media collaboration to build sustainable capacity to incorporate health programming; and/or a feasibility study to explore working with Namibian institutions of higher learning (nursing schools, etc.) to develop quality undergraduate and graduate courses in BCC.

USG/Namibia will also investigate the possibility of conducting an evaluation looking at the application of quality assurance and performance improvement models to BCC programs. Another evaluation possibility is the design and measurement of mentor-based capacity building models that use blended learning approaches to build sustainable Namibian capacity in all aspects of programmatic BCC design and implementation.

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 constituents, which is captured in this submission as indirect targets, but reported directly by each partner. The impact of this investment is widespread and contributes considerably to building sustainable capacity in BCC planning, implementation and design by Namibian partners and organizations. Partners for which the program will provide support include all current prevention partners (DAPP, MOHSS community counselors, Potentia-supported regional supervisors and case managers, The Capacity Project and supported partners, PACT and PACT-supported partners, SMA, Nawa Life Trust, Project Hope, URC, AED, CORD, and TBD partners (Alcohol). The coverage of this program will be national as it will work across USG agencies, implementing partners, and the Government of the Republic of Namibia line Ministries and offices.

Additionally, 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) to ensure all BCC strategies are consistent in quality and messages and 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 the service delivery and communications programs from program evaluations, PHEs, the BSS+ and KAP studies as appropriate.

Activity Narrative: AIDAV is in the process of awarding the new Communications for Change (C-Change) cooperative

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	793	False

Indirect Targets

Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment. (396)

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: $10,181,538

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$2,000,000

Program Area Context:

Namibia estimates 212,000 PLWHA will need palliative care in FY09 (Spectrum, MoHSS). With COP08 funds, the USG will directly provide facility-based care services through Government, faith-based, & military facilities & community and home-based care (CHBC) services to 82,693 people (excluding TB/HIV), meeting almost 40% of the care need in Namibia. Services in all regions of Namibia. Any client who receives at least one element of either HIV-related clinical, psychological, spiritual or social care is counted as an individual reached with palliative care services. However, it is anticipated in FY09 that USG/Namibia will require partners to provide two categories of services (clinical care as a required component) in order to count that they have provided direct palliative care.

USG/Namibia supports a family-centered approach to HIV/AIDS care which begins from the onset of HIV diagnosis, throughout course of illness, & beyond end of life care. The health care system is under severe strain & the continuum from facility to comprehensive community care is fragmented. FY08 investments will result in an improved continuum of decentralized clinical, psychological, spiritual, social care & prevention services that ensure bi-directional referrals.

Partnering with the MoHSS, the USG will develop & implement a minimum standard of services provided to HIV-positive adults & children at facility settings which includes the preventive care package: prophylaxis & treatment for OIs; CT for partners & families; clinical nutrition counseling, anthropometrics, referral, multi-micronutrient supplementation & minimal targeted nutrition supplementation for severely malnourished PLWHA on ART; STI care; pain & symptom mgt; child survival interventions for HIV+ kids; emotional support/counseling; and PwP strategies that include balanced ABC prevention & condom provision, support for status disclosure, referral for FP & PMTCT services, alcohol abuse counseling & screening/referral for GBV. Routine spiritual care, psychological care and social care are currently not a standard of care in facility settings; however, this will be addressed in FY2009. Spiritual care will be combined with faith-based clinical care interventions and psychological care will be combined with MoHSS sites.

USG-supported community and home-based care providers currently provide either one or more categories of psychological, social or spiritual care, as well as basic nursing care for bedbound/disabled clients. In FY07, the USG is supporting the integration of clinical care services and supportive supervision into select CHBC sites. As of Sep 2007, 3,000 adults, adolescents, children and infants in USG CHBC programs were routinely screened, treated or referred for HIV status, OIs, symptoms, pain and activities which reduce HIV risk behaviors (PwP). This program will expand in FY 08 under the leadership of the MoHSS, PACT, CAA and APCA, with PwP technical support of Nawa Life Trust. Building on investments in supportive care, the minimum standard for services at CHBC levels will include messaging, mobilization & referral for basic care services offered in facilities while integrating routine screening & referral for HIV status, OIs, symptoms, pain and PwP strategies for all PLWHA & their families.

The USG will work with the Ministry of Agriculture & Rural Development to explore the feasibility & cost of appropriate safe water strategies for PLWHA. At all program levels, attention will be given to increasing gender equity in accessing HIV/AIDS programs, increasing male involvement in community, addressing stigma & discrimination, & building partnerships with local NGOs. In FY2008, the USG will support SCMS for improved supply chain management of palliative care-related commodities. This will include strengthening the overall supply chain system in partnership with the MoHSS and USG partners and procurement of OI drugs and symptom and pain relieving medications which cover Step I, II and II in the WHO analgesic ladder (opioid and non -opioids).

National leadership & implementation for facility-based palliative care for adult PLHWA is within the framework of WHO IMAI program for Namibia. It is anticipated that implementation of the IMAI standard for training, service delivery & procurement/distribution of IMAI medications in 13 health centers & clinics (one in each region) will begin in 2007 with scale-up in 2008. This includes implementation of all IMAI modules, including a palliative care module that addresses pain & symptom mgt. It is anticipated that roll-out of this module will likely result in MoHSS development of a national palliative care policy that allows nurses to prescribe narcotics & symptom-relieving medications. In FY2007, the USG is guiding the national leadership & implementation of palliative care at the community level. USG/Namibia and its partners are currently supporting the MoHSS to develop a national standard in training and service delivery for community and home-based care. Leveraging support from GFATM, the USG will help the MoHSS to develop standards and fully integrate HIV-related palliative care, prevention, TB, ART adherence and OVC care into the national training program. It is anticipated that the standards development process will be completed in FY2008 and training materials will be produced in partnership with the MoHSS.

Technical advancement for pediatric care is provided by the MoHSS pediatric care & treatment training program, the MoHSS IMCI program and through support by Intrahealth to faith-based facilities. Building on a relatively good trend of pediatric ART uptake, the USG will increase its priority in pediatric palliative care by increasing entry points to care and treatment. These include PMTCT services, in-patient and out-patient departments, 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. The USG will strengthen its support for tracking systems, bidirectional referrals and transport to improve the number of HIV-exposed or positive infants and children who have defaulted. The coverage of CTX prophylaxis among the HIV positive pediatric clients receiving care in faith based facilities is above 80%. 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. To appropriately cover psycho-social care needs of children affected and/or affected by HIV, USG partners will increase training of HCWs on counseling of children.

Outstanding challenges faced by the USG/Namibia palliative care program are budgetary. Improving quality care standards and aligning the palliative care portfolio to the FY 08 COP guidance and technical considerations (without a budget earmark for

palliative care) has presented an outstanding challenge. The current palliative care budget does not fully allow for integration of PwP programs into basic care, movement towards a minimum standard of care, nor any room to advance towards quality, sustainable HIV-related palliative care.

In summary, USG/Namibia will improve the quality & scope of palliative care service delivery through 10 core strategies in FY 08: (1) expansion of the PwP work, other direct clinical care service delivery and provision of either a spiritual care or psychological care component for all clients reached through district and referral hospitals, health centers & clinics within hospital catchments via USG support to the MoHSS, the IntraHealth/Capacity Project & the NDF; (2) systematic integration of PwP strategies in both facility and community-based settings; (3) supportive supervision, standardization of services & technical support to integrate routine screening, treatment or referral for HIV status, OIs, symptoms, pain and activities which reduce HIV risk behaviors (PwP) within CHBC settings (PACT & DAPP); (4) technical support, clinical mentoring & quality improvement of partners by the WHO/IMAI program, ITECH, African Palliative Care Association (APCA), the FANTA Follow-On Project (TBD) and the new Palliative Care Advisor in the MoHSS; (5) scale-up of the national IMAI training program which is anticipated to shape standards in facility-based palliative care training & service delivery by health workers; (6) development of CHBC training standards & revised materials in partnership with the MoHSS; (7) support by SCMS to strengthen the supply chain management system, procurement & distribution of CHBC kits, & the IMAI-endorsed medications (which includes essential medications & supplies for management of OIs, pain & symptoms for PLWHA); (8) improved uptake of pediatric clients; (9) unique pre-service, in -service, training, skill development & HR management strategies through Potentia & ITECH; & (10) technical support to the MoHSS which will result in improved leadership & sustainability in service delivery at facility & community levels, enhanced partnership between the public & NGO/FBO/CBO sector for improved coordination of CHBC services, wrap around planning with the GFATM & MoHSS to strengthen the national CHBC program, & strengthened collaboration between the MoHSS Directorate of Special Programs & Primary Health Care Services Directorate who are responsible for both facility-based & community-based implementation of HIV-related palliative care.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	319
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	82693
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4624

Custom Targets:

6.7 Number of Home-Based Care kits distributed via MoHSS	6500
6.8 Number of Home-Based Care kits distributed via NGOs	1500
Number of people reached with palliative-care mass media messages through the PLWHA radio program	179550

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	3132.08	**Mechanism:**	HIVQUAL
Prime Partner:	US Health Resources and Services Administration	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	18825.08	**Planned Funds:**	$50,000
Activity System ID:	18825		

Activity Narrative: This new activity will support US-based HIVQUAL Consultants to continue their work with the Namibia in-country HIVQUAL team. The cost of this activity is split 1/3 with basic care and 2/3 ARV treatment services.

This activity will expand on the HIVQUAL work which began in Namibia in COP 2007 to reach 16 ART sites. In COP 2008 the program will add 18 new sites throughout all 13 regions to reach all the 34 public and faith-based district hospitals. In addition, at least five health centers will be targeted during 2008. Initially these will be identified because of their proximity to participating hospitals.

HIVQUAL aims to provide a framework for health services staff and individual health care providers to engage in a participatory process of quality improvement (QI) based on evidence and data collected locally. Using the HIVQUAL model, facilities will be able to gauge the quality of services provided to the HIV+ population at increasingly higher levels using indicators based on national guidelines. Data will inform feasible and sustainable strategies to improve quality.

In COP 2008, 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. Activities will include: 1) QI training; 2) assessment of quality management programs at the participating clinics; 3) performance measurement (at six-month intervals) of selected core indicators; 4) ongoing QI coaching at participating sites; 5) promotion of consumer engagement in HIV care 6) regular conference calls with the US-based team. Data analysis and planning for expansion will also occur.

Activities will result in strengthening 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 use of 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. Training will also be provided to key MOHSS staff at the national, regional, and site level as indicated.

Established indicators measured through HIVQUAL determine the level of continuity of care, access to antiretroviral therapy and CD4 monitoring and access to key elements of the preventive care package and prevention with positives interventions, including TB screening and prevention, prevention education, adherence assessment, PCP prophylaxis, weight monitoring, food security and alcohol screening. In COP08, HIVQUAL indicators will also be devised and extended to include PMTCT and Pediatric ART programs.

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 and it both measures the growth of quality management activities as well as guides the coaching interventions. Facility-specific data that are aggregated 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. Quality improvement training will be conducted for groups of providers. The project will work in partnership with all treatment partners who will help disseminate quality improvement strategies and activities throughout their networks.

The concept of quality improvement using the HIVQUAL model is still relatively new in Namibia. Consequently, a lot of advocacy and training will need to be done in order 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. The bulk of these activities will be undertaken within COP 07 and continued in COP 08.

The USG HIVQUAL team will expand its focus to build 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.

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 quality improvement conferences to learn from others and share experiences.

Additional staff for the activity will be required under the Case Management Unit of the DSP, MoHSS as the program expands both in the number of participating sites and focus areas to include pediatric and PMTCT indicators. A position for a HIVQUAL Nurse Co-coordinator will be defined and filled to support the HIVQUAL Medical Officer already working on the project. A part time data manager position will be defined and filled to provide dedicated support to HIVQUAL so that other data managers will not be pulled away from their work to support this activity.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16153, 16116, 16133, 16225, 16192, 16158, 16249, 16221, 16195, 16118

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16225	4471.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$200,000
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
16118	3844.08	7355	2538.08		Comforce	$575,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Direct target explanations:

13.1: 1 = MOHSS

13.2: 13 = 1 person per region

11.5: 102 = 3 people x 34 ART sites

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	9351.08	**Mechanism:**	Food and Nutrition Technical Assistance II (FANTA-2)
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	21535.08	**Planned Funds:**	$325,500
Activity System ID:	21535		

Activity Narrative: This activity is linked to HBHC MoHSS, ITECH, and HTXS MoHSS/Red Cross Nutrition supplementation.

Food and nutrition interventions improve HIV treatment and care outcomes and prevention of mother-to-child transmission and are an important component of comprehensive care and support for people living with HIV and AIDS (PLWHA). Appropriate nutrition counseling, anthropometric assessment, monitoring, multi-micronutrient supplementation, rehabilitation and referral of severely malnourished PLWHA, and safe infant and young child feeding (IYCF) strategies in the context of HIV/AIDS are critical program gaps in Namibia. Program experience indicates that health workers in key HIV/AIDS service delivery sites (especially ART and PMTCT) lack training, time, or incentive to conduct basic clinical nutrition assessments and recommend appropriate nutrition strategies for HIV-positive adults, children, and infants, as well as HIV -positive pregnant and lactating women. With only one registered dietician in the country, consistent gaps in human resources for clinical nutrition persist for the Namibia Ministry of Health and Social Services (MoHSS) and other line Ministries, NGO and private sector partners.

In response to requests from the MoHSS, PEPFAR is supporting the Food and Nutrition Technical Assistance (FANTA) Project to provide technical support to the Namibian Government in COP 2007 to assess food and nutrition needs of Namibian PLWHA and the types of support that facility, community, and home-based service providers require to provide quality nutritional care for PLWHA. This exercise will be complete by February 2008, and results will feed into the development of an MoHSS strategy and operational plan for nutrition and HIV in Namibia. Assessment results will also improve understanding of the food and nutrition needs of PLWHA in Namibia, on the basis of which future policies and programs can be designed. In COP2007, FANTA is also partnering with the MoHSS and ITECH to produce materials and job aids which support nutrition assessment and counseling by health workers in both facility and community- and home-based care settings. Support is also underway to develop and integrate a follow-up training and quality assurance monitoring component for the ITECH and MoHSS 4-day training course for health workers on nutrition and HIV. FANTA is working to build the capacity of the MoHSS and ITECH to implement and integrate the quality assurance component into their existing programs. With the Clinton Foundation supporting a ready-to-use therapeutic food (RUTF) to treat severe acute malnutrition in HIV infected Namibian children and PEPFAR support for food supplementation of severely malnourished ART clients, the MoHSS will be coordinating a food program for PLWHA. In response to increasing demands on the MoHSS to provide technical direction for the RUTF program and for nutritional supplementation in ART sites, FANTA will provide technical assistance to the MoHSS for the design and operationalization of a nutritional supplementation program for PLWHA which can be integrated into service provision.

In COP2008, FANTA will build on COP2007 program successes to support the MoHSS to integrate indicators for nutrition and HIV into the national HIV M&E framework. This activity will involve identification of indicators to be used, adaptation of tools for data collection and use, and technical assistance for application of the tools. Incorporation of nutrition in M&E systems will enable collection and analysis of accurate and consistent data on nutritional status and on coverage and progress of nutrition interventions for management of HIV. This information will be used to strengthen the design and refinement of HIV treatment and care interventions, to support counseling and screening for interventions, and to strengthen results reporting. Support will also be provided to develop educational DVDs on food demonstrations and on nutrition and HIV to be shown in waiting rooms of ART clinics. The DVDs will complement other existing HIV media which has been developed for waiting rooms and will make use of a key opportunity and availability of client time to improve knowledge about nutrition and HIV.

As part of a USG-supported partnership between I-TECH, MoHSS and FANTA, an extended nutrition and HIV short-course with follow up mentoring will be developed in COP2008 to equip at least 13 regional health workers (one per region) with knowledge and skills to strengthen and supervise clinical nutrition in ART sites. The trained regional health workers will supervise trained health providers in clinical nutrition assessment, improved counseling on nutrition and HIV for ART clients and safe infant and young child feeding, expanded education on management of HIV symptoms, and effective nutritional management with ART. Initial planning and consultations for the nutrition and HIV short-course are underway in COP2007; however, the development of the course will begin in COP2008. I-TECH will provide a trainer to facilitate the short-course and materials development and secure training venue, and FANTA will provide technical assistance to the MoHSS and I-TECH for for development of the course and its integration into the University of Namibia (UNAM) or the Polytechnic of Namibia (PoN). ITECH, FANTA and the MoHSS will also work with either UNAM or PoN to review final content of a diploma in nutrition which will be integrated into an MPH degree program. This activity will result in a 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.

This longer-term strengthening of human resource capacity in nutrition will provide a critical foundation for food and nutrition interventions to improve HIV treatment and care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16217, 16129, 16153, 16218, 16183, 16116, 17442, 16158, 17361

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
17442	17442.08	7388	1376.08		US Agency for International Development	$316,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$1,000,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	13	False

Indirect Targets

TARGET EXPLAINED:

6.6: 13 = As part of a USG-supported partnership between I-TECH, MoHSS and FANTA, an extended nutrition and HIV short-course with follow up mentoring will be developed in COP2008 to equip at least 13 regional health workers (one per region) with knowledge and skills to strengthen and supervise clinical nutrition in ART sites. The trained regional health workers will supervise trained health providers in clinical nutrition assessment, improved counseling on nutrition and HIV for ART clients and safe infant and young child feeding, expanded education on management of HIV symptoms, and effective nutritional management with ART

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3475.08

Mechanism: South Africa-Regional Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4797.08

Planned Funds: $471,669

Activity System ID: 16183

Activity 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 COP07 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 FY 2006 and FY 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 FY 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 and develop dedicated in-country expertise. In COP 2008, APCA will support the MoHSS, USG partners and other stakeholders with 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 2008, 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 on the current policy environment for ensuring availability and accessibility of essential palliative care drugs. 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; 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 will work with the National Palliative Care Task Force to ensure Namibian follow-through on the work plan to be developed by Namibian stakeholders at the drug availability meeting set for 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 COP 2008 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.

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 COP 2008, this program will be expanded to additional sites that 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 200 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 care givers 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 subpartners under the "palliative care" program areas; other palliative care is provided by partners in other program areas, such as prevention, counseling and testing, and HIV treatment. Care-related activities extend from clinical interventions focused on the patient (e.g. infection prophylaxis and pain management) to psychological, spiritual and social care interventions for the patient and the patient's family. 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 2007, lessons learned from this PHE will be disseminated and applied to the Namibian context. APCA will then conduct a similar PHE which was supported in COP 07 in Namibia. The results will be finalized in COP 2008 and will help develop: 1) an inventory of PEPFAR-supported palliative care activities in Namibia; 2) a practical framework for categorizing these activities including the levels of palliative care provided; 3) a set of process indicators that can be used to evaluate the quantity, quality and levels of palliative care provided; 4) a model that estimates the demand for and supply of palliative care by select PEPFAR-supported palliative care partners in a specified geographic area including an appraisal on implementation of elements of the preventive care package, and strategies that support treatment adherence and management of symptoms and pain; and 5) a situational analysis as requested by the MoHSS on the status of palliative care in Namibia. The results will be used to inform program planning by the USG/NAMIBIA team and Namibian Government, expand palliative care service delivery in under-served areas, and identify priorities for monitoring and evaluation. 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. This activity will be undertaken in consultation with USG-supported palliative care partners, including the MoHSS.

Throughout COP 2008 the work of APCA in Namibia will be co-ordinated by an in-country project co-ordinator supported by the Southern Africa Regional Co-ordinator who will make quarterly supervision visits

Activity Narrative: and provide, alongside other APCA staff, technical assistance as required.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8043

Related Activity: 16116, 16153, 16218, 17442, 16179

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26983	4797.26983.09	U.S. Agency for International Development	Pact, Inc.	11225	3475.09	South Africa-Regional Associate Award	$67,000
26982	4797.26982.09	U.S. Agency for International Development	Pact, Inc.	11225	3475.09	South Africa-Regional Associate Award	$379,669
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
17442	17442.08	7388	1376.08		US Agency for International Development	$316,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

Indirect Targets

Additional Indicators/Targets:

a) Palliative-care policies / guidelines developed

b) Palliative-care standards developed

c) National palliative care association registered and functioning

d) Standarised palliative care training curricula developed for in-service training & TOT

UPSTREAM
As a result of national level systems strengthening work in palliative care, the upstream support of APCA would support the provision of palliative care for all PLWHA

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4420.08	**Mechanism:**	SCMS
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	7967.08	**Planned Funds:**	$466,500
Activity System ID:	16185		

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7967

Related Activity: 17442, 16116, 16153, 16218, 16179

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26993	7967.26993.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11227	4420.09	SCMS	$57,975
26992	7967.26992.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11227	4420.09	SCMS	$338,525
7967	7967.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$285,159

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
17442	17442.08	7388	1376.08		US Agency for International Development	$316,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	10	False

Indirect Targets

TARGETS EXPLAINED:

6.6: 10 = To ensure long-term sustainability of interventions, SCMS will assist in improving national capacity through training and skills transfer to 10 individuals, mainly MoHSS-PHC staff in commodities logistics.

6.7: 6,500 = Public Sector HBC kits in Namibia are funded by the Global Fund. SCMS will provide support to facilitate the distribution of about 6,500 HBC kits to partners across the country, leveraging the Global Fund funding.

6.8: 1,500 = USG through SCMS, will support the procurement and replenishment and distribution of 1,500 kits for PEPFAR-funded FBOs and NGOs in collaboration with PACT subgrantees.

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	1065.08	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	3841.08	**Planned Funds:**	$697,852
Activity System ID:	16218		

Activity Narrative: This activity continues from FY 2007 and includes technical support for four elements:

1) Integrated Management of Adult Illness (IMAI) in Palliative Care:
National leadership and implementation for facility-based palliative care for people living with HIV/AIDS (PLHWA) is in the framework of WHO's IMAI program for Namibia. 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 (7340). 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 Integrated Management of Childhood Illness (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 persons such as integrating simplified messages on prevention, family planning and alcohol reduction, providing STI care, and making referrals. 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 report more that 7.5% of the population contracts an STI each year and a total of 82,725 and 67,414 new STI cases were reported in 2005 and 2006 respectively. 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 the last years. In addition, existing STI guidelines (which are currently being revised for an anticipated 2007 release) and training modules lack appropriate prevention messaging, family planning and guidance on support for disclosure of STIs, including HIV status. With COP 2007 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 7 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 the Primary Health Care Division in the MOHSS (who provides wrap around funding for family planning) 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, ITECH 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 COP2007. ITECH will also participate in the MOHSS revision of the National Guidelines for the Clinical Management of HIV and AIDS. With COP2008 funds, ITECH 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 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.

Activity Narrative: 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. I-TECH will provide a trainer to facilitate the short-course, materials and secure training venue, and the FANTA Follow-On Project will provide TA for development of the course and integrating it into the newly funded certificate program in nutrition at the University of Namibia (UNAM) or the Polytechnic of Namibia (PoN). ITECH, FANTA and MOHSS will also work with either UNAM or PoN to develop a diploma program in nutrition which will be integrated into an MPH degree program (OHPS TBD/new). 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7349

Related Activity: 16153, 16183, 16116, 16192, 16111, 16219, 16158, 16221, 17061, 17528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23986	3841.23986.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	I-TECH	$188,347
23985	3841.23985.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	I-TECH	$565,042
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	620	False

Indirect Targets

UPSTREAM
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Targets explained:
6.6: 620 = various health workers trained in Nutrition, Family Planning TOT, STI TOT, and STI

6.5: These trainings will strengthen the overall country response in terms of palliative care; so the upstream target for this activity should equal the downstream target for the whole country.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1064.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3894.08

Planned Funds: $2,750,000

Activity System ID: 16192

Activity Narrative: This human resources activity continues from COP 2007 and relates to other activities in Basic Health Care and ARV services, including the Ministry of Health and Social Services (MOHSS), Intrahealth, I-TECH (7349), CTSGlobal/Comforce, MOHSS ARV services, Potentia ARV services, HIVQUAL, and CDC systems strengthening.

There is a critical human resources gap at facility levels to deliver HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and quality that is required for continued rollout of ARV and palliative care services. The lack of a community of such professionals itself creates issues of providing attractive incentives for newly trained Namibians to return to Namibia and practice in the public sector, as well as to provide suitable incentives for Namibian and third-country nationals currently serving in the country. The vacancy rate in the MOHSS is approximately 40% for doctors, 25% for registered nurses, 30% for enrolled nurses, and 60% for pharmacists.

Since FY 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS, but is able to recruit and hire more rapidly than the MOHSS. Both HHS/CDC and the MOHSS collaborate in developing scopes of work and selecting health personnel who are then trained and supported on-the-job by I-TECH, HHS/CDC, and the MOHSS with USG funding. Beginning 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. These personnel will continue to be gradually absorbed into the MOHSS workforce. Since the inception of the Potentia project in 2003, 18 Potentia staff members have 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 strategy, which in COP 2007 will contract with 60 physicians, 45 nurses, 30 enrolled (licensed practical) nurses, 22 pharmacists, 18 pharmacy assistants, and 59 data clerks to support efforts in the 43 MOHSS communicable disease clinics (CDCs) that manage 80% of the 33,000+ on ART and the 27,000 receiving care services in the public sector.

The MOHSS is gradually beginning to shift 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 CDCs. This is consistent with WHO's Integrated Management of Adult Illness (IMAI) framework for decentralized HIV/AIDS training, service delivery standards, and task shifting to district and community levels of care will support the MOHSS decentralization plans to support comprehensive HIV/AIDS care for Namibian communities. MOHSS has approved and adapted all five IMAI modules, including the IMAI palliative care module. Namibia's 13 regions are anticipated to complete the rollout of IMAI in 2008 to selected health centers and clinics in their catchment areas.

Technical advancement for pediatric care is provided by the MOHSS pediatric care and treatment training program and the MOHSS Integrated Management of Childhood Illness (IMCI) program. Key priorities in palliative care service delivery by Potentia-supported health care workers will include the 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. Malaria prevention efforts will leverage support from Global Fund-supported bed nets.

In 2007, the MOHSS engaged in a costing exercise supported by the USG and the European Commission that projected a need for 76 physicians, 191 nurses, 44 pharmacists, and 40 pharmacy assistants to ensure full rollout of IMAI by 2009. The MOHSS does not have this capacity and FY 2007 staffing levels supported by PEPFAR represent approximately 58% of the current human resource needs. The COP 2008 request is therefore to scale up hiring of critical staff, with a total request for 65 doctors, 79 registered nurses, 46 enrolled nurses, 28 pharmacists, and 25 pharmacy assistants. There will also be 34 new case managers who will commit 30% of their time to palliative care activities. These staff members will comprise 69% of the projected need with the remainder to be supported by the MOHSS, Global Fund, and other development partners. New staff members will be recruited, trained, and deployed to health centers and clinics as appropriate under the MOHSS' plan for decentralized ART and palliative care services. 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 to support sustainability. In an ongoing activity, at least 34 additional nurses will support the supervisory public health nurse in high-burden districts with coordination and supportive supervision of ART, TB and palliative care activities. These positions were added in response to needs identified in 2006 during the MOHSS supervisory support program.

In a new activity for COP08, Potentia will recruit and hire 34 clinical case managers for deployment to ART and ANC sites. Case managers will fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. The case managers will provide adherence counseling, prevention with positive services, coaching of patients regarding notifying partners, following-up of patients who "slip through the cracks", facilitation of support groups, and referrals to other health and social services, including counseling for drug/alcohol treatment and domestic violence. Particular emphasis will be placed on encouraging men to seek services and to support their partners and children in doing the same. These case managers will have backgrounds in psychology and will be trained by I-TECH (new). All will be trained in effective behavior change communication through Namibia's Male Norms Initiative.

In addition to providing contracted clinical personnel to CDCs, 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 the capacity of a Namibian in curriculum development, an STI trainer, a nurse trainer, a training manager, and transportation of tutors to clinical sites for follow-up after IMAI training.

Activity Narrative: Mechanisms to assess and improve human resource management, including training performance, job competencies, skill transfer, and performance and retention of health workers will continue to be integrated within the Potentia program. This will include linkages with the HIVQUAL program to assist in collecting annual evaluations from MOHSS supervisory staff to assess HIV provider performance. USG support will assist with implementation of performance-based monitoring system for all clinical staff. Underperforming staff will be provided with additional training and support.

Gender considerations are integrated in this activity by ensuring equitable employment, support of male and female health care workers, equitable access to HIV/AIDS services for PLWHA, and training for HCWs under the ongoing Male Norms Initiative in Namibia.

USG experience and data from the MOHSS show that for every three HIV-infected persons evaluated for ART, two are started on ART and one is not yet eligible and is enrolled in comprehensive care. This may change as those with earlier stages of HIV are identified and enrolled in care with greater frequency. Therefore, in FY 2008 1/3 of the budget for contracted health professionals will be assigned here to Palliative Care: Basic Health Care and 2/3 will be assigned to Treatment: ARV Services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7340

Related Activity: 18825, 16153, 16116, 16121, 16133, 16218, 16158, 16195, 16243

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23951	3894.23951.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$676,025
23950	3894.23950.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$2,028,075
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
18825	18825.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$50,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	55,110	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

55,110 = Target calculated using MOHSS HIS system and assumptions about palliative care.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7656.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4727.08

Planned Funds: $2,994,256

Activity System ID: 16179

Activity Narrative: Motivated by the overwhelming needs of persons living with HIV/AIDS (PLWHA) & their families, Namibia's strong faith-based sector continues to mobilize communities; 75% of Namibians are church members & almost all community-level care is organized through churches, especially the Lutheran & Catholic denominations with which most Namibians affiliate. During COP 2007, USG continued its community-home based palliative care (CHBC) 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. Covering all 13 regions, PACT develops local ownership & provides capacity building in financial & programmatic accountability, including M&E & financial management, while providing support & guidance to improve the overall quality of programs. PACT will source and/or network experienced TA to subgrantees & foster networking through communities of practice to address & resolve bottlenecks in implementation. PACT efforts through PEPFAR extend beyond PEPFAR-funded programs to create sustainable, capacitated organizations by addressing gaps in leadership, management, governance, & strategic direction.

At the national level, in COP 2008, PACT will work closely with the Ministry of Health and Human Services (MOHSS) (16153), the African Palliative Care Association (APCA) (16183), subgrantees & other stakeholders to develop CHBC quality standards in training. PACT supported the MoHSS to initiate this process in COP2007. Standards will focus on family-centered HIV-related care in the 5 key areas: clinical/physical care, psychological care, social care, spiritual care, and integrated prevention. It will also include stronger linkages with the TB community DOTS program (ITECH/TB: 16219), ART adherence strategies and Prevention with Positives (NLT/Basic Care:16142). PACT will engage subgrantees in developing the standards while also ensuring the development of appropriate tools & methods to measure impact. PACT will work with grantees to ensure integration of clinical care into other services. Currently, only 3,500 PLWHA are reached with a clinical care component in within this program (primarily screening and referral for opportunistic infections, symptoms and pain) in addition to psychological, spiritual, social and integrated prevention services they may receive.

In COP 2007, PACT worked with grantees to identify and strengthen existing activities under the 5 service delivery areas of palliative care, focusing particularly on sensitizing grantees on clinical service delivery with emphasis on symptom screening, referrals, and cotrimoxizole use. PACT also worked closely with grantees on structured supervision of caregivers and quality improvement. Based on gaps routinely identified with subgrantees, focus areas for targeted TA with COP 2008 resources include: 1) addressing volunteer retention, incentives, supervision, & impacts of pending labor law changes; 2) expanding male involvement; 3) addressing needs of caregivers "Caring for Caregivers"; 4) improving delivery of psychosocial support at the community level; 5) greater involvement of PLWHA in quality improvement of services; 6) food and nutrition counseling; 7) improving bi-directional referrals, referral follow-up, & documentation; 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: such as referrals to VCT , referrals to/from facilities for care and medications, adherence to ARVs, TB drugs, & cotrimoxizole, safe water, ITNs in malarial areas, nutrition & specific integrated prevention messages.

COP08 resources will support the following specific activities of subgrantees:

1) With a target of 1700 volunteers for FY 2008 resources, Catholic AIDS Action (CAA) is the largest FBO network providing community and home-based care program to 7500 clients & their families. The family-centered program involves assessment of PLWHA family needs, provision of family-based health education, advocacy & referral, stigma reduction, counseling & emotional support, spiritual care, practical support, & referrals to CAA services for OVC (see PACT CAA: OVC 16180). In FY08, a comprehensive preventive care package will be incorporated into the existing HBC service covering education, referrals for VCT, mobilization for cotrimoxizole prophylaxis, improved ARV adherence, safe water, hygiene, malaria prevention & treatment, TB screening & referrals, promotion of good nutritional practices for adults and children and promotion of child immunizations & family planning. Additionally, CAA will enhance the quality of its HBC program by mainstreaming male involvement by targeting 500 male partners of female volunteers, advocating for more men as volunteers, creating safe environments for male-only dialogues, & targeting more male clients. Lastly, CAA, in collaboration with the African Palliative Care Association (APCA), is successfully piloting its palliative care program, offering direct essential clinical services, including appropriate pain management, through staff supervised by skilled nurses integrated into community/home care levels (16183). CAA will dramatically scale up community-based palliative care services by mainstreaming the program from 2 to 5 regions. APCA, CAA and MOHSS (16116) will work together to develop and strengthen the clinical supervision of volunteers who screen for HIV-related conditions. To support the volunteers, CAA, with support from PACT, will use existing materials from the Southern African region on "caring for the caregivers" which will deliver one-on-one sessions with community caregivers to ensure HIV services for infected caregivers and emotional and spiritual care for all volunteers to renew and sustain caregiver motivation.

2) Working within 40 communities in 4 regions, the CBO TKMOAMS will add 200 new volunteers & provide refresher training to existing 700 volunteers to provide physical (wound care, cleaning, and bathing), psychological & spiritual care to over 5000 PLWHA & their families. TKMOAMS already provide documented referrals, which will be strengthened. Elements of the preventive care package will be championed including malarial nets which will be provided in one region where malaria is prevalent. Five support groups for PLWHA will continue to be supported, focusing on psychological support, prevention with positives, professional development opportunities, and income-generating activities.

3) Apostolic Faith Mission AIDS Action (AFM) implements a family-centered HBC intervention in its network of congregations in four under-served rural northern regions targeting 900 clients & family members. Support twice a week includes adherence counseling, physical support, spiritual counseling, & referrals and/or transport to hospital. With FY 2008 resources, AFM will use the CAA HBC curriculum to increase its volunteers from 100 to 150 (60 additional volunteers are supported by other funding). AFM will focus on incorporating 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 & their families, targeting 800 support group

Activity Narrative: members, 435 volunteers, & reaching over 1,200 HBC clients & their families. ELCAP's HBC program will focus on increasing quality of service delivery, with particular attention on improving access to elements of the preventive care package, improved referrals and integrated prevention & ARV treatment literacy. Support groups will encourage positive living, develop buddy programs, provide adherence support, & 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 closely with CAA & RAP to coordinate activities & quality of service.

5) With COP 2007 funds, Sam Nujoma Multipurpose Centre (SNMPC) expanded activities to include a community home-based care initiative. Targeting communities in 2 regions in the north, SNMPC will expand from 6 to 12 HBC volunteers reaching at least 50 clients & families in need. HBC services focus on symptom diagnosis & relief, ART and OI prophylaxis adherence, psychological support, social support, integrated prevention messages, referrals to government health services, & identification & referral of OVC to the OVC program (OVC SNMPC 16180). 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 the support group through a PLWHA support group for "professionals" to address the common challenges experienced by PLWHA.

PACT will link ensure linkages with interventions in other program areas, such as male involvement across all program areas, identification of OVC in households & referral to OVC programs (PACT OVC 16180), community prevention programs focusing on risk reduction including alcohol use (PACT AB 16177), screening for violence against women & children & referrals to Women & Child protection Units (PACT OVC 16180) and improved integrated screening and referral for TB (ITECH/TB 16219; TB CAP 16210). PACT will also work closely with SCMS to ensure an uninterrupted supply of home based care kits (and replenishment) through appropriate ministerial channels (16185).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7412

Related Activity: 16177, 16142, 17442, 16116, 16153, 16185, 16218, 16183, 16210, 16219, 16180

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26987	4727.26987.09	U.S. Agency for International Development	Pact, Inc.	11226	7656.09	PACT TBD Leader with Associates Cooperative Agreement	$214,138
26986	4727.26986.09	U.S. Agency for International Development	Pact, Inc.	11226	7656.09	PACT TBD Leader with Associates Cooperative Agreement	$1,130,118
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
17442	17442.08	7388	1376.08		US Agency for International Development	$316,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16185	7967.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$466,500
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493

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

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Wraparound Programs (Other)

* Economic Strengthening
* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	111	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,099	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,336	False

Indirect Targets

6.4: 242= A service outlet is defined a volunteer group (CAA 131; TKMOAMS 40; SNMPC 1; ELCAP 50 ; AFM 20)

6.5: 14,599 = CAA7500
TKMOAMS5239
SNMPC 160
AFM 900
ELCAP800

6.6: 3,196 = CAA1800
TKMOAMS940
SNMPC126
AFM150
ELCAP180

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1068.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3877.08

Planned Funds: $280,329

Activity System ID: 16153

Activity Narrative: This continuing activity includes support to the MOHSS for gaps in equipment, supplies and transport for established Communicable Disease Clinics (CDCs) and the peripheral health centers and clinics that will be added to the network of ART and palliative care service delivery sites in COP08. The MOHSS is responsible for national coordination, resource mobilization, monitoring and evaluation, training, and policy development in support of all HIV/AIDS related services. The MOHSS manages a network of more than 300 health facilities spread out over a vast geographic area in 13 health regions and 34 health districts. MOHSS leadership and implementation for facility-based palliative care for adult 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 training and rollout of IMAI is underway. 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 provide palliative care, managing clients who are not yet eligible for ART as well as clients who have received their first six months of ART at hospital CDCs. An IMAI technical advisor for palliative care will be recruited and placed in the MOHSS in COP2007. The advisor will provide continued technical support in COP2008, along with the hiring of additional nurses to support all 13 regions to rollout IMAI to selected health centers and clinics in 2008. The IMAI framework for decentralized HIV/AIDS training, service delivery standards, and task-shifting to district and community levels of care inform the MOHSS decentralization plans and enable the health system to more adequately provide comprehensive HIV/AIDS care for Namibian communities. Technical advancement for pediatric care is provided by the MOHSS pediatric care and treatment training program and the MOHSS Integrated Management of Childhood Illness (IMCI) program. Key priorities in facility-based palliative care service delivery include the provision of the preventive care package for adults and children which includes cotrimoxizole prophylaxis; TB screening and isoniazid preventive therapy; integrated CT; child survival interventions for HIV-positive children; clinical nutrition counseling and selective supplementation for PLWHA who are on ART; prevention strategies which include balanced ABC prevention messaging and condoms; support for disclosure of status; referral for family planning and PMTCT services; and counseling for alcohol abuse and gender-based violence.

Additional palliative care priorities also include management for opportunistic infections, 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 and access to malaria prevention for PLWHA and their families, including leveraged support from Global Fund-funding for bed nets. The USG will also work with the Ministry of Agriculture and Rural Development to explore the feasibility and cost of appropriate safe water strategies for PLWHA. It is also anticipated that roll-out of IMAI will likely result in MOHSS development of a national palliative care policy that allows nurses to prescribe narcotics and symptom-relieving medications. Technical support from APCA will support this activity. Planning for palliative care rollout has identified a number of program gaps that the MOHSS is currently unable to support. Many of the targeted sites are ill-equipped in terms of equipment, supplies, and transport. Specifically, this activity includes three primary components: (1) 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; (2) Procurement of equipment and supplies for decentralized sites which will enable improved monitoring and supervision to facilities within the catchment area of the district hospital who will be implementing IMAI rollout. This includes office supplies and tools essential for IMAI palliative care rollout, including printing of IMAI patient cards and files; (3) Procurement of additional vehicles to address significant transportation barriers in rural Namibia. With the addition PEPFAR support for 11 vehicles throughout Namibia and leveraged support with the Global Fund, it is anticipated that the MOHSS and PEPFAR partners will be able to provide improved support and supervision to facilities within the catchment area of district hospitals that will be implementing IMAI rollout. This includes support from case managers to trace ART defaulters and strengthen outreach services which support the continuum of decentralized care between facilities and communities. In partnership with PACT (new) and APCA, support will be provided to the MOHSS Primary Health Care Directorate to develop a standardized training program for community and home-based palliative care services which will be linked to facility-based care and IMAI rollout. The program will coordinate closely with SCMS/RPM+ to address gaps in procurement and supply chain management for home based care kits and essential palliative care medications. Funding for this activity has been split between two activities: MOHSS Basic Health Care (1/3 of the budget) and MOHSS ARV Services (2/3 of budget). Activities 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 MOHSS programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7331

Related Activity: 18825, 16183, 16116, 16185, 16218, 16192, 16179, 16158, 16195, 16243

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24328	3877.24328.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$1,125,616
24327	3877.24327.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$56,250
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
18825	18825.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$50,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16185	7967.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$466,500
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300

Emphasis Areas

Gender

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

Human Capacity Development

* Task-shifting
* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	64	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

6.4: 64 = 64 service outlets from target setting completed by the MoHSS for the 2006 gap analysis to drive their round 6 Global Fund proposal.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1058.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3929.08

Planned Funds: $105,303

Activity System ID: 16121

Activity Narrative: Development AID from People to People (DAPP) leverages basic care resources to support "Total Control of the Epidemic" (TCE) Field Officers (FOs) to provide education about HIV, basic care (including TB) and prevention and to make referrals to available services. 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 better HIV-related knowledge, less stigmatizing attitudes, and HIV testing. In 2008, this activity will expand to (1) create more support groups for PLWHA; (2) strengthen the technical capacity of FOs to educate about, and provide or refer for elements of the preventive care package for families; and (3) integrate TCE activities with other PEPFAR-funded activities to strengthen the quality of services. DAPP funding is in two other areas: HVOP and HVAB. The TCE program is a highly organized house-to-house mobilization strategy that aims to individually educate and empower 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 part of Khomas and Caprivi Regions.

By the end of 2007, DAPP will have trained and deployed a total of 450 community members as FOs; 272 of these positions are supported through PEPFAR funds. Through March 31, 2007, FOs have reached a total of 147,054 community members (49% of the target population of 300,000) through household visits. Services provided by FOs involve registration of household members; appropriately targeted ABC messages and condoms; mobilization to seek VCT, TB, ART, PMTCT, family planning, OVC and STI services; and delivery of psychosocial support. The FOs further provide simplified preventive care messages for families (both adults and children) 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; good nutrition and proper care for HIV-infected children. Simplified messaging also includes ART adherence support and screening for pain and other symptoms. Where possible, the FOs will coordinate with government sites to provide critical transportation support to rural persons in need of accessing essential HIV/AIDS services including VCT and ART. In FY08, DAPP will also work with I-TECH and 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.

Community volunteers are key partners with the FOs, communities and families. PEPFAR-supported FOs have recruited and deployed more than 1,960 volunteers to assist with delivery of simplified prevention and care messages. TCE also refers clients to community and home-based care services which are supported by the USG and provided by PACT partners. Supportive supervision of all community caregivers is provided by TCE Special Forces Officers and primary health care (PHC) nurses from the nearby facilities. During 2007, FOs and volunteers facilitated 15 support groups for PWLHA and their families. FY08 funds will support ongoing delivery of the TCE program and strengthen technical implementation through training, supervision, transportation support and building partnerships. TCE will work closely with Lironga Eparu (7404), the national PLWHA umbrella NGO, the organizations represented within the Regional and Constituency AIDS Coordinating Committees (RACOCs and CACOCs), local 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 close to the home of HIV/AIDS service delivery sites. In addition to support groups and the activities noted above, DAPP will continue to initiate community gardening projects in areas identified by community leaders. The DAPP activity addresses gender issues through the provision of equitable services both male and female PLWHA, support for disclosure of 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/Namibia is a partner in the Male Norms Initiative begun in Namibia COP 07.

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 human capacity of community counselors and clinic facilities, as well as builds the technical capacity and communication skills of FOs. Not only will FOs become employed as MOHSS-recognized community 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.

In 2008, DAPP will expand the Omaheke Health Education Programme (OHEP) derived from Oxfam Canada, which is recognized by the MOHSS as a national model for quality community and home-based care. In the OHEP model, grade 12 community caregivers function predominantly as nursing assistants in communities to deliver basic clinical screening and referrals within the communities, bridge the link between health facilities and communities, and supervise community health volunteers. The TCE program in Oshana will collaborate with community volunteers from PACT/Catholic AIDS Action to implement the model in FY08. As a result, it is anticipated that FOs will be able to more effectively build the continuum of care between the hospital, four health centers, nine clinics, and hundreds of community care points in Oshana, as well as strengthen the quality of services, alleviate some of the HIV burden in the clinics, and build community ownership of HIV/AIDS services in Namibian communities.

Funding for DAPP in COP08 is essentially level and expansion of the TCE program into new regions has been put on hold to better focus DAPP's activities. InCOP07, PEPFAR and the Global Fund supported assessments conducted by technical advisors from CDC which clearly identified that DAPP's efforts must be more targeted to have a greater impact on behavior change and linking individuals to services. Through FY08, CDC/Namibia and CDC/Atlanta technical advisors will work closely with DAPP to initiate an impact assessment of the TCE program and to revise and harmonize the TCE curricula with other prevention and care curricula in-country. It is hoped that the assessment and streamlined curricula will allow DAPP to improve linkages to community- and facility-based services and add an important component to their programming -- providing mobile VCT using rapid testing. DAPP FOs are quite successful at promoting the importance of knowing your 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 2007, the Permanent Secretary of the MOHSS approved delivery of VCT in non-traditional settings for the first time. DAPP FOs in select sites will be

Activity Narrative: trained in VCT and rapid testing in the same manner as MOHSS community counselors. These pilots will be evaluated in 2008 to assess whether mobile VCT can become a priority activity within DAPP's programming.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7326

Related Activity: 16149, 16150, 16119, 16151, 16120, 16153, 16218, 16179, 16154, 16156, 16158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24318	3929.24318.09	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	10424	1058.09	Cooperative Agreement U62/CCU025166	$17,375
24317	3929.24317.09	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	10424	1058.09	Cooperative Agreement U62/CCU025166	$98,458
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Indirect Targets

Targets Explained

6.5: 1,000 = prev w/ positives & referrals, support groups; same as last year's target

6.6: 300 = DAPP staff

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas
Ohangwena
Kavango
Oshikoto
Caprivi
Khomas
Omusati
Oshana

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7648.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 7464.08

Planned Funds: $509,324

Activity System ID: 16142

Activity Narrative: This activity continues from COP 2007 and includes technical support for four elements: Development of messages on HIV-related basic care and prevention with positive elements which are adapted to the Namibian context and local languages; 2. Formulation of a communications campaign and strategy to promote basic care and prevention with positives in Namibia; 3. Partnership and technical support with MoHSS and USG partners, including PACT care subgrantees and DAPP, to develop a communications brand and integrate appropriate messaging and communications tools on basic care and prevention with positives into community-based care programming; and 4. Integration of HIV-related care and prevention with positives messages and materials into a treatment literacy radio program.

In COP07, the Johns Hopkins University/Health Communication Partnership's (JHU/HCP) local office transitioned to direct funding as a local NGO under Namibian law, known as Nawa Life Trust (NLT). Nawa Life Trust began sensitizing key stakeholders in COP2007, such as Community Action Forums, MoHSS, USG and USG partners on the need for basic care and prevention with positives interventions, and collecting existing materials and messages which exist on these elements in Namibia. There is overwhelming evidence attesting to the effectiveness of basic HIV care and prevention strategies which improve the quality of life of PLWHA, including chemoprophylaxis, use of bednets (where malaria is prevalent), counseling and testing, safe water/hygiene strategies in delaying HIV progression, improved nutrition, and promotion of safe sex practices including abstinence, fidelity with condom use; family planning; support for disclosure of HIV status; screening and support for STI care; reduction in alcohol abuse and the prevention of mother-to child transmission of HIV. However, awareness of these interventions and access and demand by PLWHA, their families and health providers remain low in Namibia. This activity is aimed at expanding awareness, messaging and referral for basic care components, including prevention strategies for HIV-infected individuals.

1. NLT proposes that all reference to its organization developing a national PwP campaign be removed from the narrative. This matter is addressed in the Activity Change Justification section.

2. NLT proposes that it be responsible for adapting rather than developing PwP materials. NLT proposes that the CDC, MoHSS and Department of Defense, who have the needed expertise, be responsible for developing PwP communication messages.

3. NLT would like to clarify that all references to signage in the narrative to refers to its hospital display stands, which are being placed in health facilities.

During COP08, Nawa Life Trust (NLT) will develop messages and launch a national branded communications campaign that will support Namibia's prevention, care & treatment with HIV positive Namibians. The campaign will be positive, interactive and empowering, and driven by PLWHA themselves during the design and implementation phases. NLT will determine the strategy and communications mix, but branded campaign elements will likely include the following:

a). The message: Nawa Life Trust will develop messages on basic care and prevention with positives which are focused on providing information for PLWHA and their families on how to improve their quality of life, how to live longer and healthier and how to prevention the transmission of HIV to others. Translation into local languages will also be provided. Messages will also be developed to improve awareness of both facility and community level providers on the need for basic care and prevention strategies for PLWHA and their families. Emphasis will be placed on benefits and accessibility of cotrimoxizole prophylaxis to prevent OIs, use of bednets (where malaria is prevalent), counseling and testing, safe water/hygiene strategies, improved nutrition, and promotion of safe sex practices including abstinence, fidelity with condom use; family planning; support for disclosure of HIV status; screening and support for STI care; reduction in alcohol abuse and the prevention of mother-to child transmission of HIV. The goal will be to develop a message which will effectively promote awareness of these interventions and demand by PLWHA, their families and health providers

b). The brand or logo: NLT will develop a common brand name or logo that will appear on all program elements, materials and sites and will become a symbol for reliable, relevant and client-centered communication and their families. HIV positive Namibians and their friends and families will associate the brand with high quality, trusted products and services. NLT will develop this brand in COP07 via PLWHA participation.

c). Signage: NLT developed branded signage for all facilities and community sites to identify PwP services. This will be a powerful visual link between PwP services and clients. Similar VCT and TB service signage in Kenya helped destigmatize HIV services, and increased service accessibility.

d). Partnership with Existing Community-Based USG Partners: Nawa will develop communications on quality of basic care and PwP services at facility and community levels of care. They will collaborate with MoHSS and USG partners to develop the brand, market the brand at facility and community levels, thereby moving towards certification of sites in basic care and prevention with positives messaging and service delivery in following years. In COP2008, Nawa in conjunction with selected PACT subgrantees and DAPP will create community-driven demand for quality basic care and prevention with positives services through prevention strategies. Nawa will also produce a directory of clinical and community resources available in Namibia for PLWHA for referral purposes. NLT will distribute the care guide to all Community Action Forums and USG-supported partners and working in prevention, care and treatment of PLWHA.

e). Integration of Care into the Treatment Literacy Radio Program: in COP 2008, NLT will further develop the Treatment Literacy radio program in collaboration with IBIS, a local leader in PLWHA-led communication. The program's goal is to give PLWHA a voice. The Treatment Literacy Radio program has been led by PLWHA trained in public speaking and basic radio production skills. The program is supervised by an editorial board of project partners that links with service providers and technical experts at the MOHSS, the USG and partners to ensure that messaging is relevant, accurate and in line with the Positive Living campaign behavior change objectives. The treatment literacy program is based on methodologies used by South African media production company, Community Health Media Trust (who are providing technical assistance to the project), to produce its television/magazine program for PLHWA entitled, Beat It. This program has been recognized by UNAIDS as a best practice in the field of HIV/AIDS related mass

Activity Narrative: media activities. Nawa will use this existing program to integrate basic care to reach the target population with additional care and prevention messages. An expected impact of this program will be to reach more men with PLWHA messages as research findings in Namibia indicate that men are much more likely to use mass media channels than to access health information through other sources. By the end of COP 2007, the Treatment Radio program will be broadcast in two community radio sites (Oshakati and Windhoek) on local language and radio stations; the program will also link with two additional sites (Katima Mulilo and Rundu) with a similar project conducted by SMA, Tusano.

f). Materials: NLT will review in consultation with the MoHSS and update its six treatment literacy materials with basic care and prevention with positives messages. Nawa Life Trust will provide translation services and integrate the final set of materials with the communication activities listed above. Posters will also be developed and distributed.

The outputs of this program include: 1. Increased informed demand for basic care and prevention with positive program components among PLWHA; 2. Increased awareness among facility and community level providers on basic care and prevention with positive program components; and 3. Increased social and governmental support for basic care and prevention with positive products for PLWHA in Namibia.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7464

Related Activity: 16150, 16119, 16140, 16141, 16121, 16116, 16153, 16133, 16218, 16179, 16183

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26978	7464.26978.09	U.S. Agency for International Development	Nawa Life Trust	11223	7648.09	Nawa Life Trust Cooperative Agreement	$28,909
26977	7464.26977.09	U.S. Agency for International Development	Nawa Life Trust	11223	7648.09	Nawa Life Trust Cooperative Agreement	$222,635
7464	7464.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$301,211

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
16116	8024.08	7355	2538.08		Comforce	$115,290

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	276	False
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,072	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	282	False

Indirect Targets

Additional Indicators/Targets:
(a) Number of people reached with palliative-care mass media messages through the PLWHA radio program = 179,550

(b) Number of people provided with referrals through PLWHA program outreaches = 276

TARGETS EXPLAINED

6.5: 6,072 = 7 support groups and 16 CAFs x 40 people reached by each group per month (40% overlap) x 11 months

6.6: 282 = 222 CAF members trained + 60 PLWHA Radio Program Participants trained

(a) 179,550 = 210,000 PLWHA 15 years and above with 24% knowing their HIV status (50,400). NLT will reach 75%* of these individuals (37,800). Of the 37,800 people reached, each has an average of 5 family members (189,000) and 75% of these people will be reached (141,750)

(b) 276 = 23 support and CAF groups x 20 individuals provided with referrals per month (50% of people reached) with 40% overlap x 11 months

Target Populations

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3078.08

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4735.08

Planned Funds: $762,015

Activity System ID: 16133

Activity Narrative: IntraHealth/Namibia, the Capacity Project is expecting as a result of its FY06/ 07 capacity building process to transition to direct funding Catholic Health Services (CHS) for COP 08. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of COP08 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 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 CHS is deemed eligible and approved by the Pretoria USAID Regional Contracting office.

This is an ongoing activity and includes five elements: clinical care; spiritual care; expansion of pediatric care; integration with other services; addressing challenges to referrals; and improved nutritional care.

Clinical Care: By the end of COP 2007, 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 six health centers/clinics in Namibia. The following elements of clinical palliative care are delivered in CP 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. CP 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 levels. 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.

Spiritual Care: During COP 2008, spiritual care for PLWHA through trained clergy will be added to complement CP clinical care in order to allow PLWHA to express their feelings, 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 APCA and the National Palliative Care Task Force. CP 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. 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.

Pediatric Expansion: Building on a relatively good trend of pediatric ART uptake (17.5% of all ART users with FBH), CP-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%. 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. To appropriately cover psycho-social needs of children affected and/or infected by HIV, CP will continue to support training of HCW in the FBH and MoHSS sites using the child counseling curriculum developed in COP07 in collaboration with other training partners.

Integration with Other Services: During COP 2008, 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 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 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. They are provided with the same basic preventive care package as described earlier with emphasis on couple counseling, 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.

Addressing Referral Challenges:
Transportation is one of the barriers to initial access to care and to ongoing adherence. Entry to care may be delayed and for those already on treatment early development of resistance can be expected. By identifying sites likely to experience such barriers (through a front-end analysis), CP will pilot "Transport Vouchers" program. The program will be implemented in select sites in accordance with decentralization of HIV/AIDS services and roll-out of services to satellite facilities (IMAI). The "Transport Voucher" program will be a short-term solution (2-3 years) to improve early entrance to clinical care services and to prevent early development of resistance. This will represent yet another opportunity for Public-Private Partnership by engaging private transport owner (taxis, buses) and/or petrol station owners. In COP07, CP focused on improving the bi-directional referral to ensure the continuum of care in the FBF. This activity will be continued in FY08 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 reduction of missed opportunities. Where applicable, DAPP will be engaged to explore areas of strengthening care services through its TCE.

Activity Narrative:

Clinical Nutrition: During 08, CP will support its partners in reviewing progress of the Kitchen Corner Initiative which was piloted in two FBH 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 Project 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 success, CP will continue to collaborate with the MoHSS, other USG partners (CDC/I-TECH) and the HIV Clinicians Society (HCS) in facilitating palliative care training (~20 HCW during FY08) 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 ~300,000 for all FBF across 5 regions, and with an average HIV prevalence rate of 20%, it is estimated that 30,000 people are living with HIV/AIDS. By the end of COP07, FBF will be providing clinical palliative care to 15,000 (50%) while 10,000 (33%) will be receiving HAART. CP will continue to ensure provision of high quality service through the use of information provided by the ART client monitoring system, regular supportive supervision, and site visits.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7404

Related Activity: 16142, 17442, 16121, 16116, 16153, 16218, 16179, 16183

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26959	4735.26959.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$106,802
26958	4735.26958.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$605,213
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
17442	17442.08	7388	1376.08		US Agency for International Development	$316,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324

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

* Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,700	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	False

Indirect Targets

Targets Explained:

6.1, 6.4: 11 = 5 faith-based hospitals + 6 health centers/clinics (Odibo, Okalongo, Omuthiya, Rehoboth (x2), and Onyena)

6.2: 15,000 = Based on HIV prevalence (22%) of catchment population (300,000 people). Assume 50% are 15 -49 yrs old (=150,000). 150,000 x .22 = 33,000 PLWHAs. Assume ~50% will register for care = ~15,000.

6.3: 85 = 20 in palliative care (incl. clergy) + 65 from faith-based hospitals & health centers in TB/HIV

6.5: 13,2000 = take target for 6.2 (=15,000) and subtract 1,800, the number of patients currently on INH for TB in all sites

6.6: 20 = a portion of all health center training (6.3 above).

TARGETS HAVE CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

Indicator#6.1 Total number of service outlets providing HIV-related palliative care (including TB/HIV) = 11
Indicator#6.2 Total number of individuals provided with HIV-related palliative care (including TB/HIV) = 15,000
Indicator#6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV) = 11
Indicator#6.5 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV) = 13,200

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Hardap

Ohangwena

Kavango

Omusati

Oshikoto

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	2538.08	**Mechanism:**	N/A
Prime Partner:	Comforce	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06

Activity ID: 8024.08 **Planned Funds:** $115,290

Activity System ID: 16116

Activity Narrative: This activity continues from COP07 and supports a technical advisor to the Ministry of Health and Social Services (MOHSS) for roll-out of HIV-related palliative care services, including support for the national Integrated Management of Adult Illnesses (IMAI) palliative care program. As of August 2007, this position is not filled so is not costed at 1.0 FTE. This activity relates to other Basic Care services: MOHSS, Intrahealth, Potentia, I-TECH, IVQUAL , PACT/APCA and PACT, DAPP, RPM/SCMS, MOHSS ARV services Potentia ARV services, and CDC systems strengthening.

Technical assistance from the African Palliative Care Association (APCA) and the Regional Technical Advisor for HIV/AIDS Palliative Care has resulted in the growth of palliative care technical expertise in Namibia; however, significant gaps remain in national leadership. These gaps are limiting the development and expansion of HIV-related palliative care. While significant program accomplishments are underway with this technical support, a critical need remains for an in-country, experienced, full-time palliative care technical advisor who is dedicated to development, decentralization, and monitoring and evaluation of HIV-related palliative care in Namibia. This advisor will directly support the MOHSS development of palliative care at the facility level, including support for implementation and monitoring of the WHO Integrated Management of Adult Illness (IMAI) program approved by the MOHSS. The advisor will also support MOHSS' goals to advance pediatric care through its training program and the MOHSS Integrated Management of Childhood Illness (IMCI) program. This advisor will further support the current MOHSS Coordinator for Palliative Care and OI Services in the MOHSS Directorate of Special Programmes to develop the Coordinator's palliative care expertise and leadership in palliative care. The technical advisor will also serve as a liaison between the MOHSS case management unit's implementation efforts, the extensive I-TECH trainings and mentorship programs, as well as the IMAI site nurses and their referring district ART doctors. The advisor will receive technical support in 2008 from the APCA and the USAID Regional Technical Advisor for HIV/AIDS Palliative Care.

The technical advisor will also closely collaborate with the MOHSS Family Health Division, which is responsible for community-based palliative care, clinical nutrition and family planning integration, USG partners to address other critical program gaps in the Government that are essential to palliative care and HIV prevention. This includes:

- partnering with the MOHSS Nutrition subdivision and I-TECH nutrition advisor to ensure that developments in clinical nutrition are well integrated into HIV/AIDS palliative care programs;
- partnering with the MOHSS Family Health Division in the Directorate of Primary Health Care Services and the Global Fund to strengthen the delivery of community-home based care and the integration of palliative care at home and community levels.
- partnering with the family planning unit, I-TECH, and the Global Fund to ensure that MOHSS investments in family planning begin to integrate with HIV/AIDS service delivery areas.

Lastly, although the emphasis of this advisor will be palliative care, the technical advisor will also support the goals of ARV services. The advisor will coordinate closely with the MOHSS' Central Medical Stores and SCMS/RPM+ 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 that will include the provision of elements of the preventive care package and appropriate OI care and pain and symptom control for adults and children. Closer partnerships with districts and communities will allow increased opportunities to expand safe water and hygiene strategies and access to malaria prevention for PLWHA and their families. Malaria prevention activities include leveraged support from the Global Fund for bed nets. The advisor will also work with the Ministry of Agriculture and Rural Development and other partners to explore the feasibility and cost of appropriate safe water strategies for persons living with HIV/AIDS (PLWHA). It is also anticipated that roll-out of IMAI will likely result in MOHSS' development of a national palliative care policy that allows nurses to prescribe narcotics and other symptom -relieving medications. Technical support from the African Palliative Care Association (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 and strategies that promote male involvement. These approaches will support the goal of equitable access to HIV/AIDS services for PLWHA and their families throughout USG-supported programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8024

Related Activity: 16183, 18825, 16121, 16153, 16185, 16133, 16218, 16192, 16179, 17442, 16158, 16195, 16243

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8024	8024.07	HHS/Centers for Disease Control & Prevention	Comforce	4380	2538.07		$183,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
18825	18825.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$50,000
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
17442	17442.08	7388	1376.08		US Agency for International Development	$316,000
16185	7967.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$466,500
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting
* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

DOWNSTREAM
14.1 Number of local organizations provided with technical assistance for HIV-related policy development2
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building2

UPSTREAM
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Targets explained:

14.1: 2 = MOHSS (Tech advisor to MOHSS in palliative care) + NIP
14.2: 2 = MOHSS (Tech advisor to MOHSS in palliative care) + NIP
6.5 UPSTREAM: This activity is strengthening palliative care services for all those receiving palliative care, so the upstream value should equal the program-area downstream value.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	1376.08	**Mechanism:**	N/A
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06

Activity ID: 17442.08 **Planned Funds:** $316,000

Activity System ID: 17442

Activity Narrative: Funding is requested for a Community Care Advisor to ensure on a long term basis that the USG care portfolio can improve interventions at a facility, community, and caregiver level. To work with all USG care partners to ensure that USG Namibia implementing partners are providing a full preventative care package and that they are meeting the new guidelines for what constitutes a palliative care service. The Community Care Advisor will be provided with Namibia specific care orientation by the Care Consultant (former RHAP care advisor) who will provide technical assistance on a continuing basis to all USG partners. A recent USG Staffing for results exercise revealed a critical 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. ($241,000 funding requested)

In addition to the care technical advisor, funding is requested to receive technical assistance from a Care Consultant that has worked with the USG in Namibia for several years in her previous role as the Regional Palliative Care Advisor based in South Africa. The consultant will build on care activities negotiated by the USG with the Directorate of Primary Health Care, the Directorate of Special Programs, and respective USG implementing partners, as well as the Clinton Foundation and Global Fund. This type of short term technical support to the USG program and current USG care implementing partners is critical to ensure that advances made in IMAI, Nutrition, and palliative care support are continued with FY 07 funding while the USG is recruiting the Community Care advisor. ($75,000 funding requested)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Number of organizations provided with capacity buidling support and technical assistance: USG; MOHSS; Global Fund; Clinton Foundation (4)

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 599.08

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 19154.08

Planned Funds: $137,500

Activity System ID: 19154

Activity Narrative: In fiscal year (FY) 2007, Peace Corps/Namibia's (PC/N) PEPFAR program expanded to involve all Peace Corps Volunteers ("Volunteers") from the Health and Education projects in HIV/AIDS activities through enhanced training and support. In accordance with the Namibian National Strategy and the USG supported Initiatives and pilot programs, Volunteers support USG cross-cutting prevention activities, such as awareness raising and sensitization related to alcohol, gender, behavior change and capacity building. Volunteers assist their host agency partners in developing comprehensive programs to enhance outreach to PLWHA and their caregivers.

In FY 2008, PC/N will continue its focus on HIV prevention. PEPFAR funds will also be used to support the costs of training and support for all Volunteers and their counterparts to conduct activities related to palliative and home based care. Funding will be used for the development of training materials; small community-initiated grants; HIV/AIDS workshops and activities to improve nutrition and family economics. PC/N's aim is to reach communities in all 13 regions of Namibia with unique and effective training and care approaches for people living with HIV/AIDS and their caregivers. Volunteers will be involved in the following activities: income generating projects, soup kitchens, alternative technology, proposal writing, community awareness on HIV/AIDS, and nutrition workshops. Training/workshops will also be provided on alcohol abuse.

Training: PC/N will organize pre-service training (PST) and in-service training (IST) for Volunteers and their counterparts. Trainings will be organized to also enable both Health and Education Volunteers who are working with the training of home based caregivers as a part of their primary assignment or as secondary projects to enhance competencies in the areas of outreach and training to address relevant social and community norms.

Training Materials: Training materials (incorporating language and cross culture) and training tools/supplies will be either developed or acquired to enhance competencies for both Health and Education Volunteers engaged in activities related to the training and support of home based caregivers.

VAST Grants: PEPFAR Funds will be made available to all Volunteers for small Volunteer Activity Support and Training (VAST) grants to support community-initiated activities and the training of home based caregivers. It is expected that many VAST grants will support the establishment and functioning of HIV/AIDS clubs, and PLWHA support groups, as well support local FBOs/NGOs and government ministries providing palliative care related outreach and services.

Activities funded by VAST grants will help members infected and affected, such as PLWHA or adult and youth caregivers, to improve their awareness of HIV/AIDS and healthy life styles and other coping methods that will increase their effectiveness as caregivers. VAST funds will also help build the institutional capacity of local organizations targeting the PLWHA population.

HIV/AIDS TOT workshops: PC/N will organize and conduct training of trainers (TOT) workshops for Peace Corps/Namibia staff to enhance skills and knowledge of staff on the HIV/AIDS pandemic as it relates to PLWHA and other target groups in Namibia, how Volunteers will be addressing these issues in the field, and how best to support Volunteers in this effort. This is particularly critical as all staff members interface regularly with PCVs, and need a deeper understanding of the issues in order to provide improve training delivery to incoming PCTs and enhance support to current PCVs. This will also ensure that different aspects of HIV/AIDS prevention and care is integrated into all Volunteers' activities through enhanced PST and IST and better technical and cross cultural support to Volunteers in the field.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16153, 16133, 16179

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329

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

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	3,580	False

Indirect Targets

DIRECT TARGET BREAKDOWN:

6.6: 3,580 =
MOHSS: 1,760
CAA: 420
Red Cross: 600
ELCAP, Cafo, Christian Welfare Org: 800
(but all already counted at by these partners at country level, so not added there)

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	6169.08	**Mechanism:**	DOD/I-TECH/U. of Washington
Prime Partner:	University of Washington	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	4471.08	**Planned Funds:**	$200,000
Activity System ID:	16225		

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7895

Related Activity: 16170, 16218, 17442, 16183, 16174

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25859	4471.25859.09	Department of Defense	University of Washington	10886	6169.09	DOD/I-TECH/U. of Washington	$180,000
7895	4471.07	Department of Defense	University of Washington	6169	6169.07	DOD/I-TECH/U. of Washington	$115,000
4471	4471.06	Department of Defense	Social Marketing Association/Population Services International	3105	3105.06	Military Action and Prevention Program (MAPP)	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
17442	17442.08	7388	1376.08		US Agency for International Development	$316,000
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHAs referred for appropriate care and support	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,900	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	176	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

HVTB - Palliative Care: TB/HIV

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

Total Planned Funding for Program Area: $3,546,799

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

In COP 08, the 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. Although PEPFAR does not support general TB services, the team 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. Thus far the GF has committed $19.5 m to strengthen the National TB Control Program (NTCP), support supervision and drug resistance monitoring, and expand cost-effective community based care throughout the country. TBCAP 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 to address particular issues among those who are dually infected with HIV and TB.

Through strategic partnerships with the MOHSS, GF, TBCAP, CDC, USAID, and other bilateral, the NTCP has already documented significant accomplishments relevant to PLWHA and TB:
•Quarterly District TB/HIV reviews in all 13 regions
•Procurement and Distribution of Fixed Dose Combination (FDC) tablets in all 13 regions, including pediatric formulations
•Commemoration of World TB day, with transfer of 53 vehicles to support district TB activities (Global Fund)
•Continued training on revised TB guidelines (I-TECH)
•Expansion of district supportive supervision visits
•Quarterly National Steering Committee meetings on TB

According to the NTCP, the national treatment success rate increased from 70% in the cohort started on treatment in 2004 to 75% in the cohort of 2005. The defaulter rate reduced from thirteen percent (13%) to ten (10%) in the same period; death rate reduced from 8% to 7% and transfer out rate from 7% to 6%.

Despite this progress, Namibia continues to suffer from one of the severest TB epidemics in the world, ranking only second to Swaziland in the WHO Global TB Report 2007 (2005 data). According to the MOHSS Annual report, Namibia notified 15,771 patients of all forms of TB, which translates to a Case Notification Rate (CNR) of 765 per 100,000 population in 2006. Approximately 61 % of the reported TB cases are also HIV sero-positive. Erongo, Hardap, Karas and Oshikoto regions had CNR of 1,000 and above. Oshana region reported the highest increase in TB cases from CNR of 321 in 2005 to 845 in 2006. COP 08 resources will complement Global Fund and TBCAP support in these regions, 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. COP 08 support will lead to the formation of a standardized TB/HIV curricula and training program at the community and home based care level. Greater coordination with MOHSS, TBCAP, ITECH, DAPP, and Pact will be critical in this process.

In 2006, 30% of TB patients were tested for HIV and 67% were HIV positive. The 30% tested were a significant increase from 16% tested in 2005 (of which 70% were HIV positive). Data on patients starting ART while also suffering from TB – which are provided via MOHSS HIS/CDC indicate that an estimated 58% of registered TB-HIV positive patients were started on ART. Unfortunately, the NTCP HIS does not have this type of data, highlighting the disconnect in data collection, registration, and sharing between the ART services and the NTCP TB services. COP 08 Support to harmonize data systems and strategize with the MOHSS on how to improve coordination is planned.

Data on intensified case-finding (screening for active TB) in VCT settings is missing, as is the data on HIV positive TB patients who are started on use of CPT. The NTCP aims at testing all TB patients and giving HAART to eligible ones. The problems of data collection, human resources (lack of counselors in the TB clinics and wards; failure by health workers to offer HIV testing to TB patients) and underestimation of actual HIV care provided for TB patients remain and will be a focus of partners such as TBCAP, ITECH, and Global Fund.
New recording and reporting systems through NTCP will begin collecting data on TB patients receiving cotrimoxazole prophylaxis (CPT), once training for district coordinators and data clerks' takes place. Similarly, collection of data on Isoniazid (INH) prophylaxis (IPT) to contacts of TB patients is also planned.

Data on intensified case-finding (screening for active TB) among HIV infected patients at CDCs is not available. Despite clinical management protocols that include specific screening questions related to TB, they are not routinely asked. In addition, TB screening questions are omitted in VCT settings (despite a symptom screening protocol). Lastly, there is no routine discussion of TB/HIV collaborative activities at regional or district levels. FY07 TBCAP resources will provide supportive supervision for this process.

The NTCP recommends counseling and testing (CT) all TB patients, providing all those HIV infected with CPT, and referral for care and treatment. All HCWs managing TB patients will continue to be reoriented in TB/HIV clinical management, recording and reporting requirements, and patient communication to improve uptake and adherence. ITECH will support training of HCWs to emphasize routine CT for consenting TB patients; IPT, CPT, and ART for eligible TB/HIV patients (including children); and stronger links between TB and HIV/AIDS services. In addition, CDC and TBCAP will support training on the revised Electronic TB Register (which includes HIV data) for NTCP staff at district, regional, and national levels and emphasize greater integrations

across data systems of NTCP and HIS.

The impact of the NTCP and NACOP's continuing HR crisis on planning, coordination, and implementation of TB and TB/HIV collaborative programs remains problematic. In COP08, TBCAP and Potentia will support key positions within the Ministry's existing staff structure, continue to coordinate between NTCP and USG supported organizations implementing facility and community level TB/HIV activities designed to strengthen linkages between HBC volunteers and clinical staff, and strengthen CT for TB patients by training community counselors in each CDC and supporting the addition of a counselor trained in both HIV and TB at TB clinics not co-located with a CDC.

COP 08 funds will also support expansion of necessary infection control practices (ICP) in health care settings. Building on the technical assistance received in IC, resources will support implementing IC recommendations and enable HCWs to have adequate protection. Infectious TB patients are still in close proximity to susceptible individuals in general wards or clinics leading to transmission of TB to HCWs and other patients. This is particularly concerning in light of increasing regional reports of multidrug resistant (MDR) and extensively resistant (XDR) TB. CDC and TBCAP will continue to support the implementation of (facility based) nosocomial transmission guidelines in COP 08. Support from the GF and TBCAP will focus on prevention of drug resistance through enhanced TB control activities, support for a drug resistance survey, and improved drug resistance surveillance.

Continued support to the Namibian Institute of Pathology will also ensure that the necessary infrastructure is in place to accommodate for increased diagnosis demand.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	320
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	12700
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	363
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	12790

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	1157.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	7974.08	**Planned Funds:**	$333,750
Activity System ID:	16240		

Activity Narrative: This activity is a continuation of COP07 for CDC technical assistance to the Ministry of Health and Social Services (MOHSS) to strengthen guidelines and facility interventions to prevent nosocomial transmission of TB, including within ART sites, and to complete the transition and rollout of the Electronic TB Register (Windows-based ETR.Net). This activity relates to TBCAP (16210). The CDC team will further support the continued rollout of HIV rapid testing within TB sites, as well as TB testing within ART sites. While not directly funded under these activities, these efforts are supported through ongoing assistance to the community counselor initiative within MOHSS (16154), the hiring of trainers and clinical staff through Potentia (16193), and support for in-person and digital video conferencing training on TB topics through I-TECH (16219).

In late 2002, the Global AIDS Program of HHS/CDC began its collaboration with Namibia by opening an office in the MOHSS National AIDS Coordination Program (now the Directorate of Special Programmes for TB, HIV, and Malaria) to provide technical assistance in PMTCT, VCT, TB/HIV, surveillance, and ART services. At that time, the MOHSS National TB Control Program (NTCP) had a single staff member; since then, additions to the staff have included a USG-funded TB Technical Advisor, two additional program managers, a coordinator for community-based TB initiatives (Global Fund), and two data clerks to support the ETR (Global Fund). The NTCP has developed its first Medium Term Plan and updated its TB guidelines to include provider-initiated HIV counseling and testing (PICT), cotrimoxazole (CTX) prophylaxis for TB/HIV co-infected patients, and management of TB treatment and antiretroviral therapy (ART).

Two of the many challenges facing the NTCP include implementing, monitoring and sustaining practical measures to prevent nosocomial transmission of TB, particularly to HIV-infected patients, and strengthening of the surveillance system for TB/HIV. In FY08, CDC will work with USG experts to ensure that all relevant measures in the hierarchy of TB infection control (administrative/work practice, environmental, and respiratory protection) are integrated into sites providing TB and/or HIV care. The USG will take advantage of ongoing renovations of MOHSS ART sites to ensure that structural interventions (e.g. design and patient flow patterns) minimize the risk of transmission of TB. Particular attention will be placed on maximizing natural ventilation.

The USG will support the preparation of an action plan for bringing Namibia in line with revised WHO/CDC recommendations; current identified priority needs include structural interventions, training of health care workers, earlier detection and treatment of cases, expansion of directly observed therapy (DOTS), enhanced TB/HIV service integration, and improved TB surveillance, including for MDR and XDR-TB. This action plan follows on the heels of a FY07-supported health facility assessment. Emphasis will be placed on targeting sites with higher rates of MDR-TB and in locations where patients with undiagnosed and untreated cough are managed to minimize exposure to HIV-infected patients and health workers. The CDC team in the MOHSS will support the NTCP with development and implementation of the plan to ensure that action steps are followed. COP 08 funds will further support development of a TB component within national infection control guidelines

Namibia is one of several southern Africa countries that adopted the ETR developed by the BOTUSA Project (Botswana-CDC collaboration) in Botswana. The ETR collects information on HIV status and use of ART in TB/HIV patients and is a tool to measure key indicators and to better monitor expansion of HIV care and treatment among TB patients. ETR is expected to further contribute to enhancements in TB surveillance, and inform improvements in TB prevention, early detection, and treatment. Efforts will continue in 2008 to roll out this system nationwide. Additional USG technical assistance will be provided in COP08 to follow through with the rollout, including training of end users in the district TB program offices and at the regional and national levels for data management. This activity leverages resources with the USAID-funded TBCAP and with the Global Fund (Round 2 and Round 5) support to the MOHSS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7974

Related Activity: 16154, 16193, 16210, 16219

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23967	7974.23967.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10323	1157.09		$260,995
7974	7974.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16193	3896.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$263,218
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

INDIRECT TARGETS:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting UPSTREAM: 34 = the number of ART treatment sites

7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease UPSTREAM = taken from Spectrum projections

Additional Indicators:
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring: 741,805

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	3073.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	4436.08	**Planned Funds:**	$1,102,324
Activity System ID:	16210		

Activity Narrative: COP 2008 builds on COP 2007 PEPFAR funds and 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, and Erongo. Achievements in COP 08 are planned in close coordination with other USG partners, Government of Namibia and Global Fund in TB/HIV collaborative activities. USG partners relevant to TB CAP are: CDC (strengthening NIP in quality assured sputum-smear, culture and drug sensitivity testing, drug resistance surveillance; counseling & testing), I-TECH (training health workers on TB/HIV 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 (training, VCT, Community-based DOTS), DAPP (home based care), PACT (home based care) and Global Fund (training health workers on TB/HIV IEC, C&T for HIV in TB patients, training home-based-care workers on TB/HIV) At the moment coordination of these activities at all levels is still a major challenge for MOHSS National AIDS Control Program and National TB Control Program (NTCP), enhanced by persisting shortage of human resources, lack of competency – and monitoring and evaluation. Priority for TB CAP is thus strengthening leadership and management of NTCP, in all aspects of TB control (in particular CB-DOTS, MDR-TB, TB-Infection control, TB/HIV). Much of the activities will not require additional funding; COP 2008 seeks to enhance and expand communication and deliberations among program officers and staff through the TB CAP supported review meetings and TBHIV committees at all levels, and annual TB/HIV meetings using the MSH MOST model (MOST is a management tool developed by MSH, which was applied in July 2007 for TB/HIV in Namibia). Funding is sought for the anticipated expansion in coordination, management, technical assistance, and development of technical policies.

Funding through TB CAP will concentrate on the following areas:

-Hiring two Senior Health Program Administrators. This is a continuation from COP 2007. They will work in vacant MOHSS positions in two regions to coordinate and strengthen TB/HIV and basic TB control activities with all partners in these regions. This activity will be sustained when MOHSS employs these staff from its recurrent budget;

-Coordination at all levels. This new activity 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 national level and in each region to ensure that planning and evaluation go hand-in-hand, and 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 health facility level in clinical meetings through USG partners supporting TB treatment, HAART and HIV/AIDS care. This will be linked to clinical supervision supported by TB CAP, on TB management in general, and MDR-TB in particular. This activity is sustained when MOHSS will adopt the coordination steering committees as a useful management modality;

-TB/HIV IEC materials. This is a continuation from COP2007, but will now focus on re-printing and translation of IEC materials into additional tribal languages for TB patients, PLWHA, and the community (with co-funding from GFATM). A new activity is the development of short videos, leaflets etc. towards awareness rising on TB/HIV and appropriate actions. MOHSS will sustain these activities after the recurrent budget for TB control is increased;

-TB Infection control is a continuation activity but will be expanded to all hospitals and busy health centers through training of already existing Infection Control Officers on prevention of TB nosocomial infection using the new Namibian infection control guidelines, support site visits for making infection control assessments and plans, and for supervising and monitoring their implementation. Some funding will be set aside for purchasing N95 respirators.. TB-IC will thus become fully integrated in the national IC policy and technical guidelines. TB CAP will support external technical assistance for TB-IC to assist with on-site training, supervision, and M&E of TB-IC. Once already existing infection control officers are trained in TB-IC and health facility infection control plans are developed and implemented MOHSS will sustain their enforcement. A new activity is supporting the adjustment of an existing electronic MDR-TB Register (developed by Stop-TB Partnership) for Namibia, in order to improve M&E of MDR-TB management. Linkage to NIP data on drugs resistant strains diagnosed in NIP will be pursued. Once introduced MOHSS will sustain the activity provided financial resources are committed;

-One medical doctor and nurse will continue to be supported (as under COP2007) in the TB ward in Katatura hospital, for supporting on-the-job and formal training of medical doctors and nurses on MDR-TB management, conducting supervision to any of the other 5 MDR-TB admission centers and doing clinical audits, supporting M&E for MDR-TB. MOHSS will sustain the staff once it is funding these positions;

-CB-DOTS coverage will be expanded further within regions already supported by TB CAP. TBCAP will also provide technical assistance to Home based care NGOs such as and DAPP so they include TB/HIV collaborative issues into their activities.

-TB CAP increases its management capacity. COP 2008 funds continue supporting a KNCV Tuberculosis Foundation office in Windhoek. The office will comprise three resident medical officers providing hands-on technical assistance towards implementation of both USG and Global Fund work plans, one of which will be the project coordinator. They will be assisted by a financial controller and bookkeeper and driver.

In COP2008, TB CAP will continue working with the Namibian government and other partners to improve access to quality of tuberculosis (TB) care to 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; and more specifically through MTPI Strategic Result 7: All PLWHA and PLWTB have access to a continuum of care and support services for TB and HIV/AIDS, in all health care facilities and home-based care services in public and private sector by 2009.

Considerable progress has been made in the past two years showing that funding and technical assistance from TB CAP is working, also allowing parallel efforts supported by Global Fund and WHO (Global Drug Facility) to bear fruit. Timeliness and completeness of quarterly reporting has improved tremendously showing good progress improvement of treatment success (up from 75% in 2005 cohort, to 78% in patients registered in the first half of 2006 cohort), and uptake of HIV testing and counseling for TB patients (up from 16% reported as HIV tested in 2005 to 48% in the first half 2007, with 58% of patients HIV+).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8040

Related Activity: 16121, 16179, 16218, 16134, 16219, 16240, 16241, 18886, 16185

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27002	4436.27002.09	U.S. Agency for International Development	Royal Netherlands Tuberculosis Association	11231	3073.09	Tuberculosis Control Assistance Program	$1,000,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16185	7967.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$466,500
16240	7974.08	7390	1157.08		US Centers for Disease Control and Prevention	$333,750
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	320	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	9,600	False

Indirect Targets

DOWNSTREAM:

Of the 76 TB treatment centers (hospitals and health centers), the number providing HIV testing and counseling = 61

UPSTREAM

7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease = all on TB treatment in Namibia

7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) = 298

Targets Explained:

7.1: 320 = all 320 health facilities in Namibia

7.2 UPSTREAM: TA from TBCAP to Itech and MOHSS should strengthen services for all on TB treatment

7.3: UPSTREAM: TBCAP will be providing technical assistance to I-Tech, in the latter's training of people to provide TB treatment. (In I-Tech submisison, this number appears as DOWNSTREAM)

7.4: 9,600 = as of Oct 07, there are about 15,000 TB cases in Namibia. 48% of these have been tested and received their results. We are targeting an increase to 64% (=9,600)

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 2538.08

Mechanism: N/A

Prime Partner: Comforce

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19399.08

Planned Funds: $60,000

Activity System ID: 19399

Activity Narrative: The CDC/Namibia office has seconded a laboratory technical advisor to the Namibia Institute of Pathology since 2003. This technical advisor was brought on board with an original scope of work to serve as a liaison between CDC, the Namibia Institute of Pathology, and the Ministry of Health and Social Services to build capacity and to ensure quality for HIV bioclinical monitoring. In the ensuing years, this technical advisor has gradually become more involved in this same role for TB bioclinical monitoring and has worked closely with the International Laboratory Branch Consortium (Activity ID 3858.08) to bring in short- and long-term technical advisors to work alongside NIP staff to build their expertise and to upgrade the TB laboratory with an ultimate goal of accreditation from the American Society of Clinical Pathologists. This funding is not new, but has been reassigned to this program area to more accurately reflect the amount of time (0.30 FTE) that this techical advisor is dedicating to TB issues in Namibia. The remaining 0.7 FTE of this position is reflected in the HLAB Program Area (Activity 3862.08). These activities leverage ongoing TB expertise and resources from the MoHSS, the Global Fund, the TB Control Assistance Program (TBCAP), and other organizations.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4661.08

Mechanism: N/A

Prime Partner: International Laboratory Branch Consortium Partners

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19400.08

Planned Funds: $150,000

Activity System ID: 19400

Activity 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 alongside NIP staff at the main laboratory in Windhoek to improve their proficiency with TB diagnostic testing, including on-the-job training on TB-related laboratory equipment and infection control practices. In 2008, ASM will expand their support to peripheral NIP laboratories and will work alongside NIP managers and technologists to secure accreditation for NIP's TB laboratory. ASM has worked to strengthen the TB laboratory at NIP since 2007; these funds were previously reflected in the "Laboratory Services" program area. These activities leverage ongoing TB expertise and resources from the MoHSS, the Global Fund, the TB Control Assistance Program (TBCAP), and other organizations.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7650.08

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: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19401.08

Planned Funds: $250,000

Activity System ID: 19401

Activity Narrative: Provide integrated TB/HIV pharmaceutical care/services
In FY08 SPS will expand activities in this new initiative to improve quality of TB/HIV services. The activity has 3 components of which the training component is follow-on to FY07 activity # 7136. This activity is aimed at implementing pharmaceutical care strategies that will improve quality of life of patients on treatment for HIV, and TB or any opportunistic infection (OI). Anecdotal reports suggest that some patients' qualified for Cotrimoxazole prophylaxis therapy (CTX) and Isoniazid prophylaxis therapy (IPT) are not offered treatment. In FY08 SPS will;
?Conduct a Public Health Evaluation (PHE) to identify the extent of the IPT, CTX guidelines non-compliance and identify factors associated with it. SPS will develop Prescription Quality Indicators (PQI) to review providers' compliance to ARV, IPT and CTX guidelines. This PHE will be implemented in collaboration with TBCAP, DSP M&E, the HIVQUAL project and Therapeutics Committees (TC) from selected facilities to build capacity and sustainability. SPS will work with the MoHSS to develop interventions to ensure that prescriptions are monitored so that patients qualifying for CPT and IPT according to the Namibia guidelines receive these medicines.
? Monitor side effects of TB medicines. Concerns has been raised about the side effects of TB medicines, in FY08 SPS in collaboration with TBCAP will introduce and support patient-initiated adverse event reporting and train community based organizations (CBOs)that support DOTS to monitor side effects and adverse drug reactions to TB medicines in Erongo, Caprivi and Karas regions. These side effects and adverse drug reactions will be tracked through the TIPC(Therapuetic Information and Pharmacovigilance Centre)
? Expand content of the HIV/AIDS pharmaceutical management training materials. SPS will expand the content of the training material to include topics on rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines. To ensure sustainability NHTC will be involved in the content review and in close collaboration with I-TECH.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	80	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3475.08

Mechanism: South Africa-Regional Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19402.08

Planned Funds: $0

Activity System ID: 19402

Activity Narrative: This activity was erroneously entered into the South Africa Regional Associate Award of Pact, Inc.

All targets and narrative, as well as funding should have gone to Pact TBD Leader with Associate Cooperative Agreement.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

TARGETS HAVE BEEN ZEROED OUT FOR THIS ACTIVITY, SINCE FUNDING WAS ZEROED OUT IN AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW, NOW APPLICABLE TO PACT TBD Leader with Associate HVTB ACTIVITY. PRESERVED HERE FOR HISTORICAL PURPOSES.

Supporting information for DIRECT TARGETS
indicator #6.1 (#of service outlets providing HIV-related palliative care (including TB/HIV) = 131

indicator #6.3 (#of individuals trained to provide HIV palliative care (including TB/HIV) = 1,760

indicator #6.5 (#individuals provided with HIV-related palliative care (excluding TB/HIV) = 9,500

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3078.08
Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7447.08
Planned Funds: $73,422
Activity System ID: 16134

Activity 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, Capacity Project (CP) 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), CP 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 be trained in TB screening using standardized questionnaire and will refer accordingly. In COP08, CP will recruit or offer full-time jobs for the current part-time nurses in the standalone VCT sites to make sure there is enough clinical staff to support the lay counselors in TB screening and 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, CP-supported facilities will adopt the national standard operating procedures and operate within the national TB control guidelines. CP 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. CP 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 COP08, CP 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. By end of 07, a reliable tool for linkage between TB and HIV services, the electronic ART patient monitoring system will 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. Data collection will also be strengthened for the private practitioners through supportive supervision.

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, CP 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7447

Related Activity: 16210, 16219, 16135, 16136

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26960	7447.26960.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$65,422
7447	7447.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$9,779

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	65	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,800	False

Indirect Targets

Targets Explained

7.1: 10 = 5 hospitals + 5 health centers

7.2: 500 = Catchment population estimates of 300,000 (22% are HIV positive" 66,000") and the case notification for TB in Namibia is 750/100,000. so 66,000 X 750/100,000 = 495 (~500).

7.3: 65 = Training of HCW (private & Public) according to HIV Clinician Society schedule. The society has 6 regions that cover the whole of Namibia and will train 10-12 HCW per region.

7.4: 1,800 = Catchment population estimates of 300,000 and the case notification for TB in Namibia is 750/100,000. This makes 2250 notified patients with TB, we will cover 80% (1800).

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Hardap

Ohangwena

Kavango

Omusati

Oshikoto

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	1068.08	**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:**	Palliative Care: TB/HIV

Budget Code: HVTB **Program Area Code:** 07

Activity ID: 7972.08 **Planned Funds:** $459,786

Activity System ID: 16154

Activity Narrative: This activity is a continuation from COP07, and supports a portion of the funding for community counselors, who dedicate part of their time to this activity. Funding for community counselors is distributed among several program areas, all of them Ministry of Health and Social Services (MOHSS) activities: Preventing Mother to Child Transmission (16149), Abstinence and Be Faithful(16150), Other Prevention (16151), HIV/TB(16154), Counseling and Testing(16156), and ARV Services(16158). This activity also links with CDC's system strengthening activity(16160). This activity is an extension of the MOHSS' Community Counselor Initiative to support counseling and HIV testing of TB patients and relates to all provider-initiated counseling and testing services and VCT in health facilities. According to 2006 data, 30% of TB patients were tested for HIV. This has increased significantly from the 16% tested in 2005 and is likely the result of new guidance that included Stage III disease (pulmonary TB) for ART eligibility. However, capacity for CT, especially using rapid test technology, of TB patients continues to have room for improvement.

MOHSS established the community counselor cadre in 2004 to assist doctors and nurses in healthcare facilities with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as community counselors as a strategy to reduce stigma and discrimination. As of the end of June 2007, 382 community counselors (approximately 25% of whom are HIV positive) have been placed at 253 health facilities. By end of September 2007, 448 community counselors will be deployed in health facilities throughout the country. With COP08 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 VCT, expand prevention with positives (PwP) efforts, and initiate counseling and testing services in correctional facilities. The community counselor "package" includes: recruitment and salaries for the community counselors, 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) that includes a module on TB; supervisory visits by MOHSS staff who directly supervise the community counselors; training for MOHSS staff who are responsible for management of the program at national level; support for planning meetings and an annual retreat for community counselors; and support for MOHSS staff and community counselor participation at international conferences.

Supervised by a nurse, community counselors are the primary personnel at health sites responsible for providing HIV testing and counseling, providing pre-and post-test counseling and testing (using rapid tests when possible) to TB patients. Of the 30% of TB patients tested for HIV in 2006, 67% were HIV positive. The majority of persons with TB are HIV-positive, justifying the need for continued integration of TB/HIV activities. The additional community counselors in 2008 will allow for continued rollout of CT to TB sites throughout the country and providing CT to a minimum of 70% of patients.

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 transgenerational sex, power inequities between men and women, and heavy alcohol use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7972

Related Activity: 16149, 16150, 16151, 16153, 16156, 16157, 16158, 16159, 16160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24329	7972.24329.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$478,046
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16160	3874.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$806,857

Emphasis Areas

Gender

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

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	34	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	12,700	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	10,990	False

Indirect Targets

Indirect:

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

Targets explained:

7.1: 34 = ART sites
7.2: EPP/Spectrum September 2007 projection
7.4: 70% projected coverage; at end 2006, at 30% coverage

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	1404.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	7971.08	**Planned Funds:**	$265,000
Activity System ID:	16164		

Activity Narrative: In COP08, USG will continue to provide technical assistance to the national TB laboratory at the Namibia Institute of Pathology. This activity relates to the HLAB International Laboratory Branch Consortium Partners activity (16241), HVTB TBCAP (16210) and the HLAB Comforce activity (16117). In COP06, a comprehensive review of the TB laboratory program was performed including laboratory aspects of the National TB Control Program (NTCP), the laboratories performing TB smear microscopy and culture, and the needs of the NIP for developing a quality assurance program, followed by recommendations towards capacity building and strengthening the national TB laboratory system. Based on the recommendations from the assessment, a team of consultants from the American Society for Microbiology spent 2 months at the NIP TB laboratory consulting on smear-microscopy training, use of liquid media for culture, rapid identification of TB using DNA probes, and optimizing drug susceptibility testing. This support resulted in increased capacity for accurate testing of patient specimens and for performing the National TB Control Program (NTCP) Surveillance Study to determine resistance to anti-tuberculosis drugs in Namibia. This survey will provide the NTCP with information on the burden of drug-resistant TB and its relationship with HIV infection in the country. Information from this survey will be analyzed by NTCP and TBCAP to put in place strategies to counter the problem. Furthermore, this information will justify the use of second line drugs by NTCP and support the country's application to the Green Light committee for access to cheaper second line drugs. The MGIT 960 instrument has been purchased and installed in the laboratory to replace the BACTEC 460 radiometric system, and augment the lower-capacity BactAlert instruments. In COP07, 2 consultants from the American Society of Microbiology spent 3 months in the TB Lab assisting with culture/DST and quality assurance to get the Lab ready for the MDR survey. In addition, one of the primary concerns during the laboratory assessment was bio-safety; funds will be allocated to bio-safety training and waste management in COP08. Namibia has one of the highest rates of tuberculosis in the world and TB currently is the leading cause of death for persons with HIV. In addition to multi-drug resistant TB, Namibia is facing the added challenge of identifying and responding to the potential emergence of extremely drug resistant TB, first recognized in neighboring South Africa. This activity has four components: (1) Strengthen the Namibia Institute of Pathology tuberculosis laboratories. This component will improve NIP's ability and capacity to process a greater volume of testing anticipated from expanded testing for ART clinic patients and other persons identified as being at risk of HIV and/or TB. (2) Introduction of Fluorescence Microscopy at high TB burden Laboratories and Rapid TB diagnosis techniques at the reference Laboratory. With the increasing TB diagnosis demand, there is a need to introduce fluorescence microscopy at some of the high burden sites. This will make the diagnosis more sensitive and shorten the turn around time. It is also important to introduce or evaluate new rapid TB diagnosis techniques to complement the routine culture/DST. (3) Funding is also needed to upgrade the NIP LIS (Laboratory Information System) to be able to produce reports for the NTCP, this has been found to be a weakness during COP07 technical review. (4) Continue to support salaries of 2 medical technologists one of whom will be dedicated to quality assurance of basic smear microscopy and 5 Laboratory assistants.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7971

Related Activity: 16210, 16117, 16241

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23978	7971.23978.09	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	10325	1404.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16117	3862.08	7355	2538.08		Comforce	$260,000
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Direct Target Comments:

7.5: The labs have laboratory assistants able to do smear microscopy.

7.6: Currently, there is one lab and plans are to increase these to 3, one in Windhoek, Oshakati and Walvisbay.

7.7: Strengthen the Windhoek lab to do drugs susceptibility testing (DST).

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	1064.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3896.08	**Planned Funds:**	$263,218
Activity System ID:	16193		

Activity Narrative: This activity continues and expands from COP07 and relates to other training activities in this area including the I-TECH activity (16219) and the CDC technical assistance activity (16240). There is critical human resources gap at facility levels to delivery of HIV/TB services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/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 professional community creates issues of providing attractive incentives for native Namibians who leave for training to return to Namibia and for strategies to retain staff currently serving in the country. The vacancy rate in the MOHSS is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists.

Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia, which administers salary and benefits packages equivalent to those of the MOHSS. Both HHS/CDC and the MOHSS participate in developing scopes of work and the selection of health personnel who are then trained and deployed with field support from ITECH clinical mentors, HHS/CDC, and the MOHSS with USG funding. While not funded under this activity, FY08 funding will support five additional physicians for placement within MOHSS ART sites, but will also support two physicians with TB expertise. These physicians will not only care for clients, but who also will be responsible for improving TB/HIV integration in MOHSS facilities and bidirectional linkages with community-based TB/HIV services. In FY08, Potentia funding will also support the hiring of 40 additional nurses to support ongoing rollout of the Integrated Management of Adult Illness (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 PLWHA.

Continuing from COP07, 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, the major USG partner for training health workers in Namibia. Requested funds include half of the cost of a Physician Training Manager and Curriculum Developer (shared with ART Services) and a full-time IMAI/TB in-service trainer to be based at the National Health Training Center. Training content corresponds to Namibia's national guidelines and emphasizes routine counseling and testing for consenting TB patients, isoniazid preventive therapy for eligible TB/HIV patients, cotrimoxazole prophylaxis, linkages of TB with HIV/AIDS services, and provision of ART for eligible TB/HIV patients, including children.

In a new activity in COP08, Potentia will recruit and hire 34 clinical case managers to be assigned to ART clinics. These case managers will have multiple responsibilities, including providing TB/HIV adherence counseling, coaching patients regarding referring appropriate partner and family members for facility- and community-based TB/HIV services, following up on patients who fail to return for appointments, and faciliting support groups. These case managers will have backgrounds in psychology and will be trained by I -TECH (new).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7342

Related Activity: 16219, 16240, 16758, 16210, 16164, 16154

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23952	3896.23952.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16758	16758.08	7384	1065.08	I-TECH	University of Washington	$178,000
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16240	7974.08	7390	1157.08		US Centers for Disease Control and Prevention	$333,750
16164	7971.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$265,000
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

UPSTREAM

7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease: this activity will strengthen the TB services of all HIV+ TB clients that receive support from USG in COP08.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1065.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3870.08

Planned Funds: $387,500

Activity System ID: 16219

Activity Narrative: This activity continues from 2007 and links to HVTB: Potentia (16193), MOHSS (16154), and TBCAP (16210), as well as HBHC: DAPP (16121), Pact(16179), and I-TECH (16218).

Namibia ranks 2nd in the world for incidence of tuberculosis (TB) with a rate of 765 cases/100,000 population (MOHSS 2006 Annual Report). Not surprisingly, TB/HIV co-infection is also a major challenge in Namibia. In 2006, 30% of TB patients nationwide were tested for HIV, and of those 67% were HIV-positive. The Ministry of Health and Social Services (MOHSS) launched new Namibian TB Management Guidelines in March 2006. The guidelines support the Directly Observed Treatment (DOT) strategy which had a number of initiatives, including increased placement of DOTS points in community settings and introduction of Fixed Dose Combination (FDC) medication to improve adherence. With technical assistance from the International Training and Education Center on HIV/AIDS (I-TECH) and the TB Control Assistance Program (TBCAP), the National HIV Training Center (NHTC) of the MOHSS incorporated a chapter on HIV/TB co-infection into its national training curriculum. Within this chapter, emphasis is placed on the need to screen all TB cases and contacts for HIV, to screen all HIV positive patients for TB, and to provide Isoniazid Preventive Treatment (IPT) to all eligible persons with HIV. With USG support, NHTC and I-TECH have collaborated to train more than 500 government doctors and nurses on use of the new TB Guidelines. This included TOT sessions for 38 nurses serving at the regional and national level in the “TB for nurses” course. By the end of COP 07, this training collaboration will train 40 private practitioners in integrating TB/HIV services in non-governmental settings.

In COP 08, I-TECH will conduct TB/HIV training courses in-person or via digital video conferencing for 75 government doctors, pharmacists and 60 private doctors; in addition I-TECH will train 40 TB program officers from both regional and district levels as TOTs for the “TB for nurses” course. These nurse TOTs will work with the tutors from the training network to conduct TB/HIV training for district nurses with funds provided by the Global Fund. I-TECH will provide the training materials for the district training courses through COP 2008 funds. All such trainings will emphasize TB screening of HIV-positive persons, HIV testing of TB patients, and TB/HIV prevention messages.

The Integrated Management of Adult and Adolescent Illness (IMAI) program includes training in TB/HIV primarily aimed at nurses. The WHO IMAI curriculum has been adopted in Namibia as a means of task shifting from doctors to nurses as one strategy for addressing the severe human resources deficiencies in Namibia that inhibit expansion and improvement of TB/HIV prevention, care and treatment services. IMAI will be rolled out to four additional sites in COP08, as described in I-TECH’s ART activity narrative; therefore over 90 nurses will be trained on TB/HIV through the IMAI program. These nurses will be able to make diagnosis and start TB therapy for those with positive smears.

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. This lack of knowledge and skills can impede timely detection and treatment of TB, contributing to the ongoing high levels of TB transmission in Namibia. A new activity in COP08 will be the training of private sector nurses in the management of TB and the importance of providing HIV services and referrals to TB patients. I-TECH will conduct four courses for a total of 80 private nurses, as requested by the National Tuberculoses Control Program (NTCP). Additionally, I-TECH Namibia has recruited and supported experienced HIV physicians to work as Clinical Mentors in seven of the 13 Regions in the country. Amongst other tasks, Clinical Mentors will focus on ensuring HIV testing of all TB suspects, TB screening of all HIV clients and provision of IPT to all eligible HIV clients in addition to ensuring that patients with TB are managed correctly and according to the new Namibian TB guidelines. These clinical mentors have proven to be effective in ensuring consistency and quality of TB/HIV services and referrals, as they provide day-to-day supportive supervision of clinicians. The mentors will also support the ongoing rollout of IMAI and assist the MOHSS, TBCAP and other stakeholders with the development of standard operating procedures to guide health care workers on uniform and quality TB/HIV management.

Community-based DOTs 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 six regions and there are plans for expansion to all 13 regions within the next year. 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 at the community level. A new activity for I-TECH in COP 08 will be to develop standardized training materials for training the field supervisors as TOTs, 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. The field supervisors will then use the flip charts to assist them in training field promoters on site. I-TECH will further work in collaboration with the MOHSS and other PEPFAR partners, including PACT, DAPP, and TBCAP to support development and integration of TB training materials into the community home based care standards.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7353

Related Activity: 16121, 16179, 16218, 16154, 16193, 16210

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23987	3870.23987.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16193	3896.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$263,218

Emphasis Areas

Gender

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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	298	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Additional Indicator:

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

Targets Explained:

7.3: 298 = targets are based on SAPR07 progress, training capacity and plans for IMAI rollout. Trainings include: TB for State Doctors and Pharmacists not previously trained; TB for Private Doctors not previously trained; TB for Nurses TOT for Regional and District program officers (not previously trained); TB for Private Nurses (a new program); and TB for TB field supervisors (a new program)

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	7656.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	21260.08	**Planned Funds:**	$201,799
Activity System ID:	21260		

Activity Narrative: Motivated by the overwhelming needs of PLWHA & their families, Pact continues to support CBOs and FBO in delivering services at community level (community and home based care). During FY07, USG continued its community-home based palliative care (CHBC) program through Pact, an umbrella NGO that integrates capacity building of local FBOs and NGOs, including targeted technical assistance, into a grants management cycle. Covering all 13 regions, Pact develops local ownership & provides capacity building in financial & programmatic accountability, including M&E & financial management, while providing support & guidance to improving the overall quality of programs. PACT will source and/or network experienced technical assistance (i.e. consultants or appropriate local/regional organizations) to subgrantees & foster networking through communities of practice to address & resolve bottlenecks in implementation. Pact efforts through PEPFAR extend beyond PEPFAR-funded programs to create sustainable, capacitated organizations by addressing gaps in leadership, management, governance, & strategic direction.

At the national level, in FY 2008, 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 routine screening and referral of both patients and family members.

At the community level, Pact will engage subgrantees to provide TB education to community based programs, emphasizing the different between TB infection and TB disease, screening for symptoms of all persons in household, referral, and DOTS adherence support. Pact will also ensure that TB screening and referrals are integrated into CHBC programming with partner FBOs and NGO, such as Catholic AIDS Action (CAA) and Walvis Bay Multipurpose Center (WBMPC). Pact will develop vastly 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. As part of the community home base care program, CAA will train 1700 volunteers in TB education, screening and referral, and integrate programming to reach 7500 clients with home based care services that include HIV/TB. WBMPC will train their 50 support group members and 10 palliative care providers in integrated TB programming. WBMPC will also reach 2000 clinic clients with TB education, and DOTS adherence messages through informational sessions run by PLWHA in the ART clinic.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

HKID - OVC

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

Total Planned Funding for Program Area: $8,884,161

Estimated PEPFAR contribution in dollars	$25,000
Estimated local PPP contribution in dollars	$250,000
Estimated PEPFAR dollars spent on food	$329,230
Estimation of other dollars leveraged in FY 2008 for food	$452,532

Program Area Context:

The USG Orphans and Vulnerable Children (OVC) program responds to the GRN National Strategy on HIV/AIDS (MTP3 2004-2009), to provide care and support for OVC, and to the Ministry of Gender Equality and Child Welfare (MGECW) led Namibia National Plan of Action for OVC (NPA: 2006-2010). The MGECW leads implementation of the action plan, and is the convener of the OVC Permanent Task Force (PTF). The PTF brings together key government ministries, development partners, and civil society partners for a coordinated response.. MGECW currently has three directorates: Child Welfare; Gender Equality; and Community Capacity Development and Early Childhood Development. The MGECW is restructuring in line with the National Policy on Decentralization and is placing the implementation and supervision of the function of child welfare and NPA implementation responsibilities into the thirteen regional councils. To scale up a national OVC response, the NPA outlines five Basic Strategies to provide essential care and support to OVC (one fifth of or an estimated 85,000 children in Namibia) most in need: Rights and Protection; Education; Care and Support; Health; Management and Networking of the program The target populations for USG programming as of 2008 is ~177,000 OVC (includes child-and-elderly-headed households), 75% of which are orphaned due to HIV/AIDS.

In FY07, the USG embarked on a scaled-up plan for delivering standards and quality OVC services bringing together the work done by 23 organizations to develop standards of care for orphans and vulnerable children in seven different service areas. These include educational services, health services, legal and protection services, food support, emotional and social support, home-based care, and economic strengthening to improve the capacity of the child's household to be more self-sustaining. The USG wants to expand beyond simply stating these services are provided but to ensure the services are good and will make a difference in the child's life. Reporting data on the number of children served does inform programs about the quality of those services or whether the child's situation has improved. By contrast, if an organization applies quality standards, and if it only counts a service when it conforms to this standard, then the reporting information has more value and relevance. The standards are tied to outcomes agreed upon by the country, with the MGECW leading the process and tying the standards into development of the national OVC database. The standards work was piloted with an initial four USG Partners in FY07, Kayec Trust, Catholic AIDS Action, Project Hope and The Church Alliance for Orphans (CAFO).This work will be expanded in COP08 to all USG OVC implementing partners. Importantly, only those children who receive services that meet or exceed the minimum standards will be recorded as having received service. Within the context of work with orphans and vulnerable children, quality can be defined as the degree to which the cluster of services provided to children, families and communities affected by HIV and AIDS maximizes benefits and minimizes risks, so that children are able to grow and develop appropriately according to their community norms and cultural context. Specifically, children, families and communities are involved in decisions about the care and services they receive.

Another important exercise completed in FY07 was the joint UNICEF and USAID human resource assessment/gap analysis to allow targeted technical support to the MGECW. One of the main challenges in addressing the situation of OVC is the lack of skilled human resources in both the public social service and civil society sectors. Existing systems and structures are overstretched and ill-equipped to cope with the demand and delivery comprehensive, quality services to meet the needs of thousands of children and youth affected by HIV/AIDS. Core funds from the Capacity Project were used to develop and field test a tool to allow Namibia and other countries to improve human resource allocations, analyze bottlenecks in the implementation of NPAs, and make recommendations to accelerate NPA implementation. The USG will help the MGECW to implement the key recommendations from the analysis including: 1) assist to launch the NPA at regional level; 2) strengthen the OVC PTF, 3) capacitate the OVC forums at regional and constituency level with special attention to links with regional councils and other regional development committees; 4) appoint a senior advisor to MGECW to assist with HR planning and the changes in management processes; 5) develop an HR plan for the MGECW, that includes advocacy for Community Childcare Worker positions; 6) advance the recruitment processes of social workers; 7) use NGO and CBO volunteers to assist social workers and CCCW; 8) provide opportunities for leadership training and mentoring for senior staff; 9) assist with staff restructuring to accommodate decentralization, the M&E unit, the implementation of the national OVC database system, the secretariat for PTF, and an OVC Forum focal person.

In COP08 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. USG will staff three key positions in the MGECW based on the human resource assessment/gap analysis, and improve MGECW coordination and implementation capacity. USG support for the OVC database will allow OVC partners across the country to register, monitor, and track exactly what kinds of services are rendered to OVC. The tool will also 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 victims counseling and follow-up support.

Project HOPE has realigned its Track 1 program to in-country programming needs and will focus on OVC households to improve their access to economic strengthening opportunities by adding a businesses development services component. ORT will provide older OVC and heads of households with vocational training, youth development through leadership training and mentorship, and also link them to direct care, support, and treatment services. AED will update its program in COP08 to focus on the OVC policy in the national education system and at the school-level as a center of care and support to children affected by HIV and AIDs. AED will assist with the development and implementation of the Ministry of Education's OVC Policy and the HIV & AIDS OVC component of the Education and Training Sector Improvement Program. Teachers in the workplace and the Ministry of Education will be targeted to ensure that schools are safe environments to learn and grow, rather than sites for sexual assault, cross-generational, or transactional sex (see Prev 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 under the New Partners Initiative in FY08 focused on faith communities. These local groups will emphasize reducing the vulnerability of girls who are heading households or victims of violence and abuse.

Strategic wrap-arounds will also be leveraged with the Global Fund and the private sector to provide OVC with nutritional support and business apprenticeship opportunities. Coca Cola, MeatCo and other private companies have proposed to partner with USG to "make the job candidates ready" for the jobs including supporting skills training and management. Namibia Business Coaltion 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 OVCs; World Food Program support to Namibia ended in FY07. All USG-funded partners will register OVC and improve their access to social welfare grants provided by the MGECW. An assessment of the effectiveness of these social welfare grants is underway for FY 07 will programmatic changes based on the outcomes happening in FY08.

All USG-funded OVC efforts will enable NGO/CBO/FBO partners to strengthen the capacity of family to meet the needs of OVC. Partners will work together to adopt holistic approaches to care and support for OVC in community-based settings, with special attention to those who have lost more than one set of caregivers and/or live in child-headed households. Community care volunteers will be mobilized to support the needs of OVC as an extension of palliative care (before and after 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 include OVC in prevention-education, income generation, vocational skills training, and after-school clubs/activities. New partnerships will also be sought to reduce gender-based violence, vulnerability, and abuse of OVC. Also linkages to UNICEF-funded cash transfer programs will be developed in FY08.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	45603
*** 8.1.A Primary Direct	16966
*** 8.1.B Supplemental Direct	28637
8.2 Number of providers/caregivers trained in caring for OVC	10841

Custom Targets:

8.3 Number of OVC who received food & nutritional supplementation through OVC programs	14443

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	599.08	**Mechanism:**	N/A
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	19153.08	**Planned Funds:**	$317,900
Activity System ID:	19153		

Activity Narrative: In fiscal year (FY) 2007, Peace Corps/Namibia's (PC/N) PEPFAR program expanded to involve all Peace Corps Volunteers ("Volunteers") from the Health and Education projects in HIV/AIDS activities through enhanced training and support. In accordance with the Namibian National Strategy and the USG supported Initiatives and pilot programs, Volunteers support USG cross-cutting prevention activities focusing on OVCs in their communities. Volunteers assist their host agency partners in developing comprehensive programs to enhance outreach to OVC and their caregivers.

In FY 2008, PC/N will continue its focus on HIV prevention. PEPFAR funds will also be used to support the costs of training and support for all Volunteers and their counterparts involved in OVC care and services. Funding will be used for the development of training materials; small community-initiated grants; HIV/AIDS workshops and educational activities focusing on OVC. PC/N's aim is to reach communities in all 13 regions of Namibia with unique and effective training and care approaches for orphans and vulnerable children, people living with HIV/AIDS and their caregivers. Volunteers will conduct the following activities for learners and OVC: Window of Hope programs, computer literacy classes, Camp GLOW, sports events, HIV/AIDS clubs for boys and girls, soup kitchens and gardening. They will also conduct "Take Our Daughter to Work", and educational tours. They will also integrate HIV/AIDS into all classroom lesson plans, assist learners with school uniforms and organize World AIDS Day events with community members.

Training: PC/N will organize pre-service training (PST) and in-service training (IST) for Volunteers and their counterparts. Trainings will be organized to also enable both Health and Education Volunteers who are working on direct OVC care and the training of caregivers as a part of their primary assignment or as secondary projects to enhance competencies in the areas of outreach and training to address relevant social and community norms.

Training Materials: Training materials (incorporating language and cross culture) and training tools/supplies will be either developed or acquired to enhance competencies for both Health and Education Volunteers engaged in activities related to direct OVC care and the training of caregivers.

VAST Grants: PEPFAR Funds will be made available to all Volunteers for small Volunteer Activity Support and Training (VAST) grants to support community-initiated direct OVC care and the training of caregivers. It is expected that many VAST grants will support the establishment and functioning of girls clubs, HIV/AIDS clubs, and sports clubs, as well support local FBOs/NGOs providing HIV/AIDS related outreach and OVC care and services. Activities funded by VAST grants will help members of vulnerable groups, such as Namibian youth, school-aged learners, or adult caregivers, to improve their awareness of HIV/AIDS and adopt healthy life styles and other coping methods that will reduce their vulnerability to infection and the social impacts of HIV/AIDS. VAST funds will also help build the institutional capacity of local organizations targeting the OVC population.

HIV/AIDS TOT workshops: PC/N will organize and conduct training of trainers (TOT) workshops for Peace Corps/Namibia staff to enhance skills and knowledge of staff on the HIV/AIDS pandemic as it relates to OVC and other target groups in Namibia, how Volunteers will be addressing these issues in the field, and how best to support Volunteers in this effort. This is particularly critical as all staff members interface regularly with PCVs, and need a deeper understanding of the issues in order to provide improve training delivery to incoming PCTs and enhance support to current PCVs. This will also ensure that different aspects of HIV/AIDS prevention and care is integrated into all Volunteers' activities through enhanced PST and IST and better technical and cross cultural support to Volunteers in the field.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16198, 18208, 16201, 17640, 16175, 17639, 16125, 18235, 18990, 16234, 16180, 16114

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18990	18990.08	8318	8318.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$333,322
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000

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

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	6,920	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	6,920	False
8.2 Number of providers/caregivers trained in caring for OVC	3,171	False

Indirect Targets

Direct target breakdown:

8.1.B: 6,920 =
Min of youth: 245
FAO: 120
MOE: 1,155
CAA: 1,600 (removed at country level to avoid double counting)
Red Cross: 1,200 (removed at country level to avoid double counting)
ELCAP, Cafo, Christian Welfare Org: 800 (removed at country level to avoid double counting)

8.2: 3,171 =
MOY: 35
FAO: 24
MOE: 115
MOHSS: 1,050
CAA: 80 (removed at country level to avoid double counting)
Red Cross: 51 (removed at country level to avoid double counting)
ELCAP, Cafo, Christian Welfare Org: 1,816 (removed at country level to avoid double counting)

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	1376.08	**Mechanism:**	N/A
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	21490.08	**Planned Funds:**	$50,000
Activity System ID:	21490		

Activity Narrative: This is a new activity. Namibia is the first PEPFAR focus country to complete draft OVC service standards for use by programs. These service standards are now being used to assist the OVC partners with refining their activities so a measurable difference in the lives of children served can be tracked. Service standards are tied to country-agreed upon outcomes. The service standards include standards on the seven PEPFAR core services and will link to the Ministry of Gender Equality and Child Welfare's (MGECW) OVC database. Namibia is pioneering the process for establishing and applying service standards to improve quality programming. Namibia has also offered south-to-south assistance to other countries regarding OVC service standards.

This activity will assist Namibia's OVC program to refine and apply the OVC standards among USG OVC partners, Namibia will continue to work with the MGECW to incorporate the standards in the regions and develop the data fields to be collected for the OVC database. This FY 2007 program was under multiple OVC partners and, in FY 2008, will gain a strategic focus as an individual activity since Namibia is becoming a "center of excellence" for implementing quality service standards for OVC programs.

This activity has five components:

1. Address needs to revise the OVC standards. Present revisions to the OVC Permanent Task Force (PTF). Work with partners to update other forums such as the Regional AIDS Coordination committees (RACOCs), regional and constituency forums. The standards should be considered a living document to be revised periodically based on involving key stakeholders who were not at original workshops including those with experience with children on the street and children with disabilities

2. Communicate standards at grassroots or implementation level, including to staff, volunteers and children. Undertake internal process to use and adapt standards to each organization and work with implementing partners to update programs to comply with standards. Along with this, the activity will help identify barriers and possible solutions for implementing and practicing the standards and documenting changes after a year.

3. In FY 2007, case studies were conducted with the partners below looking at two types of service delivery points: after school programs and provision of health service support through community health worker home visits. The FY 2008 program will strengthen and maintain networking and relationship-building to improve service delivery using peer reviews, collaboratives, exchange visits to other organizations and technical assistance from local partners. The focus will be to develop local expertise within each activity's area of work:
The Church Alliance for Orphans (CAFO) will mobilize the community and work with parents; the Katutura Youth Enterprise Center (KAYEC) will provide-after-school classes in the north-central region; PACT and LifelineChildline will ensure ethical child participation; Catholic AIDS Action (CAA) will do home-visits and Philippi Trust will offer after-school programs.

4. Hold workshop on meaningful child participation, including training and support towards understanding, adapting, and implementing policy within each organization with a focus on how to properly involve children in planning, implementation and review.

5. Assess the application of the OVC service standards to OVC programs, addressing how service standards have enabled programs to determine and provide good care for the greatest number of OVC. Findings from the case studies done in FY 2007 can be used to inform the tools used in this process evaluation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17639, 16125, 18235, 16114, 16180, 16198, 16175, 16201, 18208, 16234

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Additional Indicators:

Number of presentations on the OVC standards to the Permanent Task Force = 1

Number of PEPFAR OVC partners utilizing the OVC service standards in their programs = 20

Number of workshops held on meaningful child participation in OVC programs = 1

Target Explanations:

8.1 Number of OVC served by OVC programs UPSTREAM: Because this technical assistance is occuring at the national level -- with the Ministry of Gender and Child Welfare -- the upstream target should be equivalent to the USG upstream OVC target.

Number of PEPFAR OVC partners utilizing the OVC service standards in their programs = 20 (13 Pact subgrantees, AED, CAFO, COSDEC, KAYEC, RAA, Project Hope, MGECW)

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1376.08
Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 21492.08
Planned Funds: $130,000
Activity System ID: 21492
Activity Narrative: 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.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 17639, 16125, 18235, 16114, 16180, 16175, 16198, 16201, 17640, 16234

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Explanations:

14.2: 8 = USAID office + AED + FHI + ORT + Pact + Project Hope + CAFO + MGECW

8.1 Number of OVC served by OVC program UPSTREAM: This TA will should improve the services received by all OVC that USG is reaching indirectly, since it is TA occuring at the USG office and should trickle down to all implementing partners and their beneficiaries. This TA will help the USG OVC office and its OVC partners in terms of providing critical guidance on programmatic OVC issues. So, whatever the upstream estimate ends up being for OVC, this will contribute to that.

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1584.08
Mechanism: N/A
Prime Partner: Organization for Resources and Training
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3782.08
Planned Funds: $700,000

Activity System ID: 16175

Activity Narrative: This is a continuing activity. The Organization for Resources and Training (ORT) 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 is to ensure that the lives and development of OVC are enhanced (8025.08) and their negative social and economic impact on households and communities is reduced, specifically in the towns of Windhoek, Rehoboth, and Otjiwarongo. In 2007, there was a midterm evaluation of the program and the ORT project will be in its final implementation year in FY 2008, assisting to help transition their sub partners to establish outreach skills programs for OVC caregivers and unemployed youth.

The three main programmatic objectives are:

1. Assist households to cope with the economic impact of OVC through helping OVC and their caregivers find income-generating opportunities (8025.08). A total of 476 unemployed youth and caregivers were trained in different long-and short-term vocational skills by during FY 2007 by the partners discussed below. It is envisaged that during FY 2008 there will be at least 449 OVC and caregivers who will receive skills training from the same groups.

ORT is working with Katutura Youth Enterprize Center (KAYEC), an NGO specializing in vocational skills training that is widely recognized by all stakeholders for its intensified vocational skills training offered since 1992. The vocational training courses follow the National Vocational Training Guidelines and thus give graduates recognition from the National Training Authority. Unemployed youth and caregivers have been trained in welding and fabrication, bricklaying and plastering, carpentry, information technology, baking and tourism. As the courses are mostly male dominated, other courses were identified to attract more female trainees. Therefore, in FY 2008, plans include introducing training in electrical work, painting/glazing/tiling, computer technology, and small engine maintenance. Significant progress has been made in developing curricula and training materials for these courses. In FY08, KAYEC will renovate five adjacent workshops and convert them into active training workshops in order to offer the afore-mentioned new courses. KAYEC will add a documentation and monitoring officer to monitor the training and its quality and improve the output of the services. ORT began linking KAYEC to other USG funded NGOs to support access to counselling, testing, and treatment services through tracking forms and an on-site social worker to monitor progress. Health education sessions are provided at the centres and linked to gender activities under Project Hope, AED (3781.08), and Engender Health (12342.08) to address vulnerable girls.

ORT's partner in vocational skills training in Otjiwarongo is the government-funded Community Skills Development Centre (COSDEC). Since 2005, the skilled volunteer advisor of ORT has facilitated greater access for OVCs and caregivers to valuable training opportunities in Otjiwarongo and surrounding areas. The facilitator increased recruitment of people from vulnerable sectors and the position was placed at the head office of COSDEC with the aim to introduce a focus on OVC to its other COSDEC's and otherwise build on the capacity of the other COSDEC's. The technical assistance will place more emphasis on the recruitment of more OVC for the program in the surrounding areas of Otjozondjupa during FY 2008. Short courses such as wire craft, paper making and glass recycling will be offered to attract more female trainees (12342.08) and boost the manufacturing sector in this area. To ascertain the impact of the training courses on people's employability and to determine whether they have additional training needs, COSDEC will continue in FY 2008 to track their previous graduates. The tracking system can also serve to determine what other training needs are in demand. This will enable them to address the actual needs of the community.

In Rehoboth there are high levels of unemployment among the youth and employment is scarce. In the absence of vocational training facilities in Rehoboth, the Rehoboth Aids Association (RAA) as the umbrella organization for all aids service organizations undertook a training needs assessment in conjunction with the Community Skills Development Foundation (COSDEF) to establish the vocational training needs of OVC caregivers in Rehoboth. This was done as a precursor to working with the COSDEF to set up a vocational training outreach program for OVC caregivers and unemployed youth. With the assistance of COSDEF resources, some of the short courses were offered in FY 2007. The Rehoboth Town Council has offered to give ORT an existing building for a vocational training center. ORT will link up with Catholic Health Services (6471.08) to assist with some funding for this purpose as they previously expressed the wish to join forces with ORT for youth activity facilities and training in Rehoboth. The Rehoboth Community Trust has also indicated their willingness to assist with expanded trainings beginning in FY 2008.

2. OVC youth development better life skills and skills for employment
The SOS intervention has focused on vocational training and youth development through the implementation of the International Youth Award (IYA) in Windhoek, Rehoboth and Otjiwarongo. The IYA encourages young people to develop their self-esteem and stay in school (18235.08). It equips them with the necessary educational and health knowledge and skills to safeguard them against HIV. Since the introduction of this program in FY 2005, positive results have been achieved with the children and the staff responsible for this programme will ensure that the same standards of support and service delivery are maintained during FY 2008. In accordance with Namibia's OVC National Plan of Action, the IYA offers and monitors three services for approximately 1850 children: educational support, psycho-social support and health intervention (prevention). The IYA program is running in five schools in Rehoboth, six schools are participating on the program in Otjiwarongo and the program has grown to 23 schools in Windhoek. This program has been actively participating in the national quality and standards for their three core services beginning in FY 2007 and during FY 2008, ORT will continue to work in close cooperation with other partners such as Philippi Trust, Catholic Aids Action, and the Church Alliance for Orphans (18235.08) to ensure adherence and monitoring.

3. Developing local organization capacity
During FY 2007, ORT continued to sensitize KAYEC, COSDEC and RAA in becoming more accessible to OVC and their caregivers and this capacity building support will continue in FY 2008. ORT will continue to work in close cooperation with USG partners in the same areas during the next financial year. A mid-term evaluation of the program took place in 2007 and a final evaluation is planned to assist in the close-out and transition of this program in FY 2008. This will ensure improved service delivery and can avoid the duplication of service delivery to the same beneficiary.

ORT will liaise with other partners such as Project Hope (8025.08) and Philippi Trust to provide appropriate

Activity Narrative: training to better equip a trainee in a specific skill to find suitable work and to issue a joint training certificate to each trainee. This is in-line with Namibia's quality and standards plans to leverage the special skills of one organization to yield a broader knowledge base for program participants and hopefully increase suitable job placements.

Selected staff of IYA will continue to equip themselves to deal with issues such as violence against women and children and will in particular join forces with other PEPFAR partners and Engender Health to obtain the necessary training for addressing gender norms; gender based violence and reducing vulnerability of girls to HIV/AIDS (12342.08).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7410

Related Activity: 16112, 16122, 16140, 16199, 16501, 16123, 16141, 16250, 16111, 16142, 16179, 18825, 16107, 16114, 16125, 16180, 16198, 16201, 16234, 17639, 17640, 18208, 18235, 16181, 16202, 17061, 17261, 16252

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26981	3782.26981.09	U.S. Agency for International Development	Organization for Resources and Training	11224	1584.09		$420,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16250	4730.08	7394	599.08		US Peace Corps	$273,900
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
18825	18825.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$50,000
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625
16202	8020.08	7376	4667.08		Project HOPE	$630,000
16252	4729.08	7394	599.08		US Peace Corps	$278,800

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,035	False
8.1.A Primary Direct	2,035	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	848	False

Indirect Targets

8.9 Number of OVC who received economic strengthening through OVC programs UPSTREAM = 2,239

Target Explanations:

8.1, 8.1.A: 2,035 = The service providers in the 3 regions of operation i.e. Khomas, Hardap and Otjozondjupa Regions will each target 120 OVC in the three regions through the IYA programme. This total is added to the current 1,675 participants who are already on the programme. 1675 + 3(120) = 2035

8.2: 850 = During COP08, intake for training will be as follows: KAYEC: 480; COSDEC:230 and RAA 140.

8.6, 8.7, 8.8: 2,035 = KAYEC will continue to admit 180 participants on the IYA programme in Windhoek, Rehoboth and Otjiwarongo during COP08 who will receive health service on HIV prevention. The OVC who are already on the programme still forms part of this service.

8.9 upstream: 848 people will be trained in economic strengthening. From program data, there are an average of 8 people per household from which these trainees are coming. Of these, it is roughly estimated that 1/3 will be OVC. Thus, 848 x 8 x .33 = 2,329. Because we are not monitoring the impact of the economic strengthening on the OVC, we are only claiming this as an indirect/upstream target..

14.2: 4 = KAYEC, Rehoboth AIDS Association (RAA), COSDEC, & AMICALL (Alliance of Mayors and Leaders on HIV/AIDS in Africa)

14.4: 54 = 17 RAA + 16 KAYEC + 10 COSDEC + 11 Otjiwarongo Municipality

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

Hardap

Khomas

Otjozondjupa

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	1505.08	**Mechanism:**	Project HOPE
Prime Partner:	Project HOPE	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3779.08	**Planned Funds:**	$805,000
Activity System ID:	16198		

Activity Narrative: In 2005 Project HOPE (HOPE) began the "Sustainable Strengthening of Families of Orphans and Vulnerable Children" project, which delivers health messages and training on parenting skills combined with access to micro credit (18235.08, 3782.08). To date, over 1,600 caregivers of OVC in the Oshana, Oshikoto, Ohangwena and Omusati Regions are participating in this program. Additionally, 300 households headed by either elderly or OVC were added during COP07. Project HOPE is a Track 1 partner with an agreement in place for 2005 – 2010 and also receives funding from the field. In FY07, Project HOPE underwent an assessment of their program direction and implementation which resulted in a new project alignment between the field funding program and Track 1 scope of work. Under the Track 1 agreement HOPE works mainly with caregivers, while the field funding program supports the new prevention activities, work with grannies and households. Although the project works with existing government and non-governmental organization (NGO) and faith-based organization (FBO) partners in Namibia, there is scope for additional cooperation.

The UNICEF OVC Situational Analysis in 2001 indicated that the number of families caring for OVC and the number of OVC in these households (HH) is increasing at an alarming rate. It is projected that by 2021 there will be approximately 250,000 OVC under the age of 15 in Namibia. A lack of economic opportunities and a high unemployment rate constitute a serious challenge to heads of households (HH) who bear the financial responsibility for these OVC. A baseline study conducted by Project HOPE in 2006 and regular data collected by Family Resource Persons (FRPs) (community volunteers) indicate that 54% of the caregivers are elderly (60 years and above) and the main source of income for the HH is the N$370 monthly pension for the elderly. The baseline study also revealed that 1% of the caregivers are OVC themselves and regular surveillance data from the FRPs show that the older OVC are leaving their siblings with neighbors or community members and leaving to pursue economic opportunities elsewhere. Caregivers who can earn income are stressed by the constant search for income to contribute to the HH needs, often resulting in the neglect or abandonment of children, and at times a hostile environment for the OVC who bear the brunt of the stress experienced by their caregivers.

To address some of these issues HOPE proposes the following objectives: To expand the coping capabilities of families of OVC by 1) improving economic status and quality of life within HHs; and 2) strengthening the capacity to provide care and support to OVC. During COP 2008 300 HH (COP 2007) will continue participating and will receive larger loans to enable business growth and market expansion. They will also receive a host of business development services from Business Development Officers (BDO). Community Health Workers (CHW) will continue providing the Parenting Skills/Listening Skills curriculum "Happy Children at the Heart of the Community" during the bi-weekly meetings and FRPs will continue facilitating access to services for OVC including, but not limited to, psychosocial support, bereavement counseling, access to maintenance and foster grants, as well as food donations for malnourished under 5. Leveraging with other partners, including prevention (see activity #) with a stronger focus on health and promoting health seeking behavior and preventative health care will be developed as Project HOPE expands. The demand for these services is increasing and HOPE proposes to expand the program in the currently active regions to reach an additional 450 HH (making a total of 750 HH).

HOPE proposes to hold promotional meetings with interested groups identified by stakeholders like Ministry of Gender Equality and Child Welfare (MGECW), Catholic AIDS Action (CAA), Lifeline Childline (LLCL), Regional AIDS Coordination Committees (RACOS), Evangelical Lutheran Church in Namibia (ELCIN) and others. After the promotional meeting, interested OVC Caregivers will form Village Health Funds of self-selected caregivers. They will be provided a pre-loan training (five to six sessions depending on their level of understanding). Identified OVC heads of HH will receive scholarships for vocational training and or apprenticeships. Linkages for future public-private partnerships may occur with apprenticeship programs in conjunction with other USG OVC business partnerships. Established Village Health Funds (VHF) will receive financial services ranging from savings, loans and (for more mature groups) leases. Bi-weekly meetings will be held to repay their loans/leases and to receive the "Happy Children at the Heart of the Community" curriculum as mentioned above. HOPE will provide services to three field teams: the Loan Team (LT), the Health and Psychosocial Support Team (H&PSST) and the Business Development Team (BDT). All teams will have representation in the groups through the elected management committee that will include a President, Treasurer and a Secretary who will work closely with the LT to ensure good governance and repayment of loans.

Family Resource Persons will work closely with the Health and Psycho-social Support team (H&PSST) and the MGECW to conduct activities mentioned above while Business Activists will work closely with the BDOs in identifying business opportunities and ensuring participants are exploiting opportunities in the market. Caregiver/Family resource persons will assist in providing OVC support and community care. The program will have a stronger focus on health and promoting health seeking behavior and preventative health care. One of the business opportunities the VHFs will pursue closely is the industrialization of local agricultural produce into E-PAP, a nutritional supplement for people living with HIV and OVC. VHF members will be encouraged to form associations to produce and supply the demand of partner organizations such as CAA, TKMOAMS, YELULA, ELCIN, Church Alliance for Orphans (CAFO) and others.

In order to ensure that the implementation of activities goes according to plan, regional supervisors as well as team supervisors will visit field activities between two to three times a week and daily activity reports will be entered into a database to keep track of all activities. Each team will have a set of monitoring and evaluation (M&E) tools to assess impact; some of them will be collected at baseline and recollected after a year of participation. One of these tools is the member profile, which provides socio economic data for each member. All tools will be kept by groups in files as well as entered into a database. VHF files contain the following information about each member: member profile (collected by field staff), household assessment (collected by FRP), house visitation reports, growth monitoring assessment (in under-5), evidence of referrals and recollected information. All data is entered into the databases through data entry personnel and will be linked to the national OVC database (see activity#). Process data will be analyzed by the regional supervisor and Acting/Country Director to adjust and correct interventions and also to report back to USAID.

HOPE will participate and advocate for OVC in different networks such as the OVC Permanent Task Force, OVC Regional Forums, RACOC meetings and Home Based Care Forums to strengthen access to services for OVC. HOPE will support activities of the MGECW, like the OVC National Database (6471.08, 3781.08, 18235.08), OVC Forums and other community structures. HOPE will also collaborate with other USG

Activity Narrative: partners to develop prevention materials and behavior change communication (BCC) messaging, to train home care volunteers and community action forums and integrate reproductive health. HOPE will also participate in microfinance and small business forums to strengthen the services provided to the small businesses that caregivers are operating. Theses networks include the Rural Microfinance Task Team, Namibia Chamber of Commerce and Industry, Ministry of Trade and Industry and the Joint Consultative Committee. HOPE together with other micro finance institutions will establish a Microfinance Institution Umbrella Organization/Forum.

Project HOPE has been actively involved in the process in Namibia of developing minimum criteria and quality standards, especially in the area of economic strengthening. The program will align its curriculum to the standards and expanding service delivery to provide quality core services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7416

Related Activity: 16122, 16140, 16199, 16501, 18777, 16179, 16107, 16114, 16125, 16175, 16180, 16201, 16234, 17639, 17640, 18208, 18235, 16202, 16112, 16177, 16141, 16111, 16142, 16249, 16181, 17061, 17261

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26998	3779.26998.09	U.S. Agency for International Development	Project HOPE	11228	1505.09	Project HOPE	$935,181
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
18777	18777.08	7394	599.08		US Peace Corps	$197,600
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	7,700	False
8.1.A Primary Direct	78	False
8.1.B Supplemental Direct	7,692	False
8.2 Number of providers/caregivers trained in caring for OVC	1,850	False

Indirect Targets

All the market assessments and business skills training will also serve to strengthen the economic earning capacity of the less vulnerable OVC caretakers participating in the Project HOPE Track 1 program that will serve 800 OVC caretakers in FY07. Furthermore, the lessons learned will be incorporated into the continuing growth of Project HOPE's micro-credit activities.

TARGET EXPLANATIONS
8.1.A: 78 was taken because this will be the minimum number of OVC that received at least 3 services from Project HOPE.
8.1.B: OVC that receive only economic strengthening services from Project HOPE
8.2: 1,850 are women participating in the program. 1,226 are continuing in the program since start in 2005 and during COP08 624 new women will join the program though the formation of 48 new VHF. Altogether 1,850 will participate during COP08
8.3: 50 are the estimate number of OVC that Family Resource Persons could identify as malnourished (through anthropometrics) in the communities and provide emergency food parcels until improvement in weight (around three months)
8.5: 26 are the estimate number of children that are expected to be supported in getting birth certificate and when applicable death certificate of their diseased parents
8.6: Project HOPE provides basic health messages to care givers of OVC and based on historical data like previous targets it estimates that 78 OVC (Project HOPE).
8.7: Same as above Project HOPE provides parenting skills/psychosocial support training to care givers of OVC and identified OVC
8.9: Number of OVC which care givers are participating in a VHF and receiving referrals to access services

Target Populations

General population

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Omusati

Oshana

Caprivi

Erongo

Kavango

Khomas

Ohangwena

Oshikoto

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7656.08	**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:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	6471.08	**Planned Funds:**	$4,082,493
Activity System ID:	16180		

Activity Narrative: In FY07, USG continued its OVC support to local organizations & 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, & sustainability by addressing financial & programmatic accountability, including M&E & financial management, leadership, management, governance & strategic direction. PACT will source targeted technical assistance to organizations & foster networking & communities of practice to assist in implementation. Key focus areas for FY08 funds include: 1) Rights-based programming & protection of OVC 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 & Development Communications (16501.08), and others 6) improving M&E & linkages into national systems 7) leveraging the private sector for supporting OVC with nutritional support & 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 provide similar managerial & 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 with FY06 and FY07 funds, a national OVC database was created to assist the government in registering, tracking & supporting services rendered to OVC, including social welfare grants. With FY08 funds, Pact will assist the MGECW extend use of the database to lower levels and NGOs with emphasis on routine use & feedback of information. PACT will fund key positions recommended by a USAID-UNICEF Human Resource and Capacity Gap Analysis that are approved by the MGECW.

Established to assist victims of sexual assault, Women & Child Protection Units lack appropriate staff to work with victims of violence to launch appropriate investigations & link with needed services. Pact will continue support to the Units and ensure involvement by MGECW, Ministry of Safety and Security (MOSS), MOHSS, UNICEF, Legal Assistance Center (LAC) & others working with OVC victims of violence. This activity will support removal of OVC from abusive situations and assist with placement into protection services. FY08 resources will improve victims counseling, the referral system, follow-up support and promote community-based violence prevention of OVC.

Local NGO plans for FY08 resources include:

1. Catholic Aids Action (CAA) is Namibia's largest provider of community-based OVC support. CAA's 1730 community volunteers will deliver quality services to 18,000 OVC; of those, half (9000) will receive at least 3 focused interventions for vocational training & educational support, HIV prevention (6470.08) basic health care, & psychosocial support including grief counseling. After-school nutrition programs will target 1380 OVC. Supervised by fulltime staff, volunteers provide psychosocial support, supervision, & advocacy and routinely receive refresher training. HBC volunteers (see Pact CAA Pall Care) 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 scholarships to selected OVC in "Saving Remnants", a program further supported by private resources. Because WFP is ending food support in December of 2007, other and private sector donors will be sought to continue food donations to continue wrap around programs for food assistance.

2. Reaching communities in 8 of 13 regions, the Evangelical Lutheran Church's AIDS program (ELCAP) utilizes existing church structures to target over 200 OVCs ages 6-18 with primary direct support while 805 receive supplementary support meeting quality standards in food/nutrition, education & psychosocial support. Specific activities include experiential learning camps, after-school programs, kids clubs, referrals to vocational training & economic assistance. ELCAP will train caregivers to recognize symptoms & make effective referrals for health & protection services & to assist OVC in registration and accessing government grants.

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 2360 OVC to increase self-esteem, self-reliance & address loss/bereavement through experiential learning camps & Kids Clubs. With FY08 funds, Philippi will expand the pilot community -based empowerment program, Phoenix, from 2 to 5 regions, benefiting 800 OVC in 20 Kids Clubs; this child-driven program focuses on building responsibility & self-reliance through micro-grants to address issues identified by OVC. Philippi ensures communities are developed as supportive environments: the Journey of Life curriculum empowers local communities to be responsible for the care & support of OVC through influential leaders while following up with youth group leaders.

4. The Church Alliance for Orphans (CAFO) will graduate and transition fully under NPI award in FY08 thanks to Pact's capacity building assistance in FY 06 and FY07 (18235.08)

5. TKMOAMS uses their existing HBC program to reach OVC in 4 north central regions. About 1/4 (200) of HBC volunteers & community counselors will be trained in psychosocial support & caring for OVC to reach 1,500 OVC with emotional support, referrals to care & food support. TKMOAMS will expand their services at 2 of their 6 food distribution sites to provide 200 OVC with life skills education including HIV prevention, social protection & psychosocial support.

6. The Rhenish Church AIDS Program (RAP) covers 16 congregations in 4 regions. RAP will support 400 OVC with school uniforms, school & exam fees, experiential learning camps & an after school club assisting with homework & emotional support. RAP will link OVC with their prevention program (6470.08) 100 Caregivers will be trained. RAP will also ensure that 150 of 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 300 OVC aged 5-18 by focusing on psychosocial support, basic life skills, leadership skills, spiritual support & referrals for basic health care in 5 Hope Clubs for Children. Hope Club staff supervise activities and are trained in psychosocial support by Philippi Trust. In a wrap-around program, AFM works with Africa Inland Mission & local primary school teachers to assist OVC with after-school tutoring at the Hope Clubs.

Activity Narrative:

8. Sam Nujoma Multipurpose Centre (SNMPC) will target 200 OVC aged 5-18 in the “Bright Future After School Program” with focused & structured age/sex segmented educational & life skills sessions & meals. SNMPC will assist OVC with access to social grants, improve the quality of psychosocial support interventions, & focus on life skills, health/hygiene, & training of caretakers to provide OVC with basic needs.

9. Legal Assistance Center’s (LAC) Aids LAW Unit will reduce the vulnerability of OVC by addressing discrimination & advocating for OVC rights. LAC will advocate for the reform of policies & laws that negatively impact OVC rights. With a “Voices of Children” advocacy tool, LAC will promote & protect children’s rights by empowering OVC and 826 principals & stakeholders in 8 regions. LAC will scale up is Community Child Rights Watch program & provide legal assistance & protection for 350 OVC. This partner will link to the FY07 activities with the Women and Child Protection Units.

Overall OVC targets reflect reductions for double counting among subgrantees.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7415

Related Activity: 16122, 16130, 16140, 16177, 16199, 16501, 18777, 16111, 16179, 16114, 16125, 16175, 16198, 16201, 16234, 17639, 17640, 18208, 18235, 16181, 16182, 17061, 17261

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26989	6471.26989.09	U.S. Agency for International Development	Pact, Inc.	11226	7656.09	PACT TBD Leader with Associates Cooperative Agreement	$3,112,835
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
18777	18777.08	7394	599.08		US Peace Corps	$197,600
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening
* Education
* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$100,000
Estimation of other dollars leveraged in FY 2008 for food	$400,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	14,915	False
8.1.A Primary Direct	10,341	False
8.1.B Supplemental Direct	4,574	False
8.2 Number of providers/caregivers trained in caring for OVC	3,054	False

Indirect Targets

Target Explanations:
8.1
CAA 18000
CAFO 0 1500 cut to 0
PHILLIPI TRUST 2360
RHENISH AIDS PROGRAMME 400
TKMOMAS 1500
AIDS LAW UNIT (LAC) 350
SNMPC 200
AFM 300
ELCAP 805
8.1.A
Estimated overlap with CAA and TKMOAMS or Philippi (500). Removed 10% based on referrals not being a services.
CAA 9000
PHILLIPI TRUST. 2360
RHENNISH AIDS PROGRAMME 230
TKMOAMS 200
AIDS LAW UNIT. 0
SNMPC 0
AFM 0
ELCAP 200
8.1.B
(CAFO) = 4674 - 100 street kid = 4574 Overlap between CAA and TKMOAMS (200) and RAP – and ELCAP (100) added 10% based on 1149 primary directs being moved to suppl b/c of referrals not a service. Removed 1500 CAFO.
CAA 900
RHENISH AIDS PROGRAMME 170
TKMOAMS 1300
AIDS LAW UNIT. 350
SNMPC 200
AFM 300
ELCAP 605
8.2
(CAFO) = 3064 – 10 street kids 3054 Overlap LAC and ELCAP: 150. RAP too high -80
CAA 1700
PHILLIPI TRUST 217
RHENISH AIDS PROGRAMME 100
TKMOAMS 200
ALU. 826
SNMPC 55
5 OVC care givers and 50 family OVC caretakers
AFM 26 14 trained by PTN and 12 by Gender Equality
ELCAP 170 (25 hostel workers, 125 registration & protection volunteers)
8.3
Estimated this by: TKMOAMS: 900 AFM: 300 SNMPC: 200
Estimate that TKMOAMS and SNMPC probably serve similar areas: reduce by 20 for double counting

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Religious Leaders

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	1575.08	**Mechanism:**	Track 1
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3780.08	**Planned Funds:**	$530,446
Activity System ID:	16125		

Activity Narrative: FHI/FABRIC will work with Positive Vibes for two years using COP 08 funding to: 1) Tap into an existing network organization (Postive Vibes) comprised of people living with HIV and those directly affected by HIV to ensure that services reach OVC; 2) build on the capacity of a network to integrate services and provide quality care to both adults and children; 3) Establish links with several government line-ministries and NGOs in the north-central regions of Namibia (e.g. Yelula-Ukhai, Catholic AIDS Action, Lifeline/Childline), that serve the highest number of OVC; and 4) Continue to work with the Regional Psycho-Social Support Initiative to implement several experiential-learning tools: "AIDS and Me," "Heroes' Books," "Body Mapping," and "Lifebooks."

Strategic Objective #1: To increase the number of OVC reached through quality community level services

Over a period of two years, Positive Vibes will provide direct services to 500 in year one and 400 in year two orphaned and/or vulnerable children in the far northern, central and southern regions of the country who are not yet benefiting from PEPFAR funding. Indirect services will be provided to an additional 2000 OVC though training HIV+ parents, guardians, older siblings and other family members. Additionally, Positive Vibes will enhance the quality of work for children and their families by other service providers, and promote children's access to available community services. Positive Vibes with FHI/FABRIC support plans to implement activities in Omusati, Ohangwena, Oshana, Oshikoto, Karas and Khomas with its existing partner, Yelula Ukhai. Initially implementation will be in the north central region, and during the second year include the south). Yelula Ukhai is a project of the Alliance 2015, and forms a collaboration between IBIS (currently including Positive Vibes), People in Need, and the AIDS Law Unit of the Legal Assistance Centre. Thus, Positive Vibes will tap into Yelula-Ukhai's network of project partners, and compliment their work by providing additional resources for working with vulnerable children.

The start-up phase (first quarter of year 1 only) will include baseline research, by supporting a Treatment Literacy survey with SMA, NawaLife, The Rainbow Project, and CAA support, involving outreach questions to adult members of PLWHA support groups around the country. FABRIC will add questions about the needs of the members' children (HIV+ and HIV-), and also conduct three child participation focus groups and support the recruitment and training of staff and facilitators (trainer-coaches) in the north.

Beginning in the second quarter of the project-year, the project will initially work with the children of HIV-positive people belonging to 53 community support groups of HIV-positive people that are supported by Positive Vibes and Yelula-Ukhai in four regions: Ohangwena, Oshikoto, Oshana, and Omusati regions; (Two more regions: Khomas and Karas, will follow as funds permit in the second year.) All children will participate in extended Psycho-Social Modules (8 sessions each), in which they will engage in a process of self-reflection and learning, focusing on children's rights (legal protection), health-education (including HIV prevention and treatment adherence), emotional development (psycho-social support), and access to services (service coordination). All of the children in the target population have (or had) HIV+ parents, special focus will be given to those children who are HIV+, to ensure that they have access to treatment services. The participating children will initiate follow-up activities supported through the project that will build on needs and priorities identified by the children during the training. These "empowerment" activities will be designed by the children with adult support, and are meant to demonstrate meaningful action based on the learning and confidence that the children gained through their Psycho-Social/ Learning modules. These will have either a direct or indirect bearing on improving the quality and coordination of services accessed by the participating children and their peers. Examples that are anticipated are drama around child rights, a mural on HIV prevention to their school and or poetry reading on issues of concern at a community gathering. The project will also work with childrens' parents and guardians as well as staff of faith based and other organizations responsible for providing children with services.

Y2 of Project: The same types of activities are anticipated for the second year of funding, as well as the first (October 2008 – May 2010). During the second year, focus will be on refresher- and advanced training. Also, the number of new Psycho-Social modules will reduce in the second year i.e. 300 instead of 500, but at the same time the number of "children's empowerment" follow-up activities will increase from 20 to 30 groups. At the end of the second year, a national Advocacy and Dissemination gathering (emphasizing "lessons learned") will be conducted. Therefore, children and families will access quality, community-level services at four levels as follows:

1. Via services provided directly by Positive Vibes -

2. Via services accessed in the community through Positive Vibes -

3. Via training of Parents and Guardians -

4. Via additional training and indirect services through by faith based organizations and other service providers

Strategic Objective #2: To strengthen the capacity of Positive Vibes to effectively target, coordinate and sustain programs of local level and member organizations

The project will see the scaling up of Positive Vibes' Children's Voices methods, which to date have been piloted in two sites in the Oshikoto and Khomas regions with limited human and financial resources. FHI/FABRIC will ensure that the methods are rolled out through all the support groups participating in the project in their respective regions, and that Positive Vibes provides the community-based facilitators with the necessary training, mentoring and support. The project will also strengthen Positive Vibes' capacity to implement, monitor and evaluate the project's activities, thereby ensuring that quality of training and facilitation is maintained, and the necessary reporting requirements are met. This is with a view to Positive Vibes developing:

• A cadre of community-based Children's Voices facilitators, who can continue facilitating the Children's Voices methods and the delivery of OVC services into the future.

• A team of experienced and skilled trainers who will be in a position to train more facilitators in future.

• The administrative capacity to scale up Children's Voices methods and OVC service delivery effectively

Activity Narrative: and efficiently.

• The capacity to compile and analyze the evidence needed to illustrate the process and results of the project; evidence which could then be used to support proposals to continue the work in future.

FHI FABRIC will a) help Positive Vibes achieve long-term sustainability through direct funding with USAID and/or other donors and b) ensure that the methodologies and lessons-learned through the project can be continued with little or no outside support at the community-level, wherever the project has been able to provide services.

Strategic Objective #3: To strengthen or create linkages and networks to co-ordinate OVC coverage and ensure sharing of lessons learned

Through FHI,FABRIC support, Positive Vibes will work with Yelula-Ukhai and other organizations to expand their involvement in these networks, as well as national networks addressing OVC issues at the national and regional levels (e.g. through the National Permanent Task Force on OVC). The project partners will use these networks to share experiences and learning from the project, and to advocate for improved, community-level services for children where necessary.

Strategic Objective #4: To provide timely and reliable information and meet reporting obligations

Currently Positive Vibes is partnering with NawaLife Trust and the Social Marketing Association in a survey that will investigate the experiences of HIV-positive people and their children's access to health care and social services. This study is a follow up to a similar study conducted by Positive Vibes and the national association of people living with HIV, Lironga Eparu, in 2005. The latest study, which is due to be conducted between October 2008 and January 2009, will partner with FHI/FABRIC and include questions relevant to the children, thus providing baseline data for the project. The study will also assist in identifying needs to be addressed through the project. Meanwhile, Positive Vibes will conduct consultations with PLWHA support groups and other project partners during the first three months of the project to further identify needs to be addressed through the project, and to ensure partner buy-in to and understanding of the project.

FABRIC and Positive VIBES will contribute to the annual USG COP, compile information for timely transmission in the semi annual and annual reports. In addition, FABRIC and Positive Vibes will attend OVC related meetings in-country as well as COP meetings required.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7401

Related Activity: 16112, 16122, 16140, 16180, 16198, 16201, 16234, 16249, 16182, 16202, 16199, 16501, 16111, 16107, 16114, 16175, 17639, 17640, 18208, 18235, 17261

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27473	3780.27473.09	U.S. Agency for International Development	Family Health International	11436	1575.09	Track 1	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,730	False
8.1.A Primary Direct	1,865	False
8.1.B Supplemental Direct	1,865	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Indirect Targets

Target explanations too big for this text box. See excel spreadsheet.

TARGETS HAVE CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

indicator #8.2 Number of providers/caregivers trained in caring for OVC = 200

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

Erongo

Hardap

Karas

Kavango

Omaheke

Otjozondjupa

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7660.08

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: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3781.08

Planned Funds: $930,000

Activity System ID: 16114

Activity Narrative: The goal of this continuing program by the Academy for Educational Development (AED) is to increase the resilience of the basic education system to positively impact the quality of life of OVC in school so that they succeed and complete primary education. This activity links with prevention activities in the education sector including workplace programs (8500.08). The activity will assist with the development and implementation of the Ministry of Education's (MOE) OVC Policy and the HIV & AIDS OVC component of the Education and Training Sector Improvement Program (ETSIP). The activity directly supports the implementation of three of the five key program components of the Government of Namibia's (GRN) Medium Term Plan (MTP III) for HIV/AIDS. These include (1) creating an enabling environment, (2) treatment, care & support, and (3) impact mitigation.

In 2005, AED used PEPFAR funding to support 6,370 OVC to remain in and progress through primary school. Under COP 2006, AED supported an additional 4,752 OVC, for a total of 11,122. Under COP 2007, the number of OVC receiving support to remain in school jumped to nearly 22,000 (approximately 10% of national OVC population). AED provided support grants to 118 schools for OVC uniform sewing projects, nutritional support in the form of meals, and payment of school development fund to enable OVC to attend class full time. This funding was complimented by USAID education funding under the mission's BES-3 program which will end in FY 2007.

In its third year of support, AED will endeavor to transition from providing direct grants to schools, to supporting the education system, to better deliver services that will benefit all learners, but OVC specifically. AED is now concentrating on a sustainability project to ensure that lessons learned in managing grants to schools can assist the MOE as it programs for OVC. AED's ongoing grants needs assessments are an essential component to transition the activity from direct grants to support through MOE structures. Using COP 2007 funds, AED continues to provide support to 20,000 OVC through school grants and empowering communities to sustain projects through a number of strategies: AED and Project HOPE collaborate and deliver economic strengthening for school boards to use micro-credit and continue the AED-initiated school and community projects (3779.08).

AED will address system strengthening with MOE in COP 2008 in three areas: policy, monitoring and evaluation, and targeted school feeding systems:
--AED collaborated with UNICEF to finalize the MOE's OVC in Education Policy and Implementation Plan with COP 2007 funds. With COP 2008 funds AED will pilot key implementation plan activities. AED will conduct an assessment of MOE OVC school and hostel fee exemption, fee usage and implementation challenges, and review alternatives through the Education Development Fund (EDF), as well as the extent of school manager policy awareness. AED, in collaboration with UNICEF, will use COP 2008 funds to support the National Institute for Educational Development (NIED) and the Directorate of Program Quality assurance (PQA) to conduct regional level trainings for 1,250 school principals on the understanding and implementation of this policy.
--AED will also support the NIED research unit to assess the coping mechanisms employed by OVC. Annual MOE OVC data (attendance, retention and performance) will be analyzed to measure the impact of the two rounds of small grants and together with UNICEF's School Development Fund exemption pilot, it will inform the MOE strategy for EDF scale up.
--AED is conducting nutritional assessments in collaboration with the Ministry of Health and Social Service (MOHSS) nutrition unit and regional MOE structures using the expertise of retired nurses to transition schools from USAID BES 3-support to the MOE-funded school feeding program, currently serving over 100,000 OVC, and to ensure sustainability. An AED short-term technical advisor (TA) will strengthen the MOE's ability to plan, implement, and monitor the feeding program and make appropriate referrals using empirical data on OVC to scale up support to over 50,000 additional OVC. During the transition AED will assist the MOE with transport of food to schools. AED with assistance from the MOHSS nutritional unit and NGOs will help the MOE to design and deploy skills upgrading in basic hygiene and school meal planning and preparation for caregivers and other volunteers who prepare meals at schools.

AED will address OVC psychosocial support (PSS) gaps with FY 2008 funds to reach parents and caregivers directly and train education personnel. With COP 2007 funds, using African Network Children Orphaned Or at Risk (ANCHOR) and HOPE's PSS training manual, AED will train 5,000 participating OVC caregivers in PSS. Working with the MOE, the PSS program will be taken to a national level in 400 schools. OVC PSS training will link with the AED prevention activity in-school curriculum and training of school counselors will take place in both OVC and Prevention areas (8500.08).

In COP 2008, AED will continue to work with the Directorate of Program Quality Assurance (PQA) and the diagnostic, advisory, training and support (DATS) unit in the MOE to help revitalize the Policy Implementation Unit (PIU) to conduct an assessment to understand the ability of regional school counselors to provide support and the challenges that hinder it. AED will support DATS to design and/or improve a PSS training program for 700 teachers from 350 schools via a cascade model, which will ensure referral links to services offered through the Ministry of Gender Equality and Child Welfare and MOHSS. Regional school counselors will identify most at-risk learners and make appropriate referrals to health, social assistance grants, legal and other services.

In COP 2007, AED implemented the Sports for Life program with NAWA Life Trust, funded by Johnson & Johnson International through a public-private partnership agreement. It involved 50 schools and trained out -of-school youth in basic sport types such as soccer and how to help younger learners with homework. These trained volunteers then worked with sports teachers and conducted after-school homework support activities for learners twice a week. Using COP 2008 funds, AED will target older, out-of-school OVC to become volunteers while simultaneously providing them with support to complete their secondary education.

AED's OVC TA will continue to support PQA and the Planning and Development (PAD) Education Management Information Systems (EMIS) unit to deliver the infrastructure (computer software, hardware, and deployment) while providing training at regional levels to enable school inspectors to collect, analyze, and report OVC data. AED will provide TA to ensure that the existing annual school census form is revised to contain data fields that can feed into the MGECW OVC national database. This will include information on the MOE school feeding program to make data available on nutritional impacts, learner performance, and retention. AED will continue to provide accurate and timely performance data using the annual diagnostic assessments of samples of 4th and 6th graders that will include components to assess learners'

Activity Narrative: knowledge and attitudes about HIV/AIDS to inform the program's prevention component.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7400

Related Activity: 16122, 16140, 16199, 16501, 18777, 16111, 16179, 16125, 16175, 16180, 16198, 16201, 16234, 17639, 17640, 18208, 18235, 16202

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26948	3781.26948.09	U.S. Agency for International Development	Academy for Educational Development	11214	7660.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
18777	18777.08	7394	599.08		US Peace Corps	$197,600
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Estimated PEPFAR dollars spent on food	$100,000

Public Private Partnership

Estimated PEPFAR contribution in dollars	$25,000
Estimated local PPP contribution in dollars	$250,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	9,500	False
8.1.A Primary Direct	0	False
8.1.B Supplemental Direct	9,500	False
8.2 Number of providers/caregivers trained in caring for OVC	5,000	False

Indirect Targets

Additional indicators:
8.3 Number of OVC who received food & nutritional supplementation through OVC programs = 7,000 (but 50,000 INDIRECTLY)
8.7 Number of OVC who received psychosocial support through OVC programs = 7,500

Target Explanations:
8.3: 7,000 = AED will provide 7,000 OVC directly w/ food. Also, with AED's support for transport, the MOE will be able to reach 50,000 more OVC with its school-feeding program than it would have otherwise but AED will not be able to individually monitor these kids; thus we are counting those as indirect support.

8.1, 8.1.B, & 8.7: AED will provide 7,000 OVC directly w/ food. Of the 7,500 OVC getting psychosocial support via AED (working with the schools), roughly 1/3 will not already be counted under the food & nutrition indicator, so: 7,000 + 2,500 = 9,500

8.2: 5,000 = last year, AED trained 3,000 caregivers; this year they propose to reach 5,000. They will come from the OVC in 118 schools that AED is targeting. They will be trained in child rights, nutrition, psychosocial support, and 1,000 of them will also be trained in economic strengthening by Project Hope.

13.1: 2 = the School Feeding Division of the Program Quality Assurance Directorate (PQA) (in the MOE) and the Planning & Development Directorate, EMIS Division (MOE)

13.2: 30 = 13 regional school counselors + 5 PQA school feeding staff + 5 EMIS staff + 7 DATS

14.3: 1,250 = 1 school principal in 1,250 of the 1,650 schools. The training will be in OVC and HIV/AIDS policy.

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	8318.08	**Mechanism:**	NPI/CAFO
Prime Partner:	Church Alliance for Orphans, Namibia	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	18990.08	**Planned Funds:**	$333,322
Activity System ID:	18990		

Activity Narrative: In this continuing activity, CAFO is now a prime partner implementing an expanded program: Helping Underserved 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), launched in October 2002 with 368 member congregations and FBOs working through 68 ecumenical committees in 25 specific political constituencies in all 13 regions of Namibia where there is no overlap with other USG-funded initiatives and other development partners providing similar support. With New Partners Initiative (NPI) funds CAFO works in 25 constituencies in 13 regions and with FHI/FABRIC support CAFO assists communities in six constituencies in six regions.

CAFO collaborates with the Ministry of Gender Equality and Child Welfare (MGECW) in Namibia. CAFO currently chairs the National Subcommittee on Care and Support under the OVC Permanent Task Force and will continue to work to ensure the registration of all OVC under the Ministry of Gender Equality and Child Welfare (MGECW), and promote access to social grants by 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 translated in four local languages, to facilitate its use as a training guide at the local community level. Ultimately CAFO hopes that all local congregations should have at least one on-going 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 service areas, lack food and nutritional support and OVC who are at risk of not attending school).

In 2008 thirty sub-grantees (depending on the OVC numbers and needs the sub-grantees could be inter-denominational CAFO Committees or organizations running individual projects) in total will be supported, seven sub-grantees are continuing from COP 2007 and the other 23 will be newly identified, with established committees to provide technical support. Each of these sub-grantees will be awarded approximately $ 16,400 per year which will include administration costs. Each sub-grantee will identify a volunteer who will assist in the monitoring and evaluation (M&E) of projects, data entry and report writing CAFO will provide training and follow-up support to 625 sub-grantee care-givers on issues of accountability such as program/financial management, M&E and quality assurance; psycho-social support, 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 30 sub-grantees 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.

During COP 08 2,250 OVC will receive primary and supplementary support. 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 a Kids Club. This will equip caregivers to minimize injustices currently experienced by the children.

After the first six months of COP 08 CAFO will use lessons learned to provide innovative techniques and strategies to local congregations and faith-based groups to increase coverage, improve quality of services, and fill gaps in services identified by the data gathered during this period. 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 database.

CAFO is in partnership with the United Nation's Children Fund (UNICEF). UNICEF is contributing to 15 OVC community projects, database training and the provision of administrative support to two regional offices, (Kavango and Oshikoto regions), which respectively include governance, capacity building and the roll out of the Journey of Life program. Approximately two thousand OVC will be reached under financial support from UNICEF. As part of CAFO's organizational development, an exchange program within other African countries is anticipated. This exchange program will contribute to learning from best practices which in turn will lead to the implementation of quality programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17640, 16201, 18208, 16198, 17639, 18235, 16125, 16180, 16234, 16114, 16175

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Economic Strengthening
* Education
* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$43,938
Estimation of other dollars leveraged in FY 2008 for food	$17,861

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,250	False
8.1.A Primary Direct	1,300	False
8.1.B Supplemental Direct	950	False
8.2 Number of providers/caregivers trained in caring for OVC	225	False

Indirect Targets

see target explanations in CAFO's centrally funded activity (18235.08), which shows the SUM of the two activities' targets

Target Populations

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7925.08
Mechanism: NPI/CAFO
Prime Partner: Church Alliance for Orphans, Namibia
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 18235.08
Planned Funds: $0
Activity System ID: 18235

Activity Narrative: In this continuing activity, CAFO is now a prime partner implementing an expanded program: Helping Underserved 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), launched in October 2002 with 368 member congregations and FBOs working through 68 ecumenical committees in 25 specific political constituencies in all 13 regions of Namibia where there is no overlap with other USG-funded initiatives and other development partners providing similar support. With New Partners Initiative (NPI) funds CAFO works in 25 constituencies in 13 regions and with FHI/FABRIC support CAFO assists communities in six constituencies in six regions.

CAFO collaborates with the Ministry of Gender Equality and Child Welfare (MGECW) in Namibia. CAFO currently chairs the National Subcommittee on Care and Support under the OVC Permanent Task Force and will continue to work to ensure the registration of all OVC under the Ministry of Gender Equality and Child Welfare (MGECW), and promote access to social grants by 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 (8025.08) Guideline has been translated in four local languages, to facilitate its use as a training guide at the local community level. Ultimately CAFO hopes that all local congregations should have at least one on-going OVC-focused program which could be an after-school program, supplementary feeding (3781.08), 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 service areas, lack food and nutritional support and OVC who are at risk of not attending school).In 2008 thirty sub-grantees (depending on the OVC numbers and needs the sub-grantees could be inter-denominational CAFO Committees or organizations running individual projects) in total will be supported, seven sub-grantees are continuing from COP 2007 and the other 23 will be newly identified, with established committees to provide technical support. Each of these sub-grantees will be awarded approximately $ 16,400 per year which will include administration costs. Each sub-grantee will identify a volunteer who will assist in the monitoring and evaluation (M&E) of projects, data entry and report writing CAFO will provide training and follow-up support to 625 sub-grantee care-givers on issues of accountability such as program/financial management, M&E and quality assurance; psycho-social support, 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 30 sub-grantees 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.

During COP 08 4,000 OVC will receive primary and supplementary support. 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 (5690.08) 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 a Kids Club. This will equip caregivers to minimize injustices currently experienced by the children. After the first six months of COP 08 CAFO will use lessons learned to provide innovative techniques and strategies to local congregations and faith-based groups to increase coverage, improve quality of services, and fill gaps in services identified by the data gathered during this period. 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 database.

CAFO is in partnership with the United Nation's Children Fund (UNICEF). UNICEF is contributing to 15 OVC community projects, database training and the provision of administrative support to two regional offices, (Kavango and Oshikoto regions), which respectively include governance, capacity building and the roll out of the Journey of Life program. Approximately two thousand OVC will be reached under financial support from UNICEF. As part of CAFO's organizational development, an exchange program within other African countries is anticipated. This exchange program will contribute to learning from best practices which in turn will lead to the implementation of quality programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16112, 16122, 16140, 16199, 16501, 18777, 16111, 16142, 16179, 18825, 16107, 16114, 16125, 16175, 16180, 16198, 16201, 16234, 17639, 17640, 18208, 16182, 16202

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
18777	18777.08	7394	599.08		US Peace Corps	$197,600
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
18825	18825.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$50,000
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Economic Strengthening
* Education
* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$85,292
Estimation of other dollars leveraged in FY 2008 for food	$34,671

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	4,000	False
8.1.A Primary Direct	3,200	False
8.1.B Supplemental Direct	800	False
8.2 Number of providers/caregivers trained in caring for OVC	400	False

Indirect Targets

Targets explained for the SUM of this activity's targets & CAFO's country-funded targets 18990.08
8.1.A: 4,500 = 4,500 to receive: (1) food (2) health care; (3) psychosocial (4) edu. Thus, primary direct support. (Assumed that those receiving shelter & care (3,000), protection (1,500), & econ strengthening (600) services also fall w/in these 4,500.)
8.1.B: 1,750 = 6,250 - 4,500 getting primary. I.e., these OVC will be getting only the psychosocial & edu.
8.2: 625 = From each of the 30 subgrantees, ~ 21 Caregivers to be trained on issues of accountability (program/financial mgmt, M&E & QA; psychosocial support, HIV prev, care, & tx; child rights, advocacy & social mobilization & econ strengthening to improve HH incomes & help sustain care & support of OVCs) 625 = 30 x 20.83
8.3: 4,500 = Each of the 30 subgrantees to provide food to ~ 150 OVC via after-school feeding programs, home -based visits, etc.
8.4: 3,000 = Each of the 30 subgrantees to support 100 OVC w/ shelter & care via home-based visits, school uniforms, materials for clothing, toiletries, etc.
8.5: 1,500 = 50 OVC identified from each of the 30 subgrantees to be supported w/ protection services (referrals to social workers)
8.6: 4,500 = Most health services to be referrals but assumed that 15 of 30 subgrantees may pay for med services for 200 OVC total (not each). 4,500 total OVC identified according to their age groups to be identified by the 30 subgrantees & provided w/ health edu
8.7: 6,250 = 6,250 OVC to receive psychosocial support through 625 Caregivers/Volunteers trained, assuming each volunteer trained reaches 10 OVC
8.8: 6,250 = Most subgrantees are linked to pre-school sites w/ edu as the focus for age group <15. Thus all 6,250 OVC to receive edu support (school & hostel fees & school supplies)
8.9: 600 = 30 subgrantees to identify 20 children (15+ yrs) who will benefit from econ strengthening (skills trng & small business dev't

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7833.08

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: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 17639.08

Planned Funds: $200,000

Activity System ID: 17639

Activity Narrative: This new 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; co-ordination of the National Plan of Action (NPA); structure and staffing; resources; information dissemination -

One of the main challenges in addressing the situation of OVC is the lack of skilled human resources in both the public social service and civil society sectors. Existing systems and structures are overstretched and ill-equipped to cope with the demand to deliver comprehensive, quality services to meet the multi-dimensional 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 human resource (HR) and capacity gap analysis previously mentioned was conducted with the overall purpose "to review the roles and responsibilities of the Ministry staff, including social workers and record clerks at 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 affect 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. Newly recruited staff and staff in newly created posts as well as existing staff will need training to be orientated to slightly different priorities and responsibilities.

One of the main recommendations from this assessment 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 with money 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 FY 2008.

The activities under the scope of work for this TA position include:

1) Develop an HR plan for the MGECW to describe short-, mid-, and long-term solutions to address HR needs and management processes with special focus on strengthening regional capacity.

2) Finalize and submit 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 Permanent Task Force (PTF), and an OVC Forum focal person.

3) Approach development organizations to secure financing to cover the remaining 59 Community Childcare Worker positions for an interim period of up to 1 year, and advocate with the Government of Namibia (GRN) for increased budget allocation.

4) Work with the University of Namibia to recruit and place fourth-year social work students in the regions and constituencies for their practicum and subsequent employment; and to secure funding for and allocate bursaries to students studying social work.

5) Ensure service provision at constituency level to make full use of all available ministry staff to build community capacity for both Early Childhood Development (ECD) and OVC services. Develop guidelines and agreements with civil society organizations to allow MGECW, at constituency, regional and national levels to use NGO and CBO volunteers to assist social workers and Community Childcare Workers to increase and enhance services to OVC and caregivers at the community level, including referrals, home visits and providing information

6) Draw up a plan and schedule of training for new recruits, staff in newly created posts, and staff with new responsibilities to cover areas identified and design an induction or staff development plan.

7) Provide opportunities for leadership training and mentoring for senior staff.

8) Finalize and submit 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 (17261.08), the secretariat for PTF, and an OVC Forum focal person.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16107, 16114, 16125, 16175, 16180, 16198, 16201, 16234, 17640, 18208, 18235

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

8.1 Number of OVC served by OVC programs -- Upstream: Because this technical assistance is occuring at the national level -- with the Ministry of Gender and Child Welfare -- the upstream target should be equivalent to the USG upstream OVC target.

TARGET EXPLANATIONS:

14.2: 2 = MGECW + UNAM

Additional indicators:

1 = HR plan for the MGECW to describe short-, mid-, and long-term solutions to address HR needs and management processes with special focus on strengthening regional capacity.

30 = Assume we secure financing from development partners to cover at least half of the remaining 59 Community Childcare Worker positions for an interim period of up to 1 year

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	1376.08	**Mechanism:**	N/A
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	8016.08	**Planned Funds:**	$75,000
Activity System ID:	16234		

Activity Narrative: In this continuing activity, funding is requested for assistance provided by the USAID OVC Technical Advisor based in Namibia. This Advisor assists with planning, management, implementation, and evaluation of OVC programs and activities. He represents the USG at a multisectoral level through membership in the National OVC Permanent Task Force. The advisor works in close collaboration with other USAID sectors to identify leveraging opportunities, maintains close contact with USG care partners, UNICEF, and the Global Fund, and serves as the key liasion with the Ministry of Gender Equality and Child Welfare on OVC matters. He works closely with the MOHSS, MOE, MHAI, and MOSS, and provides on-site support, guidance, and follow up on a $7-8 Million OVC portfolio.

He raises awareness of challenges faced by implementing partners to GRN counterparts, and works closely with the MGECW Permanent Secretary to tackle higher level policy and operational issues bottlenecking implementation of OVC direct services. This in-country Advisor will work closely with the Regional OVC Advisor CASU to strengthen HIV/AIDS programming for OVC in Namibia and will liaise directly with ministerial and implementing partners to share best practices.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8016

Related Activity: 18208, 17640, 16201, 16198, 16175, 17639, 16125, 18235, 18990, 16180, 16114

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27011	8016.27011.09	U.S. Agency for International Development	US Agency for International Development	11235	1376.09		$361,811
8016	8016.07	U.S. Agency for International Development	US Agency for International Development	4402	1376.07		$72,365

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18990	18990.08	8318	8318.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$333,322
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

8.1 Number of OVC served by OVC programs UPSTREAM: This position is contributing to the quality of all the USG OVC programs and therefore could be said to contribute to the services that all OVC reached by USG will receive

Explanation for 14.2
MGECW + the USG OVC partners (19)

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4667.08
Mechanism: N/A
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8026.08
Planned Funds: $730,000
Activity System ID: 16201

Activity Narrative: In 2005 Project HOPE (HOPE) began the "Sustainable Strengthening of Families of Orphans and Vulnerable Children" project, which delivers health messages and training on parenting skills combined with access to micro credit. To date, over 1,600 caregivers of OVC in the Oshana, Oshikoto, Ohangwena and Omusati Regions are participating in this program. Additionally, 300 households headed by either elderly or OVC were added during COP07. Project HOPE is a Track 1 partner (3779.08) with an agreement in place for 2005 – 2010 and also receives funding from the field. In FY07, Project HOPE underwent an assessment of their program direction and implementation which resulted in a new project alignment between the field funding program and Track 1 scope of work. Under the Track 1 agreement HOPE works mainly with caregivers, while the field funding program supports the new prevention activities, work with grannies and households. Although the project works with existing government and non-governmental organization (NGO) and faith-based organization (FBO) partners in Namibia, there is scope for additional cooperation.

The UNICEF OVC Situational Analysis in 2001 indicated that the number of families caring for OVC and the number of OVC in these households (HH) is increasing at an alarming rate. It is projected that by 2021 there will be approximately 250,000 OVC under the age of 15 in Namibia. A lack of economic opportunities and a high unemployment rate constitute a serious challenge to heads of households (HH) who bear the financial responsibility for these OVC. A baseline study conducted by Project HOPE (8025.08) in 2006 and regular data collected by Family Resource Persons (FRPs) (community volunteers) indicate that 54% of the caregivers are elderly (60 years and above) and the main source of income for the HH is the N$370 monthly pension for the elderly. The baseline study also revealed that 1% of the caregivers are OVC themselves and regular surveillance data from the FRPs show that the older OVC are leaving their siblings with neighbors or community members and leaving to pursue economic opportunities elsewhere. Caregivers who can earn income are stressed by the constant search for income to contribute to the HH needs, often resulting in the neglect or abandonment of children, and at times a hostile environment for the OVC who bear the brunt of the stress experienced by their caregivers.

To address some of these issues HOPE proposes the following objectives: To expand the coping capabilities of families of OVC by 1) improving economic status and quality of life within HHs; and 2) strengthening the capacity to provide care and support to OVC. During COP 2008 300 HH (COP 2007) will continue participating and will receive larger loans to enable business growth and market expansion. They will also receive a host of business development services from Business Development Officers (BDO). Community Health Workers (CHW) will continue providing the Parenting Skills/Listening Skills curriculum "Happy Children at the Heart of the Community" during the bi-weekly meetings and FRPs will continue facilitating access to services for OVC including, but not limited to, psychosocial support (18235.08), bereavement counseling, access to maintenance and foster grants, as well as food donations for malnourished under 5. Leveraging with other partners, including prevention (see activity #) with a stronger focus on health and promoting health seeking behavior and preventative health care will be developed as Project HOPE expands. The demand for these services is increasing and HOPE proposes to expand the program in the currently active regions to reach an additional 450 HH (making a total of 750 HH).

HOPE proposes to hold promotional meetings with interested groups identified by stakeholders like Ministry of Gender Equality and Child Welfare (MGECW), Catholic AIDS Action (CAA), Lifeline Childline (LLCL), Regional AIDS Coordination Committees (RACOS), Evangelical Lutheran Church in Namibia (ELCIN) (6471.08) and others. After the promotional meeting, interested OVC Caregivers will form Village Health Funds of self-selected caregivers. They will be provided a pre-loan training (five to six sessions depending on their level of understanding). Identified OVC heads of HH will receive scholarships for vocational training (3782.08)and or apprenticeships. Linkages for future public-private partnerships may occur with apprenticeship programs in conjunction with other USG OVC business partnerships. Established Village Health Funds (VHF) will receive financial services ranging from savings, loans and (for more mature groups) leases. Bi-weekly meetings will be held to repay their loans/leases and to receive the "Happy Children at the Heart of the Community" curriculum as mentioned above. HOPE will provide services to three field teams: the Loan Team (LT), the Health and Psychosocial Support Team (H&PSST) and the Business Development Team (BDT). All teams will have representation in the groups through the elected management committee that will include a President, Treasurer and a Secretary who will work closely with the LT to ensure good governance and repayment of loans.

Family Resource Persons will work closely with the Health and Psycho-social Support team (H&PSST) and the MGECW to conduct activities mentioned above while Business Activists will work closely with the BDOs in identifying business opportunities and ensuring participants are exploiting opportunities in the market. Caregiver/Family resource persons will assist in providing OVC support and community care. The program will have a stronger focus on health and promoting health seeking behavior and preventative health care. One of the business opportunities the VHFs will pursue closely is the industrialization of local agricultural produce into E-PAP, a nutritional supplement for people living with HIV and OVC. VHF members will be encouraged to form associations to produce and supply the demand of partner organizations such as CAA, TKMOAMS, YELULA, ELCIN, Church Alliance for Orphans (CAFO) and others (6471.08).

In order to ensure that the implementation of activities goes according to plan, regional supervisors as well as team supervisors will visit field activities between two to three times a week and daily activity reports will be entered into a database to keep track of all activities. Each teamwill have a set of monitoring and evaluation (M&E) tools to assess impact; some of them will be collected at baseline and recollected after a year of participation. One of these tools is the member profile, which provides socio economic data for each member. All tools will be kept by groups in files as well as entered into a database. VHF files contain the following information about each member: member profile (collected by field staff), household assessment (collected by FRP), house visitation reports, growth monitoring assessment (in under-5), evidence of referrals and recollected information. All data is entered into the databases through data entry personnel and will be linked to the national OVC database (17364.08)Process data will be analyzed by the regional supervisor and Acting/Country Director to adjust and correct interventions and also to report back to USAID.

HOPE will participate and advocate for OVC in different networks such as the OVC Permanent Task Force, OVC Regional Forums, RACOC meetings and Home Based Care Forums to strengthen access to services for OVC. HOPE will support activities of the MGECW, like the OVC National Database, OVC Forums and other community structures. HOPE will also collaborate with other USG partners to develop prevention materials and behavior change communication (BCC) messaging, to train home care volunteers and community action forums and integrate reproductive health. HOPE will also participate in microfinance and

Activity Narrative: small business forums to strengthen the services provided to the small businesses that caregivers are operating. Theses networks include the Rural Microfinance Task Team, Namibia Chamber of Commerce and Industry, Ministry of Trade and Industry and the Joint Consultative Committee. HOPE together with other micro finance institutions will establish a Microfinance Institution Umbrella Organization/Forum.

Project HOPE has been actively involved in the process in Namibia of developing minimum criteria and quality standards, especially in the area of economic strengthening. The program will align its curriculum to the standards and expanding service delivery to provide quality core services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8026

Related Activity: 16112, 16122, 16140, 16177, 16199, 16141, 16111, 16142, 16179, 16107, 16114, 16125, 16175, 16180, 16198, 16234, 17639, 17640, 18208, 18235, 16249, 16181, 16202, 16251, 17061, 17261

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27000	8026.27000.09	U.S. Agency for International Development	Project HOPE	11229	4667.09		$1,060,000
8026	8026.07	U.S. Agency for International Development	Project HOPE	4667	4667.07		$650,311

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,150	False
8.1.A Primary Direct	32	False
8.1.B Supplemental Direct	3,118	False
8.2 Number of providers/caregivers trained in caring for OVC	750	False

Indirect Targets

TARGET EXPLANATIONS
8.1.A: 32 was taken because this will be the minimum number of OVC that received at least 3 services from Project HOPE
8.1.B: OVC that receive only economic strengthening services from Project HOPE
8.2: 750 are women participating in the program. 300 are continuing in the program since COP07 & during COP08 450 new women will join the program though the formation of 34 new VHF. Altogether 750 will participate during COP08
8.3: 21 are the estimate number of OVC that Family Resource Persons could identify as malnourished (through anthropometrics) in the communities & provide emergency food parcels until improvement in weight (around three months) 107 are OVC that participate in partners soup kitchen programs (CAA, TKMOAMS & ELCIN)
8.5: 11 are the estimate number of children that are expected to be supported in getting birth certificate & when applicable death certificate of their diseased parents. 53 is the estimated number of children that will be refereed to other partner organizations like the Ministry of Gender to get a maintenance grants. Other organizations like CAA, ELCIN, TKMOAMS & others.
8.6: Project HOPE provides basic health messages to care givers of OVC & based on historical data like previous targets it estimates that 32 OVC (Project HOPE) & 21 (Other Organizations) will be referred & taken to by a Family Resource Person.
8.7: Same as above Project HOPE provides parenting skills/psychosocial support training to care givers of OVC & identified OVC with PSS support will be taken by volunteers to receive counselling
8.8. Estimate number of OVC that will receive a vocational training scholarship/apprenticeship from Project HOPE & 50 will be the number that will be leveraged by other partner organizations.
8.9: Number of OVC which care givers are participating in a VHF & receiving referrals to access services

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Omusati
Oshana
Ohangwena
Oshikoto

HVCT - Counseling and Testing

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

Total Planned Funding for Program Area: $8,679,387

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

USG support to counseling and testing (CT) is a high priority in Namibia, with the promotion of routine services in the clinical setting and VCT at non-governmental community centers. Routine services, confidentiality, and protection against discrimination and stigma are integrated into the new national HIV/AIDS policy.

Since 2003, activities have included technical assistance to the MoHSS at the national level, development of national guidelines, training and curricula, establishment of rapid testing and quality assurance (QA), HIS support, health facility renovations, direct financial support for CT in health facilities, and community VCT centers. USG support in COP07 and the preceding years has enabled the Namibia Institute of Pathology (NIP) to strengthen rapid testing quality assurance, training, and follow-up supportive services. Rapid testing was introduced for the first time in FY05 at 14 New Start VCT Centers and 6 public health facilities. Rapid testing is now available in 93 public health facilities (20% of all facilities). Rollout of rapid HIV testing to all remaining health facilities will be a major priority in COP08. The USG will continue to support training of health workers and NGO/FBO providers in CT. By December FY08, a cumulative total of 508 community counselors will be trained and deployed in various health facilities throughout Namibia. With COP08 funding, the MoHSS will increase the number of CCs deployed to health facilities from 508 to 658.

The USG is supporting a very innovative strategy of utilizing community counselors for provision of counseling and testing in health facilities. The introduction of community counselors into health facilities in mid-2005 has been a major boost to provider-initiated CT services as well as those seeking VCT in health facilities, which is common in Namibia. CT is now routinely offered to pregnant women, TB and STI patients in hospitals, health centers and clinics and increasingly to patients with suspected HIV-related symptoms. However, capacity remains limited compared to the huge demand. Community counselors, who receive a 6 week didactic and 6 week practical training, are being certified to perform rapid testing. Quality assurance results thus far show essentially 100% concordance with ELISA. Emphasis in FY08 will be to make at least one counselor available to most clinics, 2-3 per health center, 3-5 per small hospital, and 10-15 per referral hospital. Counselors will be equipped to deal with clients in a range of settings including PMTCT, TB, STI and ART clinics, and general outpatients. Training will be enhanced to include prevention with positives, couples counseling (ART clinic is the most common scenario in which this is needed in Namibia), and risk reduction. The additionally trained community counselors support a more integrated system through strong linkages to health facilities and the community, aiming to strengthen community and institutional linkages as well as referrals over the long term.

In COP07, the USG has provided support to implement a network of 17 community-based free standing Voluntary Counseling and Testing community centers in 10 regions. The network began in 2003 with EU funding and 6 centers. Since FY04, USG funding expanded the network to 8 more centers, including establishing integrated CT within PMTCT and ART programs in 3 MoHSS supported mission hospitals. As a result of continued USG support for the extension and expansion of CT services, the network has seen dramatic increases in client numbers- the total number of CT clients rose from 13,425 in 2004 to 31,061 clients in 2005 to 48,000 in COP06. Average client flow grew to over 4,000 clients per month during COP06. Challenges encountered have been strong stigma particularly in some regions which have resulted in low uptake of testing services, significant gender imbalance resulting in low numbers of men accessing testing and up to 30% retesting rates at some centers. In 08 and in support of the goal of 65,000 new CT clients in community centers, USG community testing partners will implement focused community mobilization and a behavior change communication strategy focusing on first time testers, couples and increased male testing. It is hoped that 95% of those tested will be first time testers and that the number of couples tested will at least double from 8% to 16%.

The USG support for community centers is being leveraged by the Global Fund (GFATM) which has been providing funding for the lead USG VCT partner to set up a community center at Eenhana, the 1st center in Ohangwena region. The MoHSS is expanding capacity within the public sector to increase CT provision with rapid testing through decentralization at health facilities principally financed by the USG and the GFATM. The GFATM has also provided an assistant CT coordinator in MoHSS to work with the National CT Program Coordinator and the USG-funded Technical Advisor.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	313
9.3 Number of individuals trained in counseling and testing according to national and international standards	910
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	146210

Custom Targets:

Number of males who received medical male circumcisions via the public sector	5000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	1376.08	**Mechanism:**	N/A
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	17578.08	**Planned Funds:**	$75,000

Activity System ID: 17578

Activity Narrative: Namibia is hard hit by an HIV/AIDS epidemic with a current prevalence rate of 19.9% among pregnant women based on sentinel surveillance data from 2006. Namibia has a successful HIV treatment program reaching about 36934 patients as of June 2007. However, there is still a huge unmet need for HIV services, and linkages of treatment to prevention and care programs. To effectively access HIV/AIDS services, counseling and testing services are central to establishing an entry point to HIV/AIDS prevention, care and treatment.

To better deliver these services, and keep up with new developments, a dedicated specialist will need to support the program. A recent Staffing for Results exercise conducted by the USG revealed a critical need to have a Counseling and Testing Specialist. This position was endorsed by an interagency team that met an agreed that the current breadth of programs for counseling and testing required more attention to quality and improvement at a service delivery level. This specialist will work closely with CDC's Counseling and Testing Advisor to streamline USG support in counseling and testing, ensure that MOHSS guidelines are followed by all implementing partners, and lend critical attention to improving quality, scale, and coverage of activities. The C&T specialist will be directly responsible for a $5million portfolio, and is essential to ensuring that all activities are closely monitored and implemented by faith based partners. The CT Specialist will focus on improving a referral system to ensure that HIV+ patients and clients are linked to care and treatment services, both at a community and facility level.

This position in critical to ensure that overall CT efforts will be coordinated with the Ministry, as well as other development partners such as the Global Fund.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16108, 16135, 16156, 16165, 16174, 16186, 16194, 16220, 18058

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16186	7448.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$648,500
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

UPSTREAM

This is a USAID CT technical advisor. As such, s/he will be providing TA to all USAID CT partners and sites, which means that the post will contribute in an indirect way to indicators 9.1 (# service outlets), 9.3 (# people trained in CT) and 9.4 (# people who CT'd and got their test results).

DOWNSTREAM TARGET EXPLANATION

14.2: 2 = Capacity + MOHSS

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3078.08

Mechanism: The Capacity Project

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 19407.08

Planned Funds: $68,750

Activity System ID: 19407

Activity Narrative: Three randomized controlled trials in sub-Saharan Africa have demonstrated that safe male circumcision (MC) reduces a man's chances of HIV infection by roughly 60 percent. MC rates in southern Africa are low, however, and widely considered one of the drivers of the epidemic in the region. A regional estimate by the World Health Organization (WHO) estimates that less than 20 percent of men in the region are circumcised. It seems likely that MC rates in Namibia are low as well: for instance, a survey in 2004 of the National Defense Forces of Namibia found that 26 percent of soldiers reported being circumcised (this estimate is not necessarily representative of the larger male population, however). The 2006 Demographic and Health Survey (DHS) will provide additional information on prevalence of MC in Namibia, and its results should be available in September 2007.

Despite its new and somewhat controversial nature, MC is recognized by the Government of the Republic of Namibia (GRN) as having an important role to play in HIV prevention; 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 is adamant 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 MOHSS is using FY07 funds from USG and UNAIDS to conduct a situational assessment based on WHO's situational analysis toolkit. The situational assessment will include: (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, the MOHSS will use PEPFAR FY07 funding to conduct a costing analysis (based on methods used in other African countries) that will determine the cost and likely impact of providing male circumcision in Namibia.

Because the MOHSS will base its national MC strategy, policy, and guidelines on the results of the situational assessment and costing analysis (which will appear sometime in FY07), most MC activities supported by the USG for FY08 cannot at this stage be defined in a detailed way and are only listed as TBD. Once the results are out, USG Namibia will work closely with OGAC, MOHSS and the MC task force to reprogram the FY08 funding in support of the strategy and recommendations adopted from the research. Some general activities, however, have already been proposed: (1) training of MC service providers; (2) an information, education, and communication strategy and intervention to address acceptability issues and create demand; (3) MC-related commodity procurement; and (4) an MC policy and advocacy development activity.

For instance, 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; and (3) counseling on risk reduction behaviors with a focus on partner reduction and abstinence, as well as condom provision and appropriate referrals to other health and social services. The MOHSS will develop standard operating procedures and guidelines and an intensive capacity-building plan for service providers that will result in the certification of facilities and service providers. This certification process will include require quality-assurance mechanisms and a protocol for the management of surgical complications. The surgical training will be based on the WHO/ UNAIDS/ JHPIEGO procedures for circumcision under local anesthesia. The initiative might eventually require approved task shifting to senior nurses and midwives to alleviate the burden on medical doctors (the national IMAI has been approved and IMAI training is being rolled out); the situational assessment and costing analysis will include recommendations on cadre numbers, task shifting, and training. Additionally, the MOHSS will also review the essential medicines list to accommodate lower level facilities and commodity management systems. MOHSS will also investigate the procurement of clinical MC kits and commodities, the specifications of which would be based on the recommendations currently in development between OGAC, the Clinton Foundation, and SCMS.

The MOHSS understands the risk of not implementing a well-constructed communications and advocacy strategy concurrent to the development of clinical services. The MOHSS will facilitate an intensive sensitization process throughout the medical community to counteract apparently widespread attitudes and resistance to MC. Building on its November 2007 "Engaging Men" Conference, the MOHSS will liaise with stakeholders to conduct a highly sensitive dialogue with leaders and decision makers at the community level to mitigate fears and misunderstanding, including the likelihood of an increase in disinhibited sex behaviors. Although the MOHSS recognizes that USG funding cannot support traditional MC providers to perform circumcisions, the MOHSS has prioritized traditional MC providers for information and education as key community gatekeepers. 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.

In FY07, the MC task force has initiated this communications and advocacy process with sensitization about MC by targeting the medical fraternity via the HIV Clinicians' Society, which is hosting a series of meetings with key MC experts. 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 national insurance when indicated for medical reasons, and the cost of private circumcision services is prohibitive for most Namibians.

Activity Narrative: This initiative will help create sustainable national services for MC in Namibia. It will leverage and complement resources from other donors including UNAIDS and WHO. Discussions with MOHSS and the MC task force suggest that FY08 USG resources might support the national MC initiative in the following way: support clinical training, capacity building and supportive supervision within the public sector (ref: ITECH 16758, $75,000) and faith-based sector (ref: Capacity 7459.08, $30,000); procurement of clinical MC kits and commodities (this submission, 16762.08, 18058.08) for a total of $275,000); provide technical assistance to the MOHSS on the creation of policies, guidelines and standard operating procedures, as well as timely response to consumer concerns via the media (7459.08); integrate MC into the package of services for prevention with positives within clinical settings; integrate MC messages to primary and secondary target audiences within a comprehensive prevention campaign (5690.08 $160,000); mainstream MC messages within all ongoing clinical, VCT, workplace and community mobilization activities, ensuring inclusion within existing gender mainstreaming initiatives that address male norms and behaviors and sexual violence (12342.08, 16501.08). All budgeted activities are allocated in the following manner: 25% AB, 50% OP, and 25% CT.

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.

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 district hospitals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7648.08 **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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 12334.08

Planned Funds: $546,278

Activity System ID: 16108

Activity Narrative: This activity is a continuation of COP 2007 CT activities and links with the support to the national Take Control campaign and community mobilization and outreach activities (see Prevention OP and Prevention AB).

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).

Key target groups are sexually active Namibians between 15 and 49 with an emphasis on men and those in steady relationships (couple testing).

NLT has taken over the portfolio of demand creation for CT services in COP 2007 from SMA. By the end of COP 2007, NLT will have completed a basic qualitative evaluation of existing CT communication (including the generic testing campaign launched by MOHSS). Based on this evaluation and in close consultation with Intrahealth/PACT and the MOHSS Directorate of Special Programmes, NLT will have adapted existing or created new mass media communication materials that promote CT.

This highly visible media campaign that promotes VCT and testing in government health facilities will link with community mobilization activities and activities in and around testing centers as well as with the regular New Start radio broadcasts that provide in-depth information around HIV testing and other HIV/AIDS related issues.

In COP 2008, NLT will sustain and expand mass media activities promoting VCT through its campaign as well as through the New Start radio project .While the campaign will continue to be geared at general population, sub-components will be developed that target at least two specific priority audiences in COP 08, most likely couples and men. Final identification of priority audiences will depend on research outcomes as well as on feedback from testing centres and from Intrahealth. In addition, NLT will advocate for partner testing to become a focus topic in the Take Control campaign, linking this national mass media initiative with the VCT service campaign. Both these initiatives will then be linked to create a national HIV-testing drive, reaching a minimum of 400,000 Namibians in a three-month period, covering World AIDS Day. NLT will, through Take Control, also use this opportunity to step-up the mobilization of social capital by creating synergies with Take Control partners and strengthen leadership support for testing.
Throughout COP 2008, NLT will reinforce mass media campaign messages with interpersonal communication activities. This involves strengthening the delivery of information in and around testing centers by intensifying outreach, especially but not exclusively during the partner testing campaign, through CAFs and New Start Mobilizers. This will include the distribution of a minimum of 400 outreach toolkits that help promote messages around couple testing. NLT will also forge partnerships with other organizations in the field to reach at least 10,000 community members through interpersonal communication in the course of COP 08. NLT will also assist IntraHealth with possible communication needs around mobile testing services that are anticipated to be introduced by 2008.

NLT will also sustain the New Start radio project which has been broadcasting on 8 NBC language radio stations since 2006. By the end of COP 2007, these program's will have undergone a full revamp to increase attractiveness to audiences and increase reach with target groups. This will include the development of a more entertaining format, increased training of presenters and, potentially, repackaging content in various timeslots and promoting programme slots through other media. This reformatting will also aim at reducing media placement costs and may include the downscaling of some language broadcasts that do not prove to have a larger following.

In COP 2008, NLT will complete this process and step-up the promotion of the remaining radio slots to increase their audience reach. Messages in the radio programmes will closely link with the activities of the CT and national campaigns to create synergies. Quality assurance will be provided through refresher and follow-up trainings to radio presenters on media skills and updated HIV/AIDS information. Also, NLT will introduce interactive elements (e.g. SMS feedback, competitions) to gauge audience involvement. Selected broadcasts will be included in CT post-testing focus group discussions.

In the course of COP 08, NLT aims to raise recall values of its targeted testing campaigns to at least 50% of the target populations. NLT is aiming to also reach 40% of the target populations (listened over last 6 months) through the New Start radio program by the end of COP 2008. NLT aims to contribute to significantly higher numbers of people having gone for a test among those exposed over those not exposed to the above programs. Program exposure and KAP data will have to be generated through the collaborative surveys.

NLT will, for all of the above activities, receive and utilize the support of a BCC capacity building organization that will strengthen program design and monitoring.

During COP 2007, NLT will have developed a new set of print IEC materials for use in testing centers, including information on testing procedures as well as prevention/care pack to give to support post-test counseling for negative and positive clients after the test. Post-test care materials will promote the minimum care package and link with HBHC activities (see that section). Sites will be equipped with information points that will help display key information and IEC materials more prominently to clients.

Activity Narrative: In COP 2008, NLT will expand on on-site communication activities by installing audiovisual equipment in waiting areas of VCT sites. This will allow NLT, under the guidance of IntraHealth to produce and screen TV "info-mercials" on topics such as the testing process and prevention for negatives and positives. Also, these TV/DVD sets can be used to screen campaign messages and relevant materials from community outreach programmes such as "NawaCinema". In project sites, "NawaCinema" teams can also assist IntraHealth's community mobilisers in screening these "info-mercials" during community outreach or mobile testing sessions.

Print Information, Education and Communication (IEC) materials developed in COP 07 will be reprinted and according to need but not exceeding 12 materials (language versions included). Post-testing activities will determine whether updates are necessary. Using care funds, this will include the mainstreaming of additional care messages into on-site communication materials for use in VCT as well as government testing facilities in line with the stepping-up of activities under the "Positive Living" campaign.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12334

Related Activity: 16149, 16119, 16150, 16120, 16151, 16154, 16135, 16156, 16165, 16174, 16186, 16194, 16220, 17578, 18058, 16158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26979	12334.26979.09	U.S. Agency for International Development	Nawa Life Trust	11223	7648.09	Nawa Life Trust Cooperative Agreement	$546,278

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
17578	17578.08	7388	1376.08		US Agency for International Development	$75,000
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16186	7448.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$648,500
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Additional Indicators/Targets

1. Number of individuals reached through CT outreaches = 10,000
2. Number people receiving CT outreach toolkits = 400
3. Number of 15-49 year olds reached with CT mass media messages = 500,000

Targets Explained

1. Number of individuals reached through CT outreach: 16 CAFs x 625 individuals reached per CAF
2. Number of individuals receiving outreach toolkits: 222 CAF members + 178 partners and stakeholders
3. People reached with mass media messages: 50%* of the approximately 1 million people between 15-49 years reached

*Mass Media Percentage based on the funding level and maturity of campaign

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

Religious Leaders

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3078.08	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	4736.08	**Planned Funds:**	$3,993,591
Activity System ID:	16135		

Activity Narrative: IntraHealth/Namibia, the Capacity Project is expecting as a result of its FY06/ 07 capacity building process to transition to direct funding two sub-grantee partners, Catholic Health Services (CHS) and Lifeline/Childline (LL/CL) for FY 08. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY08 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.

In October 2007 with USG support, IntraHealth through the Capacity project (CP), assumed management of the New Start (NS) network of ten standalone VCT centers and three hospital-based Catholic Health Services (CHS) CT sites. This move merged the highly successful and high volume Lutheran Medical Services (LMS) site at Onandjokwe hospital and one more CHS integrated site (Rehoboth) into the NS network. Equally, in COP 2007, the Anglican Medical Services (AMS) began offering C&T services at the Odibo health centre.

At the end of COP 2007, the USG will support ten NS VCT centers and six integrated CT sites. Under COP 2008, the CP will continue to move towards the priority focus of provider initiated testing and counseling (PITC) in clinical settings and improving access for HIV positive individuals to services (other clinical, preventive, social, psychological and spiritual care). Capacity Project will continue counseling and support for HIV negative individuals. The USG will also strengthen linkages to care and treatment for stand alone VCT sites. This paradigm shift in NS will further the USG goal of increasing the number of individuals receiving their HIV test results and consequently HIV care and treatment.

By mid-08 the standalone VCT site in Rundu will either be integrated into the state hospital setting or be re-located in very close proximity to the hospital. All patients presenting with symptoms of HIV disease at integrated sites will be offered HIV testing as part of the diagnostic testing in an "opt-out" approach ensuring at all times that the testing is voluntary with strict confidentiality. During COP 2008 under the NS umbrella, seven integrated C&T sites and nine VCT sites will test 65,000 first time clients using the three different approaches of client-initiated, provider-initiated and diagnostic testing.

Under COP 2006 funding, PMTCT was rolled-out to 25 rural facilities (CHS and LMS) and evolved into a wrap-around activity utilizing both CDC (through deployment of community counselors) and USAID support. Due to the isolated nature of the areas served by these PMTCT sites, community members began to also access CT services there. Under the CP support, these PMTCT points will continue to offer another CT access opportunity for rural Namibians.

Under COP 2008, the CP will increase quality of C&T 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 software. The management of the NS network will be led by a highly trained and functional team blending medical and social work professionals.

The CP team will continue to link with NawaLife in an advisory capacity as they expand an aggressive demand creation campaign for HIV testing. This partnership will increase testing numbers at both NS and MOHSS testing sites. The recruitment of community mobilizers in most sites will also enhance this demand creation activity.

The effective and uninterrupted supply of rapid tests and medical consumables will be accomplished through a continued partnership with Supply Chain Management System (SCMS). The needs for more storage space in some of the testing sites will be discussed with SCMS and USG partners.

The CP will continue partnering with the Namibia Institute of Pathology (NIP) (16165) who will provide clinical quality assurance oversight at all rapid testing sites with an emphasis on assisting with the roll-out of outreach testing services. The CP will work closely with the MoHSS as a member of the CT technical working group providing support and technical expertise on both clinical and counseling issues.

The CP proposes to introduce two new set of activities at five NS pilot sites: Walvis Bay, Tonateni, CCN Windhoek center, Oshikuku and Rundu as the integration of activities evolve. The part time nurses at four of these sites will be moved to full time in order to supervise and coordinate the expansion of services offered at these sites to include clinical services such as TB screening, nutritional assessments, referrals and advice on male circumcision, implementation of prevention with positives (PwP) initiative which involves STI screening, condom promotion and distribution, family planning, couple counseling including discordance and gender-based violence issues, alcohol screening through brief motivational interviewing approach. The nurse will also lead the NS referral process, build strong linkages with the hospitals, coordinate the follow-up with clients to ensure the referral contact was made when possible. She will further serve on the regional referral committee to ensure that the system remains functional. In addition, CP will collaborate with TBCAP to offer community based TB DOT in the CT sites, as needed, as part of the current initiative that uses several community points (using containers) to increase the TB DOT coverage. The expansion of services to a comprehensive package moves CT from traditional HIV testing to multipurpose one-stop centers for prevention and care activities. As a result, quality is expected to improve significantly but cost per client might also be driven higher.

The second expansion activity carried out at these pilot sites will be outreach HIV CT which will allow hard-to-reach communities, mobile population in high prevalence areas access to CT and link them to care. These outreach activities, to be undertaken under MOHSS guidance and in collaboration with other stakeholders, is likely to increase testing numbers at lower cost.

Under COP 2007, Capacity Project is bringing the CT training program in line with the minimum standards for training which were set by the MoHSS. In COP2008, Capacity Project will continue to work the MoHSS and ITECH to complete training for both NS and LL/CL counselors during COP 2008. Special effort will be made to ensure that accurate information is understood and reinforced about the window period, the importance of adequate prevention counseling with negative testers, TB referrals for all positive testers,

Activity Narrative: alcohol and HIV, and gender based violence. Staff will also be trained to conduct brief motivational interviewing for alcohol abuse.

Community Mobilizers will continue to be trained and updated in carrying out pre-test informational sessions with potential clients. This intervention will decrease the amount of pre-test counseling time spent with each client allowing more time in post-test counseling to ensure that effective referral services and prevention planning occurs. Community Mobilizers will also actively work to increase male participation in CT services through engaging men including informational barbecues, male only expert speaker sessions and village based discussion sessions covering topics such as partner reduction, the role of men in PMTCT and the challenges of fidelity. Focus group discussions will be conducted with men in various NS sites in order to understand their reluctance to access CT services. This will guide in tailoring services to male needs and guide strategies for men involvement. Results of these focus group discussions will also be shared with NawaLife and incorporated into the demand creation campaigns.

The CP training and supervision team will continue to ensure high quality of service at NS centers through recruitment and retention of qualified staff and a systematic monitoring and evaluation plan. The CP team will attempt to institute standardized minimum hiring requirements and a standardized salary structure for all NS partners. Elevated educational and experience requirements will build quality staffing into all NS sites and adequate salaries will decrease attrition and inefficient repetition of trainings. Center staff cadres will mature and become more effective. On the other hand, supportive supervision visits using check list and scoring system, mystery client surveys, analysis of client exit interviews, suggestion boxes and focus group discussions will ensure continuous quality improvement of C&T activities across all NS network.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7405

Related Activity: 16108, 16156, 16165, 16174, 16186, 17578, 18058

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26961	4736.26961.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$3,422,511
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
17578	17578.08	7388	1376.08		US Agency for International Development	$75,000
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16186	7448.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$648,500
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Male circumcision

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	110	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	63,200	False

Indirect Targets

Targets explained:

9.1: 18 = 5 hospitals' VCT sites + 1 health center + 12 standalone sites (incl. the CBD LL/CL center in Windhoek)

9.2: 65,000 = (75,000 visits, but only 65,000 first-time testers for that 12 months) In COP06 it was 33,000, in COP07, will go up to 48,000 and by COP08, it will go up to 65,000

9.3: 110 = According to the training schedule and needs

12.3: 6,500 = 10 % of tests (in indicator 9.2 above) go to NIP

TARGETS HAVE CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

Indicator#9.1 Number of service outlets providing counseling and testing according to national and international standards = 11
Indicator#9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) = 54,000

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Teachers

Coverage Areas
Erongo
Hardap
Khomas
Ohangwena
Kavango
Omusati
Oshana
Oshikoto
Otjozondjupa

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1068.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3926.08

Planned Funds: $681,804

Activity System ID: 16156

Activity Narrative: Within COP08, 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, Abstinence and Be Faithful , Other Prevention, HIV/TB, Counseling and Testing, and ARV Services. This activity also links with Counseling and Testing activities of interfaith Intrahealth, Potentia and I-TECH, and CDC's system strengthening activity. This activity is a continuation of COP07 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 Day, and (4) professional development of MOHSS national counseling and testing program staff.

(1) Training and deployment of community counselors through the MOHSS Community Counselor Initiative. The MOHSS established the community counselor cadre in 2004 to assist doctors and nurses in healthcare facilities with provision of HIV prevention, care, and treatment services, including HIV counseling and testing for PMTCT, TB, and STI patients as well as ART adherence and supportive counseling; and to link and refer patients from health care delivery sites to community HIV/AIDS and TB services. CCs receive specialized training in couples counseling, in particular to address the unique needs of serodiscordant couples. Emphasis is placed on the recruitment of HIV positive individuals as CCs as a strategy to reduce stigma and discrimination. As of end of June 2007, 382 CCs (25% of whom are HIV positive) have been placed at 253 health facilities. By end of September 2007, 448 CCs will be trained and deployed in health facilities. By end of December 2007, 508 CCs will be trained and deployed in health facilities throughout Namibia. A total of 300 deployed CCs will attend refresher trainings between January and September 2008. 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 150 CCs will be trained and deployed giving 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.

Initial training of CCs involves six-weeks of didactic and hands-on instruction. The training curriculum is multifaceted and includes a variety of components, including confidentiality, stigma and discrimination, pre- and post-test counseling, couples counseling, notification and referral of exposed partners, prevention with positives (PwP), adherence counseling, TB and STIs, risk reduction counseling (including AB and C/OP messaging), basic alcohol and substance abuse counseling, referral for health and social services, and rapid testing. Because CCs are frequently called upon to assist in other capacities within their assigned sites (e.g. translating for physicians and nurses), they are also provided with orientation to the general operations of a health center. With FY08 funding, 300 deployed CCs will also receive refresher training in rapid HIV testing, couples counseling, prevention with positives (PwP), preventive care counseling for children and Provider Initiated HIV Counseling and Testing (PICT) in clinical settings.

PEPFAR funding for the "Community Counselor package" includes: recruitment and salaries for the CCs, 13 regional coordinators, a national coordinator, and an assistant national coordinator (implemented through MOHSS partnership with the Namibian Red Cross); initial and refresher training (implemented by a local training partner); recruitment and salary for the newly established MOHSS position of Counseling and Testing Outreach Coordinator; 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 an annual retreat for CCs; and support for CCs' participation at international conferences. CCs are the primary personnel at health sites responsible for providing HIV testing and counseling, providing pre- and post-test counseling and testing (using rapid tests) to support provider-initiated testing of PMTCT clients and their partners, TB and STI patients, and those with HIV-related symptoms. It is noteworthy that a large number of Namibians also access public health facilities solely for VCT services. The VCT package entails risk assessment, development of a risk reduction strategy and encouragement to bring in partners for testing.

(2) Procurement of HIV Test Kits and Supplies. With PEPFAR support, MOHSS will continue to purchase the following: Determine and Unigold test kits (using a parallel testing algorithm) to be used at MOHSS and mission-managed sites for HIV testing of a projected 125,000 clients; Clearview Complete HIV 1/2 as a tie-breaker in rare instances of discordance; HIV rapid test starter packs to launch new testing sites; and rapid HIV test training supplies for training CCs. Test kits and supplies are effectively procured and distributed to health facilities by the MOHSS' Central Medical Stores through existing mechanisms. In FY08, the MOHSS will also carry out a feasibility assessment for implementing oral fluid rapid testing in specific settings, including outreach and correctional settings. As a part of the MOHSS ongoing review of testing options, the USG will support the MOHSS to evaluate implementation of oral fluid rapid testing in specific facilities. The USG will also support a launch of eighty HIV rapid test starter packs at new testing sites and continue support for rapid HIV test training supplies as a part of the community counselors training program.

(3) Promotion of CT through an annual National HIV Testing Day. MOHSS will organize its 2nd National HIV Testing Day in 2008 to further mobilize and advance efforts in counseling and testing in Namibia. PEPFAR funds will be used to support promotional activities in all 13 regions, including drama presentations, radio announcements, other entertainment/educational events, speeches by national and local leaders, and production and distribution of print and electronic media. Billboards will be erected in at least eight regions. Community partners such as DAPP's door-to-door "Total Control of the Epidemic" (7325 and 7327) will be used to encourage people to test and to link them with the nearest counseling and testing site. It is estimated that 50% or approximately 500,000 Namibians will be reached by mass media messages through this campaign.

(4) Professional Development of MOHSS National Counseling and Testing Program Staff. PEPFAR funds will be used to support attendance of three national-level program managers to attend and to present best practices from Namibia at relevant regional and international HIV/AIDS conferences or meetings. This is key to the professional development of MOHSS National Counseling and Testing program staff and essential to sharing successes and lessons learned between countries.

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,

Activity Narrative: including lack of health care seeking behavior by men, multiple sex partners, transactional and transgenerational sex, power inequities between men and women, and heavy alcohol use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7336

Related Activity: 16158, 16149, 16119, 16150, 16120, 16151, 16154, 16135, 16194, 16220, 16243, 16108, 16165, 16174, 16186, 17578, 18058

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24330	3926.24330.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$3,038,610
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		$919,465

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
17578	17578.08	7388	1376.08		US Agency for International Development	$75,000
16186	7448.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$648,500
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	290	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	85,000	False

Indirect Targets

Targets Explained:

9.1: 290 = based on MOHSS/European Union costing exercise

9.4: 85,000 = based on MOHSS/European Union costing exercise; public sector only

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1404.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 7992.08

Planned Funds: $920,000

Activity System ID: 16165

Activity Narrative: This is a continuing activity that contains four components which serve as the foundation for the quality assurance provided at the national level to all rapid HIV testing sites in Namibia, including both public and NGO/FBO sectors, the bioclinical monitoring of patients on HAART. This activity supports rapid and extensive expansion of provider-initiated testing as well as existing VCT services Namibia Institute of Pathology (NIP) is responsible at the national level for provision of all HIV-related testing technologies for the public sector. With respect to rapid HIV testing, the NIP is responsible for validation of any new rapid test technologies before being used in Namibia; making recommendations to the Ministry on the rapid testing algorithm and selection of test kits; training and post-training certification (based on their first 50 samples being also tested by ELISA) of all rapid testers before they can give results; site inspection of all new rapid test sites to ensure that they meet the minimum standards; preparation, distribution, and follow-up analysis of quality controls and proficiency panels that are sent to rapid test sites; analysis of tested samples from rapid test sites that is also tested by ELISA and following up any performance issues with the tester; submission of reports on rapid test QA to the CT unit, Directorate of Special Programs, MoHSS. Rapid HIV testing is still relatively new in Namibia, but has been spearheaded by the NIP in collaboration with the Ministry and CDC. In FY07, because of low discordance rate between rapid testing sites and central retesting results (0.09%), NIP has recommended that retesting moves to 5% to lower cost. Rapid testing began in New Start VCT Centers in March 2005 followed by Ministry facilities in mid-2005. There are now 93 sites 76 of which are certified for MoHSS and 12 sites for SMA and partners in operation. To date a total of (777) testers were successfully trained, including health workers and community counselors. A total of 325 new rapid testers started their certification process and 440 are certified, allowed to issue results. From April 2007 to July 2007, 6405 tests were performed for testers' certification and 1738 tests performed as part of the continuing quality assurance 10% retesting. During the same period, 116 sets of EQA proficiency panels and 464 QC sets were sent out to the Rapid testing sites. The number of rapid testing sites is expected to increase to 206 by FY07 and up to 250 by FY08. As the national health laboratory and the sole provider of laboratory services for the MOHS, NIP plays a major role in surveillance of HIV, STIs and TB . The rapid expansion of HIV treatment and PMTCT programs, the acceleration of TB diagnosis requires quality Laboratory services. To comply with international quality standards, the NIP's quality assurance department needs to be strengthened. Currently two out of the 35 laboratories have been accredited according to ISO 17025 by SANAS, and NIP is planning to have their central reference laboratory accredited by April 2008, the remaining Labs will follow later. InCOP08 funding is being requested for: (1) ongoing rapid testing QA support (preparation of quality controls, proficiency panels, and to cover the costs of the ELISA tests for ongoing sampling of rapid tests performed, cover the cost of rapid testing sites supervision); (2) Purchase small Lab equipments to strengthen the QA Laboratory capacity; (3) continue to support salary of 6 staff (1overall QA manager, 4 QA medical technologists, 1 administrative assistant).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7992

Related Activity: 16149, 16150, 16151, 16154, 16135, 16156, 16194, 16220, 16158, 16117, 16243

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23979	7992.23979.09	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	10325	1404.09	Cooperative Agreement U62/CCU024419	$870,000
7992	7992.07	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	4384	1404.07	Cooperative Agreement U62/CCU024419	$691,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16117	3862.08	7355	2538.08		Comforce	$260,000
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300

Emphasis Areas

Human Capacity Development

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Indirect Targets:

9.1 Number of service outlets providing counseling and testing: 250

9.2 Number of individuals who receive counseling and testing for HIV and receive the results: 209,000

Indirect Target Comments:

9.1: These are the outlets which are supported by NIP quality assurance.

9.2: Updtream are tests condicted by VCT team but supported by NIP quality assurance.

Direct Target Comments:

9.4: Tests done by NIP as 5% for quality assurance and 50 tests per counsellor (175) for certification.

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	1064.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3897.08	**Planned Funds:**	$764,540
Activity System ID:	16194		

Activity Narrative: This activity is a continuation from COP07. Within COP08, funding for Community Counselors (CCs) is distributed among six program areas, all of them Ministry of Health and Social Services (MOHSS) activities: Preventing Mother to Child Transmission, Abstinence and Be Faithful, Other Prevention, HIV/TB, Counseling and Testing, and ARV Services. This activity also links with CDC's system strengthening activity. In addition, the activity leverages resources from the Global Fund to the MOHSS that support an Assistant Counseling and Testing Coordinator to help with the rollout of CCs and rapid HIV testing, and to non-governmental organizations for VCT services.

This activity also addresses the critical human resources gap at facility levels to delivery HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS prevention, care and treatment services on the scale and at the level of quality that is required for nationwide rollout. The vacancy rate in the MOHSS is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists. The lack of training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive care and treatment services on the scale and at the level of quality that is required. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia Human Resources Consultancy, a Namibian firm which administers salary and benefits packages equivalent to those of the MOHSS. Both MOHSS and HHS/CDC participate in developing scopes of work and the selection of health personnel who are then trained and provided with field support by MOHSS, ITECH, and HHS/CDC with USG funding.

Beginning in FY06, Potentia also began supporting technical and administrative staff previously funded through I-TECH in order to streamline administration and reduce costs. This human resources strategy has been central to Namibia's success to date with meeting its prevention, care and treatment targets. The HVCT positions hired through this activity include:

A technical advisor to assist the MOHSS National Counseling and Testing Coordinator was provided in early 2005 and will be continued. This advisor has played a key role in the deployment of 407 CCs to 188 public health facilities beginning in June 2005 and rapid HIV testing in 91 public health facilities. MOHSS established the community counselor cadre in 2004 to assist doctors and nurses with provision of HIV prevention, care, and treatment services, most importantly by providing HIV counseling and testing 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. CCs receive specialized training in couples counseling, in particular to address the unique needs of serodiscordant couples. The CC training curriculum incorporates gender-sensitive approaches that support the goal of equitable access to HIV/AIDS services for PLWHA and their families throughout MOHSS programs. To reduce stigma and discrimination, emphasis is placed on the recruitment of HIV positive individuals as CCs.

With COP08 support, the number of CCs will increase to 650 by December 2008. New initiatives in 2008 will place CCs in outreach testing sites and correctional facilities. 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, MOHSS Directorate of Special Programmes, to increase access to VCT and provider initiated counseling and testing (PICT) in the clinical setting. The advisor will also guide the national program in the continued implementation of the VCT guidelines and will support the regions and districts in implementation and monitoring of program effectiveness. He will continue to support the unit with the roll out and supervision of counseling and testing sites in health facilities, as well as the recruitment, training, and allocation of CCs for counseling and testing and to support other programmatic areas, including PMTCT, AB, Condoms and Other Prevention, TB/HIV, outpatient departments (where the majority of STI patients are seen), and ART 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.

To increase capacity for decentralized training, eight trainers and one driver will be deployed to the MOHSS' Regional Health Training Centers in six different locations to 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 counseling trainer will take the lead on Prevention with Positives and family planning training. This activity also includes the cost of two rapid test trainers. One RT training coordinator will be supported as the lead person at national level to identify trainees from health facilities and organize trainings. Gradually, these personnel will be absorbed into the MOHSS workforce as funding allows.

Additional funds will continue to support six laboratory technicians to carry out HIV rapid testing quality assurance. These technicians will relieve major bottlenecks in the ongoing rollout of HIV rapid testing in Namibia, specifically with regard to certifying rapid testing sites and the staff persons who carry out rapid testing. The technicians will certify sites and staff persons based on guidelines established by the Namibia Institute of Pathology and the MOHSS to ensure the confidentiality, accuracy, and safety of rapid testing carried out in MOHSS facilities. These technicians will conduct site visits to ensure the integrity of testing sites and the performance levels of the staff. These findings will be relayed to appropriate persons within the VCT program to inform programmatic decision-making. This activity will eventually be scaled back as test sites are certified and coverage is maximized.

In a new activity for COP08, Potentia will recruit and hire 34 clinical case managers. Case managers will fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. The case managers will provide adherence counseling, prevention with positive services, coaching of patients regarding notifying partners, following-up on patients who "slip through the cracks", facilitation of support groups, and referrals to other health and social services, including counseling for drug/alcohol treatment and domestic violence. Particular emphasis will be placed on encouraging men to seek services and to support their partners and children in doing the same. These case managers will have backgrounds in psychology and will be trained by I-TECH (new). All will be trained in effective behavior change communication through Namibia's Male Norms Initiative.

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7343

Related Activity: 16149, 16150, 16151, 16154, 16156, 16220, 16158, 16758

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23953	3897.23953.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$832,467
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16758	16758.08	7384	1065.08	I-TECH	University of Washington	$178,000
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

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

* Training
*** In-Service Training
* Task-shifting
* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	150	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

9.3: 150 = new community counselors

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6145.08

Mechanism: DOD/Social Marketing Association

Prime Partner: Namibian Social Marketing Association

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4488.08

Planned Funds: $0

Activity System ID: 16174

Activity Narrative: Noted April 22, 2008: Prime partner changed from Social Marketing Association to University of Washington.

This activity continues from COP2007 and includes 2 elements: direct counseling and testing services in the Namibian military; and (2) training, technical support and supervision to improve quality of counseling and testing services.

This program will continue to support the Ministry of Defense's Military Action and Prevention Program (MAPP) by providing military community counseling and testing at the existing 2 military counseling and testing centers in Grootforntein and Rundu, two new military counseling and testing centers at the Osona Military School and Walvis Bay Naval Base (established under COP07), the military hospitals in Grootfontein and Rundu and expansion of two new VCT centers which will be opened at two additional military bases (sites TBD). The slow implementation of the program did not allow for the use of mobile CT services in the military during COP07. Therefore this activity will be implemented during COP08 to ensure mobile coverage to all military bases/camps.

Each of the four military CT will be manned by a trained site manager, two counselors, a receptionist and a nurse. These personnel will continue to receive training and refresher courses in order to further enhance their CT skills and to continue to implement the CT program in line with the Ministry of Health and Social Services National Guidelines for Counseling and Testing. The USG will also strengthen the institutional capacity of the Ministry of Defense within the MAPP program to manage the CT program to ensure long term sustainability.

COP08 funds will support intense activities to ensure that the number of soldiers, who have been counseled, tested and received their test results for HIV increases from the targeted 7500 in COP07 to 9000 in COP08. The Program strives to do a 100% testing in the military subject to the concurrence of the Ministry of Defense/Namibian Defense Force (MOD/NDF). The program supports both a VCT approach and a provider-initiated counseling and testing approach. The program will provide pre-test counseling services, testing with rapid test kits, post-test counseling for both HIV negative and HIV positive clients, and referral to the new military care and treatment program for those members that test positive. Messaging on prevention with positives and basic care will be integrated in the program, including safe sex practices such as abstinence, fidelity with condom use; family planning; male involvement; support for disclosure of HIV status; screening and support for STI care; reduction in alcohol abuse; the prevention of mother-to child transmission of HIV; and basic preventive care actions such as prophylaxis for OIs, good nutritional and hygiene practices, screening for TB, etc

A total number of 21 military counselors were trained under COP07. COP08 funds will be used to train an additional number of military HIV/AIDS counselors in order to build the capacity for counseling and testing services at all the 23 bases/camps. Training in CT will include leadership and supervision training for site managers, couple counseling, prevention with positives, alcohol and STI basic counseling, and gender based violence and empowering women and data management for the counselors. The CT data base used to capture data by SMA during COP07 has been moved to the MOD/NDF and 2 MOD/NDF data clerks have been trained data capturing and management. Close linkages will be kept with the MAPP care and treatment partner in capturing data related to counseling and testing, and training the MOD/NDF data clerks to ensure that counseling and testing data is recorded in the military health management and information system. A MOD/NDF laboratory technologist will be trained in the analysis of tests through the National Institute of Pathology (NIP).

The prevention partner will work very closely with the Supply Chain Management Systems (SCMS) in procuring test kits and other medical consumables for the military counseling and testing services. Detailed logistics on how these test kits will be distributed to the military bases/camps will be worked out between the MOD/NDF, the prevention partner and SCMS.

Establishing performance benchmarks will be the key in maintaining quality of CT services. The existing quality assurance tools will be reviewed with MOD/NDF in collaboration with Ministry of Health and Social Services (MoHSS) to establish relevance and appropriateness to both the static and outreach services. Parameters for performance will be defined to include quality of services, number of soldiers reached and effective referral linkages.

This activity will strive to include Quality Assurance for CT in close collaboration with the MoHSS and the Namibia Institute of Pathology (NIP). Rapid Test Quality assurance will be managed by the MOD laboratory technologist with the support of the NIP.

Information leaflets, brochures and flyers, including information on alcohol, gender based violence and male norms, messaging on safe sex practices including abstinence, fidelity with condom use; family planning; male involvement; support for disclosure of HIV status; screening and support for STI care; reduction in alcohol abuse; the prevention of mother-to child transmission of HIV; and basic preventive care actions such as prophylaxis for OIs, good nutritional and hygiene practices, screening for TB, etc will be distributed in CT waiting rooms. Some of these materials will be translated into one or two local languages in order to ensure that military members who may not be fluent in English also benefit from prevention messages.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7896

Related Activity: 16108, 16156, 16165, 16186, 16220

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7896	4488.07	Department of Defense	Namibian Social Marketing Association	6145	6145.07	DOD/Social Marketing Association	$0
4488	4488.06	Department of Defense	Social Marketing Association/Population Services International	3105	3105.06	Military Action and Prevention Program (MAPP)	$321,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16186	7448.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$648,500
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4420.08 **Mechanism:** SCMS

Prime Partner: Partnership for Supply Chain Management **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Counseling and Testing

Budget Code: HVCT **Program Area Code:** 09

Activity ID: 7448.08 **Planned Funds:** $648,500

Activity System ID: 16186

Activity Narrative: This is an ongoing activity from COP2007. The main focus of this activity is to maintain a comprehensive supply chain management system to support the counseling and testing activities of USG-supported counseling and testing sites. This includes support to 17 USG-supported Intrahealth sites as well as support to the Namibian Ministry of Defense. Program successes in COP2007 include setting up a direct delivery system for rapid test kits and supplies to supported sites, and designed and implemented inventory control and logistics management information systems in all supported sites. Plans in COP2008 include: 1) continued support for the implementation of the logistics system for rapid test kits, and 2) procurement and distribution of required rapid test kits and related commodities. Support will also continue to ensure that sites implement and operate the system appropriately through continued training and supportive supervision activities.

In COP2007, SCMS conducted an evaluation of the storage infrastructure of counseling and testing sites and significant gaps in equipment, infrastructure and data management were found. SCMS developed and is currently piloting a system for managing data for inventory control and management of Logistics Management Information System (LMIS) for rapid test kits and related commodities at counseling and testing sites. A customized system (including bar codes, logistics functions, etc) is currently being designed with a local database development company. In COP2008, this system will be rolled out to all counseling and testing sites and will include the procurement and installation of computers and related hardware and software for the sites. The USG will also support SCMS to undertake selected renovations at select sites (identified in the evaluation) and equipment (such as lockable cabinets) for optimal storage and handling of supplies will be placed.

During COP2008, SCMS will continue to procure all the rapid test kit and related supplies according to regulations and will deliver the supplies directly to the USG-supported sites as mentioned above. USG will purchase three types of test kits for various testing procedures: screening (currently Determine), confirmatory (currently Unigold) and tie breaker (currently Clear-View). All HIV test kits purchased will be in accordance with MoHSS testing protocols and will be purchased from USG-approved vendors. All test kits will go directly to the counseling and testing sites where it will be used in the USG funded program. It is estimated that the USG procurement will provide the needed tests kits in COP 2008 to meet the target of 82,000 tests delivered from 29 VCT Centers.

The main emphasis area for the activity is logistics with commodity procurement, local organization capacity building, human resources, infrastructure and training as minor emphasis areas. The target population is mainly policy makers and other health care workers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7448

Related Activity: 16149, 16150, 16151, 16154, 16135, 16156, 16165, 16174, 16194, 16220, 16158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26994	7448.26994.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11227	4420.09	SCMS	$518,500
7448	7448.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$410,136

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	29	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Direct Target Comments:

9.3: In COP FY2008 there is planned to be 29 sites, both stationery and mobiles. SCMS targets to train at least 1 manager/individual per site in counseling and testing commodities management.

9.5: It is estimated that the USG procurement will provide the needed tests kits in FY 2008 to meet the target of 82,000 tests delivered from 29 VCT Centers.

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	1065.08	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3868.08	**Planned Funds:**	$480,924
Activity System ID:	16220		

Activity Narrative: This activity continues from COP 2007 and includes technical support for two elements: training health care workers (HCW) in counseling and testing; and (2) provision of assistance to the community counselor training program.

The lack of comprehensive training on HIV/AIDS prevention, care, counseling and testing and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services (MOHSS) to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the Directorate of Special Programs to train new and existing health care workers in HIV/AIDS. I-TECH provides technical advisors, training and curriculum experts, clinical mentors, educational and training materials, monitoring and evaluation systems for training, infrastructure, training logistics, and funding for training. Based on new or updated national guidelines, I-TECH has facilitated the development of the MOHSS's national training curricula on PMTCT, VCT, rapid HIV testing, Couples Counseling, TB/HIV, ART, nutrition and HIV, IMAI, dried blood spot collection for HIV DNA-PCR for early infant diagnosis, and pediatric care/ART. Support is also being provided to incorporate this new content into the pre-service training curricula for registered nurses at UNAM and for enrolled nurses at NHTC. I-TECH will play a critical role in the decentralization of HIV/AIDS care and ART through various levels of training ranging from didactic sessions to clinical mentoring. I-TECH training activities have been central to Namibia's success to date with meeting its prevention, care, and treatment targets and a long-term strategy is being implemented to reach those health workers still in need of training in HIV/AIDS.

Family planning (FP) and integrated HIV prevention strategies focused on HIV-positive individuals have been largely overlooked in Namibia. Contraceptive use among Namibian women is high (38%), but anecdotal evidence suggests that women on ART are becoming pregnant unintentionally. This not only has implications for the mother's well-being but also for pediatric HIV/AIDS. Many women are also thinking of having another pregnancy and would like to discuss their options with their service providers. Namibian health workers are willing to address HIV prevention and family planning, but they are often constrained by a lack of information, training and clarity on messaging. HIV clinics lack clinical guidelines/protocols and IEC materials, as well as a formal referral system for FP, among other things. Knowledge gaps exist among clinic staff; many HIV staff does not understand the concept of dual protection, while FP staff often believes their clients are at low risk for HIV. I-TECH will also ensure that appropriate messages are integrated into curricula, materials and training for MDs, RNs, and Community Counselors which promote safe sex practices including abstinence, fidelity with condom use; family planning; support for disclosure of HIV status; screening and support for STI care; reduction in alcohol abuse and the prevention of mother-to child transmission of HIV.

The counseling and testing component of I-TECH's program focuses primarily on two aspects of training and technical support: (1) direct training of health care workers (HCW) in quality counseling and testing in partnership with the MOHSS; and (2) provision of technical assistance to the community counselor training program which is contracted out by the MOHSS. In FY07, I-TECH trained 588 HCW in quality counseling and testing services. This resulted in improved counseling and rapid testing services offered in medical settings (an emphasis area in COP2007 and COP2008) by health care workers. I-TECH also provided technical assistance to the MOHSS Community Counselor and Rapid Testing Training Coordinators who are recruited and supported through Potentia to expand quality counseling and testing services offered by community counselors in MOHSS facilities.

In COP2007, I-TECH supported the MOHSS and partners with the revision of the National Counseling and Testing Guidelines of the MOHSS and development of a curriculum on provider initiated counseling and testing (PICT). I-TECH also began integration of family planning and HIV prevention messages into the patient education flipchart adapted for the IMAI trainings. The Couples Counseling curriculum has since been reviewed in line with the national CT guidelines. Couples Counseling training addresses the issues of male norms and behaviors, including the unique needs of serodiscordant couples and negative outcomes that particularly women may face in disclosing HIV-positive status. It also addresses the issue of stigma and discrimination by requiring HCWs to develop empathy for patients through counseling role plays. This is also meant to address the challenges faced by HCWs in dealing with HIV in their own lives and in their families. Counseling children infected and affected by HIV remains a challenge for the health workers as there is no guiding information in the current counseling curricula.

In COP2008, I-TECH's emphasis areas in CT will include continued training and technical assistance, local organization capacity building and human resources. In COP08, funding covers:

1) A total of 250 additional health workers will be trained in rapid HIV testing using the curriculum developed with USG support. This relates to Potentia, MOHSS and NIP.

2) One TOT in Counseling and Testing and 10 subsequent in-service trainings to train a total of 240 health workers in both VCT and Provider Initiated Counseling and Testing in clinical settings. These trainings will be conducted by 10 in-service tutors supported by Potentia at NHTC. The VCT curriculum will also be revised in accordance with the new MOHSS guidelines in counseling and testing.

3) One TOT in Couples Counseling and 10 subsequent in-service trainings to train a total of 240 health workers. These trainings will be conducted by 10 in-service tutors supported by Potentia at NHTC.

4) 50 site visits conducted by the in-service tutors to health care facilities providing CT services, to assess transfer of learning and to provide additional on-site teaching.

5) Development and delivery of training on Prevention with Positives in partnership with CDC-Atlanta. One TOT and five regional trainings will be held to train a total of 125 health workers to ensure national rollout of PwP.

6) Development and integration of a module on the counseling of infected and affected children in the existing counseling modules.

Activity Narrative: 7) I-TECH will continue to support the revision of guidelines and curricula in COP08.

8) Delivery of training on HIV and Monitoring and Evaluation for the HCWs. Five regional trainings to be held to train 125 HCWs in monitoring and evaluation.

In a new and related initiative funded through HVOP, I-TECH will train 34 new case managers who will be based in ART clinics and ANC sites. These case managers will carry out a variety of functions, including adherence counseling, defaulter tracing, linking clients to community-based health and social services, and facilitating support groups. I-TECH will train these case managers on these functions, and as it relates to this activity, on assisting and coaching HIV-positive persons in notifying their exposed partners and referring them for CT services.

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 transgenerational sex, power inequities between men and women, and heavy alcohol use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7351

Related Activity: 16149, 16150, 16151, 16154, 16156, 16165, 16194, 16158, 16135, 17320

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23988	3868.23988.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	600	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

9.3: 600 = trainings will include VCT TOT, VCT, Couples Counseling TOT, Couples Counseling, Rapid Testing (health care workers), Rapid Testing (community counselors), Prevention with Positives TOT, and Prevention with Positives (health care workders)

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	6169.08	**Mechanism:**	DOD/I-TECH/U. of Washington
Prime Partner:	University of Washington	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	19398.08	**Planned Funds:**	$500,000
Activity System ID:	19398		

Activity Narrative: This activity continues from COP2007 and includes 2 elements: direct counseling and testing services in the Namibian military; and (2) training, technical support and supervision to improve quality of counseling and testing services. This program will continue to support the Ministry of Defense's Military Action and Prevention Program (MAPP) by providing military community counseling and testing at the existing 2 military counseling and testing centers in Grootfontein and Rundu, two new military counseling and testing centers at the Osona Military School and Walvis Bay Naval Base (established under COP07), the military hospitals in Grootfontein and Rundu and expansion of two new VCT centers which will be opened at two additional military bases (sites TBD). The slow implementation of the program did not allow for the use of mobile CT services in the military during COP07. Therefore this activity will be implemented during COP08 to ensure mobile coverage to all military bases/camps. Each of the four military CT will be manned by a trained site manager, two counselors, a receptionist and a nurse. These personnel will continue to receive training and refresher courses in order to further enhance their CT skills and to continue to implement the CT program in line with the Ministry of Health and Social Services National Guidelines for Counseling and Testing. The USG will also strengthen the institutional capacity of the Ministry of Defense within the MAPP program to manage the CT program to ensure long term sustainability. COP08 funds will support intense activities to ensure that the number of soldiers, who have been counseled, tested and received their test results for HIV increases from the targeted 7500 in COP07 to 9000 in COP08. The Program strives to do a 100% testing in the military subject to the concurrence of the Ministry of Defense/Namibian Defense Force (MOD/NDF). The program supports both a VCT approach and a provider-initiated counseling and testing approach. The program will provide pre-test counseling services, testing with rapid test kits, post-test counseling for both HIV negative and HIV positive clients, and referral to the new military care and treatment program for those members that test positive. Messaging on prevention with positives and basic care will be integrated in the program, including safe sex practices such as abstinence, fidelity with condom use; family planning; male involvement; support for disclosure of HIV status; screening and support for STI care; reduction in alcohol abuse; the prevention of mother-to child transmission of HIV; and basic preventive care actions such as prophylaxis for OIs, good nutritional and hygiene practices, screening for TB, etc. A total number of 46 military counselors were trained under COP07. COP08 funds will be used to train an additional number of military HIV/AIDS counselors in order to build the capacity for counseling and testing services at all the 23 bases/camps. Training in CT will include leadership and supervision training for site managers, couple counseling, prevention with positives, alcohol and STI basic counseling, and gender based violence and empowering women and data management for the counselors. The CT database used to capture data by SMA during COP07 has been moved to the MOD/NDF and 2 MOD/NDF data clerks have been trained data capturing and management. Close linkages will be kept with the MAPP care and treatment partner in capturing data related to counseling and testing, and training the MOD/NDF data clerks to ensure that counseling and testing data is recorded in the military health management and information system. A MOD/NDF laboratory technologist will be trained in the analysis of tests through the National Institute of Pathology (NIP). The prevention partner will work very closely with the Supply Chain Management Systems (SCMS) in procuring test kits and other medical consumables for the military counseling and testing services. Detailed logistics on how these test kits will be distributed to the military bases/camps will be worked out between the MOD/NDF, the prevention partner and SCMS. Establishing performance benchmarks will be the key in maintaining quality of CT services. The existing quality assurance tools will be reviewed with MOD/NDF in collaboration with Ministry of Health and Social Services (MoHSS) to establish relevance and appropriateness to both the static and outreach services. Parameters for performance will be defined to include quality of services, number of soldiers reached and effective referral linkages. This activity will strive to include Quality Assurance for CT in close collaboration with the MoHSS and the Namibia Institute of Pathology (NIP). Rapid Test Quality assurance will be managed by the MOD laboratory technologist with the support of the NIP. Information leaflets, brochures and flyers, including information on alcohol, gender based violence and male norms, messaging on safe sex practices including abstinence, fidelity with condom use; family planning; male involvement; support for disclosure of HIV status; screening and support for STI care; reduction in alcohol abuse; the prevention of mother-to child transmission of HIV; and basic preventive care actions such as prophylaxis for OIs, good nutritional and hygiene practices, screening for TB, etc will be distributed in CT waiting rooms. Some of these materials will be translated into one or two local languages in order to ensure that military members who may not be fluent in English also benefit from prevention messages.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	5	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	21	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	9,000	False

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: $6,930,177

Percent of Total Funding Planned for Drug Procurement	82%
Amount of Funding Planned for Pediatric AIDS	$1,108,830
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Namibia has been successful in its roll out of HIV treatment since inception of the program in 2003, and has already exceeded its PEPFAR five-year treatment goal. By July 2007, there were 38,000 patients on ART. The accomplishment of PEPFAR in ARV drug activities has been to support the Ministry of Health and Social Services (MoHSS) in its approach to ARV drug procurement. USG funding supports ARV procurement, upgrading of central and regional medical stores infrastructure (both buildings and IT), technical assistance for drug registration and procurement, and key positions at MoHSS responsible for quantification and procurement of medicines and commodities.

In FY08, MoHSS will receive approximately $4 million from the USG for ARV drug procurement for FDA-approved products using their Cooperative Agreement with HHS/CDC. A further $1 million will be available to the MoHSS for drug procurement through SCMS, for those ARV purchases where cost savings can be maximized. USG funds for ARV drug procurement in FY08 will strongly leverage the resources of the MoHSS/Global Fund, which funds the bulk of ARV procurement, and the Clinton Foundation, which supports pediatric and second line treatment commodities.

USG support will facilitate targeted renovations of the Central and Regional Medical Stores (CMS and RMS). Lack of storage space will be alleviated by improved procurement supported by SCMS as opposed to the current system where bulk supplies are bought once a year. CMS and RMS will be integrated into a single system for inventory control management (Syspro™), and a warehouse Management System (WMS) modules will be implemented in the 3 warehouses. USG will support the installation of access control systems for ART commodities, and the implementation of vehicle and fleet tracking and management systems to enhance security of ARVs and related commodities in storage and in transit.

With the rapid new developments in HIV medications, the Medicines Control Council will be strengthened with human resources and technical assistance through RPM+/SPS to be able to fast track registration of FDA-approved brand-name and generic products. USG will continue to support revisions of HIV/AIDS treatment guidelines.

USG will support capacity of the MOHSS HIV/AIDS Logistics Management Unit (HLMU), with two (2) pharmacists, an ART Logistics Officer and an Antiretroviral Commodity Tracking System Coordinator, to support quantification, forecasting, supply planning and inventory management for ARVs, Rapid Test Kits (RTKs), medicines for opportunistic infections (OIs) and other HIV/AIDS related commodities. USG will support targeted training of CMS, RMS and selected facilities staff members on supply chain logistics, warehouse/inventory management, forecasting and quality assurance as well as purchasing of quality surveillance laboratory equipment to enhance the testing capabilities of the laboratory.

USG will support two information systems to improve supply chain for ARV's and other commodities. The MoHSS will be supported to develop and implement a system for collection and management of logistics information. Quarterly updates of quantification and supply plans for HIV/AIDS commodities will contribute to ensuring an uninterrupted supply of HIV/AIDS related commodities. USG will also support the development and implementation of a comprehensive computerized procurement management system, including tender management, contract documentation and supplier performance monitoring systems.

Program Area Downstream Targets:

Custom Targets:

10.1 Number of facilities renovated	3
10.2 Number of sites provided with equipment	4
10.3 Number of individuals trained in commodity logistics, procurement, quality assurance and distribution	36

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	4420.08	**Mechanism:**	SCMS
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	7449.08	**Planned Funds:**	$2,777,688
Activity System ID:	16187		

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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7449

Related Activity: 16129, 16149, 16158, 16136, 16227, 17358

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26995	7449.26995.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11227	4420.09	SCMS	$1,777,688
7449	7449.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$2,497,291

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1068.08

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: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3883.08

Planned Funds: $4,152,489

Activity System ID: 16157

Activity Narrative: This is a continuation of activities initiated in FY06 and relates to other activities in this area, including MSH/RPM+ (7135), SCMS/Partnership for Supply Chain Management (7449), and to ARV service activities, including those of Potentia (7339), the Ministry of Health and Social Services (7330), and Intrahealth (7406). The Central Medical Stores (CMS) of the 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. As of March 2006, ART services had rolled out to all 34 district hospitals in Namibia, and by March 2007, Namibia had the 43 MOHSS communicable disease clinics (CDCs) managing 80% of the 33,000+ persons on ART and the 27,000 receiving care services in the public sector. Children account for 13% of patients started on ART. ART services remain congested in these hospitals, and thus the current focus of the national ART program is to: 1) decentralize care and treatment, 2) focus on quality of care and treatment, 3) incorporate prevention and family planning messages into treatment, 4) improve “user friendliness” of ARV services, 5) improve linkages to TB and PMTCT services as well as with community-based organizations, and 6) increase the involvement of people living with HIV/AIDS (PLWHAs) in palliative care and/or adherence support programs to strengthen the adherence strategy.

By the end of 2007, ART should be decentralized to at least 13 additional sites and more than 46,000 will be on ART by March 2008. Namibia has standardized first and second-line regimens. Approximately 70% of adults are currently on stavudine/lamivudine/nevirapine (d4T/3TC/NVP) or zidovudine/lamivudine/nevirapine (AZT/3TC/NVP), 25% are on stavudine/lamivudine/efavirenz (d4T/3TC/EFV) or AZT/3TC/EFV, 3% are on a tenofovir (TDF) containing regimen, and 2% are on a protease inhibitor-containing regimen. Moreover, 13% of adult ART patients are hepatitis B surface antigen positive, yet only 3% of patients are on an efavirenz (EFV) containing regimen. Efforts are continuing to educate clinicians to use EFV in such patients. New national treatment guidelines are currently being printed, and the new guidelines will move ART away from d4T due to toxicity. The financial implications of implementation of the new revised treatment guidelines are still under assessment.

In FY07, the Clinton Foundation/UNITAID negotiated substantial price reductions for CMS for pediatric and second-line drugs, and recently 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 addition to bringing down list prices, CF/UNITAID has also donated pediatric and second line ARVs to CMS, resulting in a savings of over $300,000 in the past six months.

At the same time, the Global Fund has significantly increased its commitment to drug procurement, allowing PEPFAR to hold ART expenditures relatively steady from FY07 while expanding assistance to the MOHSS with procurement of drugs for opportunistic infections. In 2005, the MOHSS received $1.1 million from the USG for ARV drug procurement and successfully expended those funds on FDA-approved branded products using their Cooperative Agreement with HHS/CDC. A procurement plan for 2007 has been developed and implemented by the MOHSS, the USG and the Global Fund to consolidate drug procurement through the CMS. There were no FDA-approved generic products in the MOHSS tender for ARVs in 2005. In FY08, 93% of the drugs procured with PEPFAR funds will be FDA-approved generics and 7% will be FDA-approved branded products. Funds from MOHSS and other donors will be used to procure non-FDA-approved products. The Supply Chain Management System is accessible for ARV procurement, but thus far has not been utilized by the CMS. The supply chain for ARVs and related drugs works well and cost-effectively in Namibia, with no stock-outs, so the comparative advantage with SCMS could be in terms of price and access to infrequently used ARVs which are currently not covered under MOHSS tenders and would be very costly to buy locally off-tender. The Global Fund began support for ARV procurement in July 2005 with approximately $4 million in Year One, $9 million in Year Two, and a projected contribution of $12 million in Year Three (2008). USG funds for ARV drug procurement in FY08 will strongly leverage resources with those of the Global Fund, the Clinton Foundation/UNITAID, and the MOHSS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7335

Related Activity: 16129, 16149, 16227, 16158, 16136, 17358

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24331	3883.24331.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$1,215,324
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000

Indirect Targets

This activity covers ARV drugs for the entire program

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: $22,140,886

Amount of Funding Planned for Pediatric AIDS	$2,608,140
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

The activities herein continue treatments services from FY07. Since March 2006, ART services and facility-based palliative care have been offered in 34 public hospitals. According to the health information system (HIS), as of June 2007, a total of 74,000 36,734 patients are enrolled in palliative care in Ministry of Health and Social Services (MoHSS) facilities, of these, 74,000 an estimated 36,734 are on treatment (likely an under report due to incomplete data). The MoHSS projects that about 50,000 people will be on treatment by the end of March 2008, with 80% of these patients in the public sector network.

Strong commitment and leadership from MoHSS, with substantial programmatic, financial, logistical, and technical support from the USG, has been the key to reaching ARV treatment targets. USG technical and implementing partner staffs are supporting the government in development of management structure e.g. establishment of facility-based case managers, regional supervisors, clinical mentors, and others to deliver high-quality ART services. Leadership is being supported by training, attendance at relevant international meetings and other knowledge building activities. Sustainability will be boosted by development of Human Resource Information system (HRIS) which will allow rational planning, deployment and tracking of health care providers.

Namibia is constrained by a lack of human resources. In FY07 the USG supported a total of 579 supplemental doctors, nurses, pharmacists, and community counselors at ART sites. Supervision and support from the national and local level will be strengthened through regular site visits at least once quarterly; expanded clinical mentoring to both doctors and nurses; having regional supervisors in the districts; and regular clinical and programmatic updates through an expanded video conferencing program. The HIVQUAL quality assurance program will be expanded to monitor and support treatment sites, and to further improve quality of services, existing standard operating procedures (SOPs) will be reviewed and updated. If SOPs do not exist (e.g., OI prophylaxis and on-site supervision), they will be developed and implemented.

USG will continue to support health facility renovations based on need and public health impact. USG will renovate sites and procure necessary equipment to ensure compliance with sound infection control practices, with particular focus on preventing TB transmission. Injection safety and medical waste management will continue to be priorities, as the rapid scale up of HIV services increase concerns in these areas.

With more than 500 health workers trained to date in the provision of ART, further support will be provided to MoHSS and the private sector to train and update more health workers. The training will focus on updating skills, especially screening for TB, opportunistic infections, STIs and revised ART and PMTCT guidelines. As part of the updates, providers will be trained on stigma reduction and discrimination. The number of community counselors to support adherence counseling in health facilities will also increase from 500 to 650 in public sector and 144 to 178 in facilities operated by faith-based organizations.
ART services are congested in existing hospital Communicable Disease Clinics, and the current focus of the treatment program is to promote:
1) Decentralization of care and treatment services by shifting tasks such as prescription refilling to nurses in health centers and large clinics
2) Monitoring and improving quality of care and treatment.
3) Improving “user friendliness” of ARV services, e.g. integrating pharmacies in ART clinics for “one stop shopping” for patients.
4) Linkages to community-based support to educate communities on HIV services available and enlist support for the bidirectional referral systems, male involvement and address issues that affect ART adherence such as alcohol abuse or lack of food.
5) Involvement of persons living with HIV/AIDS (PLWHA) in palliative care and/or adherence support programs where PLWHA will be speakers in community forums and work as community counselors.
6) Personnel support for defaulter tracing, a prime activity of case managers.
7) Early access to care among children, which will be achieved by early infant diagnosis (EID) and among men, through male involvement initiatives—both of which are high priorities in prevention activities.
8) Prevention which will include HIV negative preventive counseling, Prevention with Positives, screening and treatment of STIs, screening and treatment where possible for TB and family planning counseling and referral. Prevention will include basic care package with mosquito nets supported by Global Fund. Women will also be referred to access to other reproductive services.
9) Taking services to the people. The current outreach program in which health care workers offer services in small medical facilities will be taken to scale to ensure patients can be reviewed or initiated on ART close to their residences. The ART outreaches will be combined with counseling and testing and prevention programs. USG will continue to support these activities.

HIV treatment eligibility criteria for adults and children are being revised in ARV and PMTCT guidelines. Eligibility criteria for children have been updated to take age, CD4%, and clinical stage into account. 16% of all patients on ART are children. The unmet need of pediatric treatment is unknown. It is estimated in 2008 that 2548-3344 infected children will be added to the treatment population. There are significant regional variations in HIV prevalence among pregnant women. The establishment of referral system with maternal and child health clinics, general out patient clinics and provider initiated testing and counseling for HIV for in-patients and HIV education program (see prevention) will allow more children to access HIV services. Pediatric formulations are now available and this will improve adherence. Staff will be trained on pediatric counseling to be able to support guardians and improve adherence. All enrolled children will receive the basic preventive package (see PMTCT). Clinton foundation will support the pediatric treatment program. Currently, all ART sites are providing pediatric treatment nationally. About

---- HCP are trained in pediatric treatment. Treatment program will be linked to counseling and testing services, food programs and community-based services by use of bidirectional referral systems. In particular, referral to food program will be enhanced by nutritional assessment, which will become a standard of care. The referral system will be strengthened by having regular meetings in facilities among staff from different service delivery points and between the facility and community to audit the referrals.

With the rolling out of the electronic patient management system (PMS) adopted from WHO, data capture, analysis and transmission from facilities to district, regions and national level will be improved. PMS has reporting indicators to meet MoHSS and OGAC requirements. It will be central in streamlining and reinforcing HIS data collection efforts and making better use of ART data for program evaluation. All the implementing partners will have regular data quality check/validation visits. Facilities will be supported to analyze and use the data locally to inform their program by having targeted training on M&E. Feedback from the national and regional levels will be supported. By placing technical advisors in the MoHSS, the ministry has been able to support Response Monitoring and Evaluation sub-division (RME) which will improve M&E aspects of the program. The technical advisors transfer skills to local staffs in RME unit. The PMS, which will continue to be supported in 2008, will allow measuring of clinical outcomes by cohort analysis. Lessons learned will be disseminated during USG implementers' quarterly meetings in country and shared in regional/international meetings.

The USG will continue to leverage its resources for ARV services with those of the GF, MOHSS and Clinton Foundation. Some aspects of sustainability will be addressed by strengthening clinical knowledge of local Namibians, support of pharmacy assistant training for Namibian and involvement of local PLWHA and community-based organizations. An efficient HRIS will also contribute to sustainability.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	64
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	17668
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	60900
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	58400
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	963

Custom Targets:

11.6 Number of individuals receiving ART w/ evidence of severe malnutrition receiving food and nutritional supplementation during the reporting period	2500

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1068.08	**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:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	3876.08	**Planned Funds:**	$6,373,370
Activity System ID:	16158		

Activity Narrative: This activity is a continuation from FY07 relates to MOHSS ARV Drugs (7335); Potentia ARV Services (7339), the NIP (7975), I-TECH (7350), HRSA (7450), RPSO (7345); and CTS Global's Strategic Information activity (7323). The 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 palliative care were offered by eight public hospitals in 2003, 15 in 2004, 27 in 2005, all 35 public hospitals in 2006, and 40 thus far in 2007 (including four peripheral "outreach" sites not providing services on a daily basis). According to the health information system (HIS), as of July 2007, a total of 51,127 patients are enrolled in palliative care in MOHSS facilities of whom 36,734 are on treatment. 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 46,675 people on treatment by the end of 2007, and 52,000 in care; of these approximately 85% would be the charge of the public sector network.

The MOHSS is responsible for national coordination, resource mobilization, monitoring and evaluation, training, and policy development in support of all HIV/AIDS related services. MOHSS recognizes an urgent need to decentralize ARV services and transfer tasks from doctors to nurses. To this end, MOHSS has adapted WHO's Integrated Management of Adult Illness (IMAI) for Namibia and in the process of rolling IMAI out nationwide. Each district hospital communicable disease clinic (CDC) is responsible for the rollout of IMAI to one health centers 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. 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 bioclinical monitoring tests. Support to MOHSS and mission-managed facilities including $4,453,741 for routine bioclinical monitoring tests (CD4, 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 for the anticipated 59,482 patients on ART in the 2009 calendar year and for 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. The Global Fund does not provide financial support for bioclinical monitoring.

2) Support for the Community Counselors Initiative. MOHSS established the community counselor cadre in 2004 to assist doctors and nurses in healthcare facilities with provision of HIV prevention, care, and treatment services, including HIV counseling and testing, PMTCT, ART, TB, and STI; and to link and refer patients from health care delivery sites to community HIV/AIDS services. Emphasis is placed on the recruitment of HIV positive individuals as community counselors as a strategy to reduce stigma and discrimination. As of the end of June 2007, 382 community counselors (approximately 25% of whom are HIV positive) have been placed at 253 health facilities. By end of September 2007, 448 community counselors will be deployed in health facilities throughout the country. With FY08 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 VCT, expand prevention with positives (PwP) efforts, and initiate counseling and testing services in correctional facilities. The community counselor "package" includes: recruitment and salaries for the community counselors, 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) that includes a module on TB; supervisory visits by MOHSS staff who directly supervise the community counselors; training for MOHSS staff who are responsible for management of the program at national level; support for planning meetings and an annual retreat for community counselors; and support for MOHSS staff and community counselor participation at international conferences.

Within COP08, funding for community counselors, who dedicate part of their time to adherence counseling, is distributed among six program areas, all of them MOHSS activities: PMTCT (7334), AB (7329), OP (7333), HIV/TB (7972), CT (7336), and ARV Services (7330). This activity also links with CDC's system strengthening activity (7360) and Potentia HTXS (7339). Through serving in MOHSS CDCs, community counselors are an important source of information and adherence counseling to ART patients. They also assist health professionals with basic administrative tasks in the clinic and language interpretation for those who do not speak a local Namibian language.

Community counselors' messaging to ART patients will incorporate referrals for TB services, as well as 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 transgenerational sex, power inequities between men and women, and heavy alcohol use.

(3) This component continues to fund anthropometric measurements, monitoring, micronutrient supplementation, and minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART, including children. While MOHSS policy does not allow for provision of food to outpatients, it welcomed a 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 for micronutrient supplementation and minimal targeted nutrition supplementation for severely malnourished PLWHA who are on ART and are referred by the Communicable Disease Clinics. The NRCS already provides USG-funded community counselors to Communicable Disease Clinics to provide counseling and testing and they will link patients with NRCS access points in the community. Using World Food Programme and World Health Organization entry and exit criteria for food supplementation, the NRCS will provide a nutrition supplement for either severely malnourished persons living with HIV on or eligible for antiretroviral therapy (ART) or any pregnant or lactating woman on or eligible for ART. From the 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. The NRCS will be responsible for procurement, supply logistics, storage, monitoring, and distribution of the supplements. NRCS and MOHSS will also collaborate to link recipients of the nutrition supplement with stainable exit strategies such as gardening projects and income generating activities in their community.

4) Procurement of basic furniture and equipment to support new or renovated ART sites, including health centers and clinics, as part of decentralization of services. tems to be procured will include weighing scales, desks, chairs, and benches. The communicable disease clinics (CDCs) will also receive lactate and hemoglobin meters, digital thermometers, ENT scopes, infant and pediatric weighing scales, and measuring boards, leveraging similar support provided by Global Fund. Based on need, some CDC's will also receive support for improving care of female HIV patients, such as examination tables for gynecologic examinations, examination lamps, and specula.

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7330

Related Activity: 16149, 16157, 16187, 16221, 16249, 17322, 16166, 16195, 17358, 17364, 17320

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24333	3876.24333.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$958,506
24332	3876.24332.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$5,070,311
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	64	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	17,668	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	60,900	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	58,400	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

11.5 Number of health workers trained to deliver ART services, according to national and/or international standards = 633

Supporting Information for DIRECT Targets
11.1: All the 34 hospitals and health centres.
11.2: Estimated from the current patient intake
11.3: National EPP/Spectrum projections Oct 2007
11.4: National EPP/Spectrum projections Oct 2007
11.6: These are the estimates of the people to be fed by Red Cross

Supporting Information for INDIRECT Target
11.5: Health care workers trained in basic HIV/AIDS treatment and those given skills update on HIV/AIDS treatment or prevention within treatment settings by I-TECH

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3078.08
Mechanism: The Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4737.08
Planned Funds: $2,178,394
Activity System ID: 16136

Activity Narrative: IntraHealth/Namibia, the Capacity Project is expecting as a result of its FY06/ 07 capacity building process to transition to direct funding Catholic Health Services (CHS) in FY 08. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY08 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 six ART service outlets run by the Catholic Health Services (CHS) and the Lutheran Medical Services (LMS), 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 June 2007, 9,635 patients were started on treatment in these facilities; 1678 (17.5%) were children and 6287 (65%) were females. To increase male participation during FY 2008, CP supported sites to use community mobilization campaigns including male conferences, PMTCT invitations and repeated messages addressing male norms. In addition, CP will expand to a new site in Omuthiya clinic and will support Anglican Medical Service (AMS) by recruiting a medical officer who will run the ART, PMTCT, and TB programs at Odibo Health Center. Two other sites will be established in consultation with MOHSS.

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. Counseling and psycho-social support for children will be enhanced with the training program being finalized during FY 2007.

Data indicate that 78% of patients starting HAART in the 5 Faith Based Hospitals (FBH) were still receiving it, 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 develop 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 FY 2008, 200 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 FY 2008, 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, 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 on-going 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 during FY 2007 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 will recruit and train regional supervisors/case managers using protocols and curricula developed in collaboration with the MOHSS and ITECH.

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

Activity Narrative: 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 FY 2008, the national decentralization of ART service is expected to gain 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. 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).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7406

Related Activity: 16129, 16548, 16130, 16140, 16179, 16133, 16210, 16134, 16180, 16108, 16135, 16157, 16187, 16166, 17358, 17320, 16137, 16138, 16139, 16124

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26963	4737.26963.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$326,759
26962	4737.26962.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$1,788,697
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16137	7458.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$42,624
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	13	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	17,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	14,560	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Indirect Targets

Supporting Information for DIRECT TARGETS:
11.1: All faith managed facilities and outreach
11.2: Estimated from the current patient intake
11.3: FY07 target plus FY08 new patients
11.4: Estmated rention rate of 88%
11.5: Health care workers trained in basic HIV/AIDS treatment and those given skills update on HIV/AIDS treatment or prevention within treatment settings

TARGETS HAVE CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

Indicator#11.1 Number of service outlets providing antiretroviral therapy = 10
Indicator#11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period = 12,000
Indicator#11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period = 10,560

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Hardap
Kavango
Omusati
Oshikoto

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1065.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3866.08

Planned Funds: $1,872,980

Activity System ID: 16221

Activity Narrative: 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. To date 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 FY 2007 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. Furthermore, in collaboration with MoHSS and the USG team, I-TECH will second an additional fifth CM for Ohangwena region, the home to 12.5% of Namibia's population with an HIV prevalence rate of 27% and > 3200 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 and then ensuring 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 assess clinics to establish 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 > 2500 HIV-positive persons starting IPT for TB.
In FY 2008 the CM programme 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%.
To increase ART training capacity of local physicians, I-TECH will hold one Physician TOT course for 14 doctors with FY 2007 funds. This activity will continue in FY 2008 with two Physician TOT courses, one for 14 state doctors and one for 14 private doctors.
With FY 2007 funds, I-TECH also updated the ART curriculum to be in line with the new guidelines. I-TECH will have carried out four ART in-service training courses, training 150 government physicians by the end of FY 2007. With FY 2008 funds I-TECH will conduct four 4-day ART courses 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 2 refresher courses, each for 20 physicians and/or pharmacists.
Many working Namibians belong to medical aid funds 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 FY 2008 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 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 FY 2007 funds, in collaboration with local pediatric experts I-TECH has developed a comprehensive pediatric HIV care curriculum; so far 71 doctors have been trained. With FY 2008 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. Furthermore, where extra orientation and training is needed, doctors will be offered one-week clinical attachments to a well-functioning pediatric unit.
With FY07 funds I-TECH adapted the World Health Organization (WHO) IMAI generic guidelines, training manuals and information education and communication (IEC) materials to support the MoHSS to expand the decentralization of ART services. The IMAI program supports 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 TOTs, 32 service providers and 13 expert patient trainers (PLWHA who are on HAART, and trained to portray patients with HIV in role plays, and give feedback to health workers on their skills) all of whom will be deployed within four pilot health facilities in four regions.
With FY 2008 funds I-TECH will conduct eight IMAI regional training courses for 125 HCWs. In addition, I-TECH recruited an IMAI nurse mentor who will provide technical assistance for IMAI implementing sites and four additional IMAI nurse mentors will be recruited and deployed in the roll-out sites in FY 2008. Furthermore, I-TECH will integrate IMAI 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. In FY08 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 5 regional trainings for 145 HCWs.

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7350

Related Activity: 16129, 16149, 16158, 16136, 16110

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23990	3866.23990.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	I-TECH	$280,947
23989	3866.23989.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	I-TECH	$1,408,949
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	658	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1064.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3893.08

Planned Funds: $6,627,810

Activity System ID: 16195

Activity Narrative: This human resources activity continues from FY 2007 and relates to other activities in Basic Health Care and ARV services, including the Ministry of Health and Social Services (MOHSS) (7331), Intrahealth (7404), I-TECH (7349), CTSGlobal/Comforce (8024), MOHSS ARV services (7330), Potentia ARV services (7339), and CDC systems strengthening (7360).

There is a critical human resources gap at facility levels to deliver HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS care and treatment services on the scale and quality that is required for continued rollout of ARV and palliative care services. The lack of a community of such professionals itself creates issues of providing attractive incentives for newly trained Namibians to return to their home country and practice in the public sector, as well as to provide suitable incentives for Namibian and third-country nationals currently serving in the country. The vacancy rate in the MOHSS is approximately 40% for doctors, 25% for registered nurses, 30% for enrolled nurses, and 60% for pharmacists.

Since FY 2004, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia Human Resources Consultancy, a Namibian private sector company that administers salary and benefits equivalent to the MOHSS, but is able to recruit and hire more rapidly than the MOHSS. Both HHS/CDC and the MOHSS collaborate in developing scopes of work and selecting health personnel who are then trained and supported on-the-job by I-TECH, HHS/CDC, and the MOHSS with USG funding. These personnel will continue to be gradually absorbed into the MOHSS workforce. Since the inception of the Potentia project in 2003, 18 Potentia staff members have 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 strategy, which in FY07 will contract with 58 physicians, 45 nurses, 30 enrolled (licensed practical) nurses, 22 pharmacists, 18 pharmacy assistants, and 59 data clerks to support efforts in the 43 MOHSS communicable disease clinics (CDCs) that manage 80% of the 33,000+ on ART and the 27,000 receiving care services in the public sector.

The MOHSS is gradually beginning to shift 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 CDCs. This is consistent with WHO's Integrated Management of Adult Illness (IMAI) framework for decentralized HIV/AIDS and TB training, service delivery standards, and task shifting to district and community levels of care will support the MOHSS decentralization plans to support comprehensive HIV/AIDS care for Namibian communities. MOHSS has approved and adapted all five IMAI modules, including the IMAI palliative care module. Namibia's 13 regions are anticipated to complete the rollout of IMAI in 2008 to selected health centers and clinics in their catchment areas.

In 2007, the MOHSS engaged in a costing exercise supported by the USG and the European Commission that projected a need for 76 physicians, 191 nurses, 44 pharmacists, and 40 pharmacy assistants to ensure care for persons requiring ART and full rollout of IMAI by 2009. The MOHSS does not have this capacity and FY07 staffing levels supported by PEPFAR represent approximately 58% of the current human resource needs. The FY08 request is therefore to scale up hiring of critical staff, with a total request for 65 doctors, 79 registered nurses, 46 enrolled nurses, 28 pharmacists, and 25 pharmacy assistants. These staff members will comprise 69% of the projected need with the remainder to be supported by the MOHSS, Global Fund, and other development partners. New staff members will be recruited, trained, and deployed to health centers and clinics as appropriate under the MOHSS' plan for decentralized ART and palliative care services. Training will not only encompass HIV/AIDS prevention, care and treatment, but also TB, STI, family planning, gender issues, and alcohol abuse. This comprehensive training ensures bi-directional referrals and linkages with community services.

As noted above, these personnel are managed and compensated commensurate with MOHSS staff, and as funding become available, are to be gradually be absorbed into the MOHSS workforce to support sustainability. In an ongoing activity, at least 34 additional nurses will support the supervisory public health nurse in high-burden districts with coordination and supportive supervision of ART, TB and palliative care activities. These positions were added in response to needs identified in 2006 during the MOHSS supervisory support program.

In a new activity for FY08, Potentia will recruit and hire 34 clinical case managers and 15 HIV Regional Supervisors. Case managers will fall in the chain of command of the MOHSS Directorate of Special Programmes' Director of Case Management. The case managers will provide adherence counseling, prevention with positive services, coaching of patients regarding notifying and referring partners for HIV counseling and testing, following-up of patients who "slip through the cracks", facilitation of support groups, and referrals to other health and social services, including counseling for drug/alcohol treatment and domestic violence. Particular emphasis will be placed on encouraging men to seek services and to support their partners and children in doing the same. These case managers will have backgrounds in psychology and will be trained by I-TECH (new). All will be trained in effective behavior change communication through Namibia's Male Norms Initiative.

Also in 2008, fifteen Regional HIV Supervisors will be recruited, hired, and assigned to regions to provide supportive supervision of HIV activities being delivered in health facilities. These supervisors will report to the HIV Chief Health Programme Administrator and focus on the programmatic, not clinical side of HIV service delivery. The supervisors will assist with the implementation of the case management program and the delivery of VCT, PwP, and adherence counseling. 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.

Both the clinical case managers and regional supervisors will be assigned 10% to HVAB, 10% to HVOP, 40% HTXS, 30% HBHC, and 10% to HVCT.

Related to these efforts, but reflected in the HVTB Program Area (Activity 3896.08), Potentia will recruit, hire

Activity Narrative: and place two physicians with TB/HIV expertise at the national TB reference hospital in Windhoek. In addition to carrying out routine TB clinical duties, these clinicians will ensure that TB/HIV coinfected persons are properly managed and that TB-infected persons of unknown status are provided with HIV counseling and testing and linked to HIV care and treatment if positive.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7339

Related Activity: 16149, 16158, 16227

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23955	3893.23955.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$994,172
23954	3893.23954.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$5,497,439
7339	3893.07	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	4385	1064.07	Cooperative Agreement U62/CCU025154	$5,323,213
3893	3893.06	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	3139	1064.06		$2,294,324

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

11.1 Number of service outlets providing antiretroviral therapy = 52

11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period = 13,968

11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period = 46,147

11.4 Number of individuals receiving antiretroviral therapy at the end of the reporting period = 40,538

Potentia indirectly supports the program, thus the targets are considered "upstream"
11.1: All the 34 hospitals and health centres.
11.2: Estimated from the current patient intake
11.3: FY07 target plus FY08 new patients
11.4: Estmated rention rate of 88%

Coverage Areas

Caprivi

Erongo

Hardap

Karas

Khomas

Kunene

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1404.08	**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:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	7975.08	**Planned Funds:**	$35,000
Activity System ID:	16166		

Activity Narrative: This continuing activity supports ARV by providing a dedicated technologist to perform viral load tests, and relates to other NIP activities in PMTCT (7927), TB/HIV (7971), and Lab Infrastructure (7337), as well as to Basic Care, Ministry of Health and Social Services (7331), and CDC lab infrastructure (7358). The Namibia Institute of Pathology (NIP) is responsible at the national level for provision of all HIV-related testing technologies for the public sector. 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 ARV-treated patients 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 ARV and screening for treatment failure. With the help of USG, NIP acquired a state-of-the-art molecular biology lab with viral load testing capacity. Anticipating increasing demand for viral load testing, the dedicated lab technician hired and placed at NIP to perform this service will continue to be supported. It is expected that >12,000 viral load tests will be performed in FY 2008 and this technologist is needed for the laboratory to have sufficient capacity in response to demand. This person will be supported by the CDC laboratory scientist assigned to the NIP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7975

Related Activity: 16158, 16136, 16227

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23980	7975.23980.09	HHS/Centers for Disease Control & Prevention	Namibia Institute of Pathology	10325	1404.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

NOTE ON CUSTOM TARGET

11.6: These are the estimated number of viral loads to be done for patients on ARV treatment as per the new guidelines which will be done at 6 months therefore not all patients enrolled 17668 in treatment will need the test

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7650.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3769.08

Planned Funds: $2,733,364

Activity System ID: 17358

Activity Narrative: Support scale-up and increased access to ART treatment.

This is a new activity to support initiatives for ART scale-up. The activity has two components. Success in the Ministry of Health and Social Services (MoHSS) PUTT and ART programs since 2002 had resulted in 37,000 patients on ART in 35 facilities. However, the number of patients now overburdens care providers compromising quality of care. In FY2008 this Strengthening Pharmaceutical Systems (SPS) project will build on previous RPM Plus efforts to work closely with MoHSS in a new initiative to scale-up ART services and to ensure that decentralization is adequately supported through:

? Provision of basic dispensing equipment to 10 health centers and clinics. SPS will strengthen storage, inventory and dispensing practices to support the scale up of referral and outreach programs in 5 identified regions.
? Develop a basic pharmaceutical management curriculum to support IMAI. Use the developed curriculum to provide training to 30 pharmacy staff and nurses who work in the new ART facilities. SPS will also collaborate with other partners to enhance supportive supervisory activities that will improve the quality of ART services at the new facilities.

Overall, the objective is to shift basic pharmaceutical duties to other workers in these new facilities. SPS will work closely with regional and district pharmacists on these activity to ensure sustainability.

Expand content of the HIV/AIDS pharmaceutical management training materials

SPS will expand the content of the training material to include topics on rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines. To ensure sustainability NHTC will be involved in the content review and in close collaboration with I-TECH.

Support Therapeutics Committees (TC) to improve rational use and mitigate antimicrobial resistance (AMR)

This is an expansion of FY07 activity # 7136 into new initiatives in FY08 to improve quality, reduce antimicrobial resistance and secure durability of current ART regimens. The activity has 3 components. Since 2005 RPM Plus has been supporting Therapeutic Committees (TCs) to address issues related to rational use of medicines in their facilities. In FY2008 SPS will:

? Host a national TC course for 25 Namibian doctors, pharmacists and nurses. The course will be tailored to the Namibian experience and include sessions on containing AMR, pharmacovigilance and infection control (IC)
? Support TC-led interventions aimed at implementing (IC) strategies, conducting drug utilization reviews (DURs), and improving ADR reporting. SPS will implement the infection control assessment tool (ICAT) for 3 major hospitals. Improving IC will contribute to the containing of AMR and hence the continuing effectiveness of used ARVs. SPS will work with the University Research Company (URC) and the MoHSS Quality Assurance unit to strengthen national and facility level IC activities and improve awareness and behavior for good IC practices. SPS trainings will emphasize secure availability of IC commodities at facilities
? Conduct Drug utilization review (DUR). SPS will conduct DUR in 2 major hospitals in collaboration with the Therapeutic Information and Pharmacovigilance Center (TIPC). The DUR will focus on ART, TB and OI medicines use to develop interventions to minimize AMR. This PHE method involves a descriptive cross-sectional design using prescription records. The evaluations proposed will be carried out in collaboration with M&E subdivision of DSP and results will be disseminated during the annual program review meetings by the DSP.

Implementation of adherence interventions in adults and children

This is a continuation of FY 2007 activity # 7136 that has not been updated.

Poor ART adherence is recognized as a major contributing factor to the development of AMR leading to therapeutic failure. SPS will work with partners to identify correlates of adherence and develop strategies to improve it. SPS will conduct PHE and other quality improvement initiatives to evaluate the impact of adherence interventions. The time trend analysis/Interrupted time series methodology will be used for this evaluation. The study will involve the evaluation of the effectiveness of an adherence intervention, examples; use of standardized adherence counseling tool in improving patient understanding of treatment goals, use of audiovisuals and patient information leaflets, use of reminders, reduction in dispensing waiting time, etc. Repeated baseline measurements will be made before the implementation of interventions and repeated measurements will also be made after intervention to establish impact. The time trend analysis will be carried out across selected 5 sites simultaneously. This activity will be carried out in collaboration with DSP. Results will be disseminated through the annual program review meeting and to the regional medical teams to support evidence-based decision making. SPS will collaborate with 'expert patients', PLWHA, Community Counselors, CBOs, and DSP in carrying out this activity and in the implementation of interventions to ensure sustainability.

Improve Private Public Partnerships and the quality of ART services in the private sector

This is a continuation of FY 2007 activity # 7136 that has not been updated.

As of December 2005, a total of 5,695 patients were receiving ARVs in the private sector. In FY 2008 SPS will collaborate with partners to implement interventions to lower cost and access and quality of ART services in the private sector. Adherence by private sector practitioners to National ART guidelines has been reported to be poor, quickly exhausting treatment options and increasing risk of resistance when such patients transfer to the public sector. In FY 2008 SPS and partners will continue work with private providers (private clinics and pharmacies) to develop appropriate interventions to reduce costs of ART and improve care for private sector patients. In FY 2007 RPM Plus was invited by PriceWaterCoopers working in collaboration with German Development Cooperation (GDF) and the Ministry of Works, transport and communication to partner in the activity; HIV/AIDS Impact Assessment for the Transport Sector in Namibia. In FY08 SPS will continue work on this partnership by supporting the partnership with the review of documents.

Activity Narrative:

Provide support through Potentia for selected positions

In FY 2008 SPS will continue to provide funding through Potentia for the employment of 15 Pharmacists and 10 middle level pharmacy staff, critical positions identified by the MoHSS.

Two PHEs have been approved: (1) Compliance to guidelines & evaluation of medicines prescription; and (2) evaluation of the impact of adherence interventions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7136

Related Activity: 16129, 16149, 16227, 16158, 16136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26971	3769.26971.09	U.S. Agency for International Development	Management Sciences for Health	11222	7650.09	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	$410,005
26970	3769.26970.09	U.S. Agency for International Development	Management Sciences for Health	11222	7650.09	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	$2,101,308
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	50	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	105	False

Indirect Targets

Supporting information for DIRECT TARGETS
indicator #11.1 (service outlets providing ART) = 50 are all the 34 hospitals and health centres. Though the total is 55, SPS will not be able to reach all.

Indicator #11.5 (# health workers trained to delever ART) = 105 staff trained are nurses, pharmacy assistants and pharmacists at least 2 per facility.

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1157.08	**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:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	17364.08	**Planned Funds:**	$171,968
Activity System ID:	17364		

Activity Narrative: This new activity supports the HIVQUAL program and relates to the Ministry of Health and Social Services (MOHSS) ARV Services (7330), Potentia ARV Services (7339), I-TECH (7350), HRSA (7450), CTS Global's Strategic Information activity (7323), and Intrahealth (7406). Funding for this activity will be directed for HIVQUAL Namibia in-country activities through the CDC/Namibia office. This activity will expand on the HIVQUAL work which began in Namibia in FY 2007 to reach 16 ART sites. In FY 2008 the program will add 18 new sites throughout all 13 regions to reach all the 34 public and faith-based district hospitals. In addition, at least five health centers will be targeted during 2008. Initially these will be identified because of their proximity to participating hospitals. These funds will be used to support general office management for the HIVQUAL Coordinator for Namibia, as well as travel and training costs related to rolling out the HIVQUAL program as outlined above.

HIVQUAL aims to provide a framework for health services staff and individual health care providers to engage in a participatory process of quality improvement (QI) based on evidence and data collected locally. Using the HIVQUAL model, Health Units, Districts, Regions and the Ministry of Health and Social Services (MOHSS) will be able to gauge the quality of services provided to the HIV+ population at increasingly higher levels using indicators based on national guidelines. Data can for the foundation of proposed feasible and sustainable strategies to improve quality.

In FY 2008, 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. Activities will include: 1) QI training; 2) assessment of quality management programs at the participating clinics; 3) performance measurement (at six-month intervals) of selected core indicators; 4) ongoing QI coaching at participating sites; 5) promotion of consumer engagement in HIV care 6) regular conference calls with the US-based team. Data analysis and planning for expansion will also occur.

Activities will result in strengthening 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 use of 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. Training will also be provided to key MOHSS staff at the national, regional, and site level as indicated.

Established indicators measured through HIVQUAL determine the level of continuity of care, access to antiretroviral therapy and CD4 monitoring, TB screening and prevention, prevention education, adherence assessment, PCP prophylaxis, weight monitoring, food security and alcohol screening. In FY08, HIVQUAL indicators will also be devised and extended to include PMTCT and Pediatric ART programs. .

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 and it both measures the growth of quality management activities as well as guides the coaching interventions. Facility-specific data that are aggregated 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. Quality improvement training will be conducted for groups of providers. The project will work in partnership with all treatment partners who will help disseminate quality improvement strategies and activities throughout their networks.

The concept of quality improvement using the HIVQUAL model is still relatively new in Namibia. Consequently, a lot of advocacy and training will need to be done in order 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. The bulk of these activities will be undertaken within COP 07 and continued in COP 08.

The USG HIVQUAL team will expand its focus to build 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.

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 quality improvement conferences to learn from others and share experiences.

Additional staff for the activity will be required under the Case Management Unit of the DSP, MOHSS as the program expands both in the number of participating sites and focus areas to include pediatric and PMTCT indicators. A position for a HIVQUAL Nurse Co-coordinator will be defined and filled to support the HIVQUAL Medical Officer already working on the project. A part time data manager position will be defined and filled to provide dedicated support to HIVQUAL so that other data managers will not be pulled away from their work to support this activity.

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16129, 16149, 16227, 16158, 16136

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

11.4 Number of individuals receiving antiretroviral therapy at the end of the reporting period = 51,098
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.The improved quality of care at these facilities is expected to benefit the estimeted 51,098 patients on treatment as well as the estimated 80,000 patients on palliative care in these facilities.The treatment and palliative care estimates are obtained from the costing excercise based on spectrun projections.

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	6169.08	**Mechanism:**	DOD/I-TECH/U. of Washington
Prime Partner:	University of Washington	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	4489.08	**Planned Funds:**	$587,000
Activity System ID:	16227		

Activity Narrative: 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 determiner 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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7889

Related Activity: 16157, 16187, 16221, 16249, 17317, 17322, 16158, 16166, 16195, 17358, 17364, 17320

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25861	4489.25861.09	Department of Defense	University of Washington	10886	6169.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	2	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	400	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,600	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,440	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

INDIRECT TARGET:
11.5 Number of health workers trained to deliver ART services, according to national and/or international standards = 25
This is considered an indirect target here, because health care workers trained in basic HIV/AIDS treatment and those given skills update on HIV/AIDS treatment or prevention within treatment settings will have been trained under ART section for CDC

Supporting Information for Direct Targets:
11.1: 2 sites are the largest military establishments.
11.2: Estimated from the current patient intake
11.3: Will include transfer in from civil facilities estimated to be 100 patients plus FY08 new patients
11.4: Estmated rention rate of 88%

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1376.08

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 8017.08

Planned Funds: $250,000

Activity System ID: 16235

Activity Narrative: The Senior Advisor on Care and Treatment provides leadership for USAID programs in the areas of PMTCT, ART, Injection Safety and other areas as necessary to assist the HIV/AIDS team in planning, implementation, management, monitoring and evaluation of the care and treatment portfolio. The Advisor works in close collaboration with other USG agencies to identify crosscutting themes, liaises with development partners and stakeholders, and serves as the primary contact for these service areas with the Ministry of Health and Social Services (MoHSS). The Advisor is responsible for planning care and treatment program activities with Cooperating Agency partners and other local implementing partners and ensuring that the program remains appropriate to Namibia, reflects the needs of Namibians, and that activities encourage broad community-based participation in decision making. The Advisor ensures alignment of program activities with MoHSS and O/GAC guidance and ensures timely submission of program and financial reports from care and treatment partners. USAID will continue to use the services of the advisor in 2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8017

Related Activity: 16129, 16149, 16179, 16142, 16210, 16134, 16108, 16135, 16174, 16157, 16187, 16227, 17317, 17358, 16158, 16136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27012	8017.27012.09	U.S. Agency for International Development	US Agency for International Development	11235	1376.09		$334,853
8017	8017.07	U.S. Agency for International Development	US Agency for International Development	4402	1376.07		$72,365

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

This position technically supports treatment services though not directly implementing the services.

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2321.08

Mechanism: N/A

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3842.08

Planned Funds: $1,000,000

Activity System ID: 16209

Activity Narrative:

The major emphasis area for this activity is infrastructure. The Regional Procurement Support Office (RPSO) will assist USG Namibia by providing high quality technical guidance and required contracting authorities mandatory by USG regulation. The USG requires the services of local construction contractors to effect renovations at select Ministry of Health and Social Services (MOHSS) sites throughout Namibia in the implementation of HIV prevention, care and treatment services supported by FY08 PEPFAR program. Facility renovation in Namibia is crucial for both provision of ART care and 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. In 2007, CDC/Namibia received technical assistance from engineers from CDC/Headquarters to ensure that all future renovations maximize structural interventions that can prevent TB transmission.

The USG will 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 necessarily result in more patients on ART, but will result in improved quality of services. Depending on the scope of the renovation and the value of the US dollar, funding will support renovations for up to five sites to support provision of ART to People Living with HIV and AIDS (PLWHA) to improve the ability of the clinic to serve a greater number of patients, reduce nosocomial transmission of TB, support expanded rollout of rapid testing and IMAI, and provide a more complete range of services for PLWHA and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8088

Related Activity: 16149, 16158

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23960	3842.23960.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	10321	2321.09		$86,250
23959	3842.23959.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	10321	2321.09		$488,750
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Construction/Renovation

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

11.6 Number of service outlets providing antiretroviral therapy renovated = 4
These are ART sites which will be renovated.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3132.08

Mechanism: HIVQUAL

Prime Partner: US Health Resources and Services Administration

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3865.08

Planned Funds: $100,500

Activity System ID: 16249

Activity Narrative: This continuing activity, HIVQUAL, relates to Ministry of Health and Social Services (MOHSS) ARV Services (7330), Potentia ARV Services (7339), I-TECH (7350), HRSA (7450), CTS Global's Strategic Information activity (7323), US Department of Health and Human Services (HHS)/CDC and Intrahealth (7406).Funding of this activity will be directed for US based HIVQUAL Consultants to continue their work with the Namibia in-country HIVQUAL team.

It will expand on the HIVQUAL work which began in Namibia in FY 2007 to reach 16 ART sites. In FY 2008 the program will add 18 new sites throughout all 13 regions to reach all the 34 public and faith-based district hospitals. In addition, at least 5 health centers will be targeted during 2008. Initially these will be identified because of their proximity to participating hospitals.

HIVQUAL aims to provide a framework for health services staff and individual health care providers to engage in a participatory process of quality improvement (QI) based on evidence and data collected they collect locally. Using the HIVQUAL model, Health Units, Districts, Regions and the MOHSS will be able to gauge the quality of services provided to the HIV+ population at increasingly higher levels using indicators based on national guidelines. Data can for the foundation of proposed feasible and sustainable strategies to improve quality.

In FY 2008, 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. Activities will include: 1) QI training; 2) assessment of quality management programs at the participating clinics; 3) performance measurement (at six-month intervals) of selected core indicators; 4) ongoing QI coaching at participating sites; 5) promotion of consumer engagement in HIV care 6) regular conference calls with the US-based team. Data analysis and planning for expansion will also occur.

Activities will result in strengthening 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 use of 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. Training will also be provided to key MOHSS staff at the national, regional, and site level as indicated.

Established indicators measured through HIVQUAL determine the level of continuity of care, access to antiretroviral therapy and CD4 monitoring, TB screening and prevention, prevention education, adherence assessment, PCP prophylaxis, weight monitoring, food security and alcohol screening. In FY08, HIVQUAL indicators will also be devised and extended to include PMTCT and Pediatric ART programs. .

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 and it both measures the growth of quality management activities as well as guides the coaching interventions. Facility-specific data that are aggregated 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. Quality improvement training will be conducted for groups of providers. The project will work in partnership with all treatment partners who will help disseminate quality improvement strategies and activities throughout their networks.

The concept of quality improvement using the HIVQUAL model is still relatively new in Namibia. Consequently, a lot of advocacy and training will need to be done in order 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. The bulk of these activities will be undertaken within COP 07 and continued in COP 08.

The USG HIVQUAL team will expand its focus to build 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.

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 quality improvement conferences to learn from others and share experiences.

Additional staff for the activity will be required under the Case Management Unit of the DSP, MOHSS as the program expands both in the number of participating sites and focus areas to include pediatric and PMTCT indicators. A position for a HIVQUAL Nurse Co-coordinator will be defined and filled to support the HIVQUAL Medical Officer already working on the project. A part time data manager position will be defined and filled to provide dedicated support to HIVQUAL so that other data managers will not be pulled away from their work to support this activity.

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7450

Related Activity: 16129, 16149, 16134, 16154, 16210, 16136, 16158, 16227

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23964	3865.23964.09	HHS/Health Resources Services Administration	US Health Resources and Services Administration	10322	3132.09	HIVQUAL	$15,075
23963	3865.23963.09	HHS/Health Resources Services Administration	US Health Resources and Services Administration	10322	3132.09	HIVQUAL	$75,601
3865	3865.06	HHS/Health Resources Services Administration	US Health Resources and Services Administration	3132	3132.06		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	4	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

11.4 Number of individuals receiving antiretroviral therapy at the end of the reporting period--51,098

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1376.08
Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 19403.08
Planned Funds: $150,500
Activity System ID: 19403

Activity Narrative: 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, ccessibility to alcohol is high – there are more 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). Thus, the MOHSS believes that alcohol plays a major role in the disinhibition of risky behaviors and failure to adhere to HIV/TB treatment. Within the region, sexual risk-taking behaviors associated with alcohol use are highly prevalent in many of the countries severely affected by HIV/AIDS. For example, 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.

There are no outpatient alcohol addiction treatment services in Namibia other than a few Alcoholic Anonymous chapters in Windhoek, and there is only one inpatient addiction treatment center in the country. Consistent anecdotal evidence from implementing partners and service providers within the MOHSS cite the lack of alcohol treatment services as a great barrier to long term impact of advocacy and sensitization efforts. Catholic Health Services conducted a study in 2005 which indicated that 41% of patients receiving ARVs at St. Mary's Hospital in Rehoboth who defaulted did so on account alcohol. In FY07, Management Sciences for Health will implement adherence monitoring which will determine factors associated with poor adherence and default, including the influence of alcohol consumption.

In 2004, the MOHSS launched the Coalition on Responsible Drinking (CORD) with the mandate to ensure increased awareness on the effects of alcohol. Member organizations include Ministry of Information and Broadcasting (MIB), Ministry of Gender Equality and Child Welfare (MGECW), the Namibian Chamber of Commerce and Industry, Namibian Breweries, the Namibian Broadcasting Company, various NGOs, the Namibian Shebeen Association, and the Windhoek City Police. Since inception, CORD has developed a mass media alcohol awareness campaign, held sensitization meetings with industry captains, and drafted a National Substance Abuse Policy. USG partners with CORD and supports its alcohol efforts. COP07 funds were allocated to support an alcohol knowledge, attitudes and practices assessment; CORD's alcohol awareness campaigns; technical assistance in integrating alcohol prevention into prevention with positives (PwP) efforts; and to mainstream alcohol prevention programming within the Ministry of Safety and Security (MOSS) and Ministry of Defense (MOD) programs.

During FY08, USG will substantially expand its support to MOHSS and CORD to mainstream responses to alcohol misuse at a national level throughout USG's programs. USG will strengthen the capacity of a Namibian organization(s) to support CORD's advocacy and policy efforts, which will likely include advocacy with the Namibian Shebeen Association, regulatory reform, and national alcohol policies. In addition, this partner will provide technical assistance to USG's service delivery and community outreach partners to strengthen their technical capacity to integrate alcohol responses into existing programs. This Namibian partner(s) is TBD; CORD and USG will determine the technical assistance needs and partner selection based on several factors, including sustainable capacity to provide support over time.

A possible alcohol mainstreaming approach that might be developed with CORD and OGAC is an evidence-based approach to engaging population opinion leaders (POL). Using a methodology developed and tested by the Academy for Educational Development, this intervention identifies, enlisted and trains opinion leaders to encourage safer norms and behaviors within their social networks. This methodology is effective in identifying and targeting influential leaders and their networks, and might be combined with another potential best practice: a venue-based intervention to conduct outreach to bar owners, managers and personnel, who then target patrons in drinking venues as peer educators. These peer educators provide risk reduction information related to alcohol and sexual risk behaviors, teach proper, consistent condom use and provide condoms to bar patrons, and refer them to a range of services within the prevention, care and treatment continuum, including STI services. This approach uses a diffusion of innovation theoretical model by the Sahwira Intervention Program, which is being evaluated in Harare, Zimbabwe.

Within clinical settings, USG will adapt brief interventions (BI) alcohol counseling and referral techniques. These are time-limited patient centered counseling strategies that focus on changing patient behavior and increasing patient compliance with treatment medications. BI are 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. The Capacity Project will pilot the use of BI for alcohol in clinical settings (ref: Capacity Activity 4737.08).

FY07 funds are set aside to support MOHSS' development of an alcohol strategic plan. In FY08, the MOHSS, with assistance from the USG will create a comprehensive alcohol addiction treatment roadmap, in support of the National Substance Abuse Policy, which will include: a) treatment responsive aligned to severity of addiction (in descending order of severity: rehabilitation center, hospital based addiction treatment, outpatient treatment models). The roadmap will define MOHSS' response to building long term capacity in addiction treatment, which might include pre-service capacity building (establishment of addiction treatment subunit with the Department of Psychology/Basic Sciences at the University of Namibia (UNAM); out of country post graduate training in South Africa, UCT) as well as in-service capacity building responses. The ability to provide sustainable addiction treatment in Namibia might require an evaluation of provider cadre responsibilities and task shifting.

USG will continue to support CORD's alcohol awareness mass campaigns, building on USG's investment made in FY07. The mass media will reinforce all of the advocacy and alcohol mainstreaming initiatives within clinical and community settings, lending scale and credibility to the national initiative. Nawa Life Trust will continue to provide technical assistance to CORD in FY08 (ref: NLT 4048.08).

MOHSS and USG will design and pilot an outpatient alcohol addiction treatment program targeted to patients on TB/ART treatment. Three models of treatment have been shown to be effective in treating alcohol dependence: Twelve Step Facilitation (based on the Minnesota model and AA principles);

Activity Narrative: Motivational Enhancement Therapy (also known as Motivational Interviewing); and Cognitive Behavioral approaches that include relapse prevention training. After treatment, treatment gains tend to be better maintained if the person becomes actively involved in AA or other recovery support groups and develops family and peer relationships that are supportive of recovery. MOHSS and USG will work closely with OGAC to design, implement and evaluation the pilot, learn from the experiences of other countries, and source expert TA from either the US (i.e. a university with addiction treatment services such as Columbia University) or from within the region (South African Research Council, Alcohol and Drug Abuse Research Unit; and university-based outpatient treatment services).

In summary, funding components for the comprehensive integrated alcohol program are as follows: 1) Support to strengthen the capacity of a Namibian NGO to provide policy & advocacy support, TA to PEPFAR clinical and communications partners to mainstream alcohol into programs: $100,000 (17061.08); 2) pilot addiction treatment program: $215,000 in HVOP, HTXS, systems strengthening ref: 17061.08). The following are programs that will integrate alcohol programming into existing clinical and communications programs with support from the Namibian TA organization. The International Training and Education Center on HIV/AIDS (I-TECH) (4489.08) will integrate appropriate approaches into provider curricula, the Capacity Project (4737.08) will ensure mainstreaming into regional supervision/case management and VCT programs, and PHDC (16501.08) will coordinating TA in behavior change communications techniques. Other USG supported programs that will receive alcohol mainstreaming TA include AED's workplace and classroom programs (8500.08), PACT-supported community programs (6470.08), the national rollout of the PwP program, SMA's MARPs outreach (3831.08), MOD and MOSS programs, and service delivery programs. Additionally, NLT will continue to provide TA to CORD and MIB in support of its alcohol awareness campaigns (4048.08). This activity's coverage will be national in scope.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7650.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 21266.08

Planned Funds: $50,000

Activity System ID: 21266

Activity Narrative: The title of the PHE is “Evaluation of the impact of adherence interventions.” This PHE will be undertaken with $50,000 FY2008 funds. The PHE will be initiated and completed in COP08.

SPS will conduct this activity and other quality improvement initiatives to evaluate the impact of adherence interventions implemented in FY2007. The time-trend analysis/interrupted-time series methodology will be used for this evaluation. The study will involve the evaluation of the effectiveness of adherence interventions, such as: (1) use of standardized adherence counseling tool in improving patient understanding of treatment goals, (2) use of audiovisuals and patient information leaflets, (3) use of reminders, (4) reduction in dispensing waiting time, etc. Repeated baseline measurements will be made before the implementation of the interventions and repeated measurements will also be made after intervention to establish impact. The time-trend analysis will be undertaken among 5 selected sites simultaneously. Selected facilities will be approached to identify principal investigators. This activity will be carried out in close collaboration with the Response Monitoring and Evaluation subdivision of Directorate of Special Programs (DSP), and results will be disseminated through a national workshop and during the annual program review meeting. Results will also be disseminated to the regional medical teams to support evidence-based decision-making at the regional level. SPS will collaborate with expert patients, PLWHA, community counselors, community-based organizations, DSP and other relevant stakeholders to implement best practices in adherence interventions. Examples of such interventions may include adherence tools, mass media, audiovisual messages and patient information leaflets that have been locally adapted. This will be an observational study that targets quality improvement. There are no ethical issues envisaged; however, the local institution review board will be approached for relevant approvals.

The purpose of this PHE is to:
1) Implement and review the implementation of adherence interventions in selected treatment facilities;
2) Evaluate the effectiveness of key interventions;
3) Recommend successful, cost-effective interventions and best practices for scale-up.

The $50,000 budget for this PHE will provide for the costs of salary for a short-term data entry clerk, stationeries and supplies, travel, etc. Budget for FY 2008 includes: Per diems, salaries for data entry clerks, literature review, meetings, stationeries and supplies, travel, reports and others.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7650.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 21265.08

Planned Funds: $10,000

Activity System ID: 21265

Activity Narrative: The title of the PHE is “Compliance to guidelines and evaluation of medicines prescription.” This PHE will be carried out twice in the year and each activity will last 1 month. The proposed budget is $10,000 FY2008 funds.

SPS will develop a Prescription Quality Indicator (PQI) specifically for the study of providers’ compliance to ARV, Isozianid Preventive Therapy (IPT) and cotrimoxazole guidelines. PQI will be developed using recommendations from the relevant guidelines, for example: the sections of the TB/HIV guidelines on prescription of Isoniazid for latent TB in qualifying patients, and the prescription of Cotrimoxazole for prophylaxis of Pneumocysis Carinii Pneumonia (PCP). There are anecdotal reports that some patients’ qualified for Cotrimoxazole prophylaxis therapy (CPT) and IPT are not offered treatment. Local providers and clinicians will be involved through the Delphi method for the adoption of the PQI. The PQI will be administered in 5 treatment facilities (different from the ones used in the other MSH PHE on ART adherence). The use of the PQI to measure practice is a form of clinical audit. The TC from each selected hospital will be requested to identify a key member to serve as the local co-investigator/principal investigator (PI). This evaluation will be conducted through review of medical records, provider observation and interviews. This will be an observational study that targets quality improvement. There are no ethical issues envisaged; however, the local institution review board will be approached for relevant approvals.

The purpose of this PHE is to:
1) Assess prescription quality for patients who qualify for IPT and CTX and make recommendations for possible interventions
2) Identify key factors that influence low coverage of IPT and CTX to PLWHA
3) Make recommendations to improve the coverage of IPT and CTX to all qualifying patients and also to improve compliance to guidelines in general

This PHE will be carried out in close collaboration with the TC of the 5 selected hospitals. For more than 3 years and as a continuation of FY2007 activities, RPM+/SPS has been providing support and training to TC members on how to identify medicines use problems in their facilities. It is envisaged that limited funds, in this case $10,000 ($2,000 projected to be spent per selected treatment facility), will be required to conduct this PHE. This PHE will provide TCs and the local PIs with the opportunity to develop local capacity to conduct of clinical audits. Findings from the study will be presented to the TCs and Directorate of Special Programs and disseminated during the annual program review meeting.

The $10,000 budget for this PHE will provide for the costs of the PI’s per diem, salary for a short-term data entry clerk, stationeries and supplies, and travel. Budget for FY2008 includes: Per diems, stationeries and supplies, travel, reports and others.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: **$2,636,000**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

The USG laboratory support team continued its strong collaboration with the Namibia Institute of Pathology (NIP) in FY07 to provide laboratory services in support of prevention, treatment, and care. The continued roll-out of the use of HIV rapid testing in Namibia has resulted in significant progress toward meeting program goals. Namibia currently allows non-laboratory personnel who are trained and under a quality assurance program to perform rapid testing. Rapid testing by non-laboratory personnel is extremely important to reaching targets due to the shortage of health professionals and the past experience that ~50% of patients did not receive their results when EIA was the prime method for serologic testing. There are now at least 91 VCT centers, hospitals, health centers, and clinics performing rapid testing whereas there were 20 in FY05. With the assistance of a USG-funded technical advisor on rapid testing, capacity was improved to support Namibia's rapid test rollout in terms of use of a standard training curriculum for testers based on the CDC/WHO HIV rapid test training package, training trainers and testers; development of standard operating procedures for QA and testing facilities; preparation of quality controls and proficiency panels; preparation of starter kits to help launch new rapid testing sites; training of laboratory personnel in the districts to support neighboring rapid test sites and testers; support and preparation visits to all new testing sites; development of certification criteria for testers and test sites; and addition of new QA medical technologists to the NIP. Lack of medical technologists and funds for quality assurance testing remain obstacles to rapid rollout. The Ministry has also adopted a cautious approach to the introduction of rapid testing and limited the number of sites, but this should accelerate significantly in FY07 with additional staff and based on positive experiences in FY05 and FY06. In FY08, out reach program will have onsite HIV rapid testing. This will take services closer to the people.

The contributions of a USG-funded laboratory scientist stationed at the NIP continued to provide a major boost to molecular diagnostics particularly the introduction of diagnostic DNA PCR testing. Validation of dried blood spot samples for diagnostic DNA PCR testing at the NIP and development of a new diagnostic algorithm for early diagnosis in HIV-exposed and symptomatic infants was accomplished in FY06. Capacity for performing viral load assays has also been implemented in the central laboratory and a national policy has been adopted for use of the assay only when drug resistance is suspected. In FY07, an additional USG-funded laboratory scientist with expertise in Tuberculosis testing and Quality Assurance Systems was hired and stationed at the NIP. Expertise in TB testing will be of critical importance due to ongoing surveillance for TB MDR. Laboratory staff will also contribute to prevention activities by screening for TB, assisting with STI diagnosis etc. In addition, trainings will be supported for NIP technical and managerial staff from the central and peripheral laboratories based on a comprehensive assessment of training needs performed. Trainings will continue to be focused on laboratory management including development of a strategic plan for national laboratory services, CD4 technology and instrumentation, Quality Systems and Tuberculosis and OI.

The first threshold survey of drug-resistant HIV using the 2006 national sentinel survey specimens was completed. The testing was performed at NICD (South Africa) by a Namibian Scientist. This is nonetheless a priority for FY08, though capacity limitations within NIP and the Ministry will remain challenges. The plan is to complete the threshold survey at sentinel sites, which will be expanded in FY08 once the threshold has been reached. Arrangements will be made for Namibians to complete viral RNA extraction and genetic sequencing at a laboratory NICD (South Africa) by a Namibian Scientist. The first group of six Namibians who had science degrees from the University of Namibia will complete training as medical technologists in South Africa in just two years and will return in December 2007 to take up positions in the NIP.

In FY 2007, the SCMS project will facilitate 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 such as the Global Fund. In FY08 this activity will continue with focus on strengthening the effectiveness and efficiency of NIP's laboratory supplies logistics system.

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. NIP will support these initiatives.

As part of improving quality of services, facilities with high patient load will have point of care equipments which will reduce the turn around time for results. Where facilities do not have this capacity, transportation of specimens and results will be improved. More facilities will get connected to the USG supported NIP Lab Information System (MEDITECH) to improve access to lab results. Lab staff will also participate in planned PHEs. Laboratory staff willhave regular meetings with clinical staff to review quality of services.

The Namibia Institute of Pathology (NIP) is a national network of 36 Laboratories covering the whole country. There is one central reference Lab in Windhoek, regional Labs in Oshakati (north-west) and Rundu (north east), sub-regional Labs and health facility laboratories.

NIP is a para-statal institution, rendering fees for services to the Ministry of Health and Social Services and private institutions. The major challenges are the lack of qualified Lab professionals in Namibia and vastness of the country. The other challenge is the rapid roll out of care and treatment services to the whole country without decentralizing the Laboratory Services accordingly. 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 poly-technique and the development of NIP training policy would assist Namibia in strengthening their laboratory capacity to support all the programs.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests 12

12.2 Number of individuals trained in the provision of laboratory-related activities	210
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	644191

Custom Targets:

7.5 Number of labs with capacity to perform smear microscopy	32
7.6 Number of labs with capacity to do TB culture	3
7.7 Number of labs with capacity to do TB culture/DST	1
9.4 Number of quality assurance tests done	19250
9.2 Number of Individuals who received counseling and testing for HIV and received their results	
9.1 Number of service outlets providing counseling and testing	
1.6 Number of exposed children who will get DNA PCR	20000
11.6 Number of viral load tests done	12000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4661.08
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 Area Code: 12
Activity ID: 3858.08
Planned Funds: $350,000
Activity System ID: 16241

Activity Narrative: This is an ongoing activity in FY08. The CDC GAP International Laboratory Branch has established a consortium consisting of four US partners with laboratory expertise. The partners include the Association of Public Health Laboratories (APHL), American Society of Clinical Pathology (ASCP), the American Society for Microbiology (ASM) and the Clinical Laboratory Standards Institute (CLSI). ASM's efforts are reflected under the HVTB program area as primary areas of focus are tuberculosis smear microscopy, culture and drug susceptibility testing.

An NIP laboratory training needs assessment was completed in FY06, and recommended workshops and consultations started during FY07. In FY07, an in-service training Lab Unit was established within NIP to provide training on new technologies as well as refresher trainings. The ILB partners will continue to provide assistance to fill the remaining training gaps identified as well play a key role in training the trainers (TOT). The presenting partner was selected depending on the following priorities that were identified during the laboratory assessment and continue to be challenges. Priority areas for training and consultation in FY08 are laboratory and leadership management including strategic planning for the national laboratory system (APHL); training on bio-monitoring assays such as CD4 methods and instrumentation, chemistry and hematology, development of training resource center (ASCP); preparation for laboratory accreditation, assessment of the NIP's quality management system practices through an active gap analysis and effectiveness assessment program, and standardized laboratory methodology and quality assurance (CLSI). The ILB consortium partners will provide the technical trainings while ITECH 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 FY07, 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 International Laboratory Branch (ILB) and TB/OI/HIV Program Team (T/HP) proposes to establish a TB/HIV/OI Regional Laboratory Training Center in South Africa with 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 and monitoring and EQA. This regional laboratory training center will be used as appropriate to complement Namibia training needs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7358

Related Activity: 16129, 16149, 16210, 16134, 16135, 16156, 16165, 16227, 17322, 16158, 16166, 16195, 16136, 16110, 16117, 17320, 16222

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23941	3858.23941.09	HHS/Centers for Disease Control & Prevention	International Laboratory Branch Consortium Partners	10317	4661.09		$400,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000
16222	7919.08	7384	1065.08	I-TECH	University of Washington	$500,000
16117	3862.08	7355	2538.08		Comforce	$260,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	34	False
12.2 Number of individuals trained in the provision of laboratory-related activities	150	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

626,000

Direct Target Comments:

12.1: All the labs. The consultants will directly train the staff in these labs 12.2: These are staff specifically trained on CD4 and TB, quality systems, lab management and other lab related services, at least 4 staff per lab

Indirect Target Comments:

12.3: These are total tests done DNA PCR, Viral load, bioclinical monitoring by staff of NIP

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1404.08 **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 Area Code: 12

Activity ID: 17320.08

Planned Funds: $826,000

Activity System ID: 17320

Activity Narrative: This activity contains 3 components

(1)Namibia's antiretroviral treatment program is in its third year now and emphasis is put on bringing these services closer to the patients in remote areas. By its mandate, NIP is required to support the treatment program wherever it is launched. NIP will strengthen its peripheral laboratories in providing hematological and CD4 testing to make them accessible to the patients in remote areas. That will minimize transport of samples to central testing facilities. Funds will be allocated to purchase at least five (5) point of care CD4 machines for this purpose. Maintenance of all the equipments will be supported.
(2)Due to a lack of manpower to run the tests, testing in NIP Labs needs to be automated. This is critical with both DNA PCR and viral load testing. The expected number of Viral Load and DNA PCR tests to be performed in FY08 is 27,000. The DNA PCR testing using Dried Blood Spots (DBS) is still very manually done at NIP. With the increasing number of health care workers trained on DBS collection, the rapid roll out of Early Infants Diagnosis will challenge NIP capacity to handle the DNA PCR testing without acquiring new equipment. The new ARV bio-clinical monitoring guidelines introduces Viral Load testing after 6 months of treatment for all new patients starting treatment, this will also need to be automated. Funds are needed to purchase automated system for carrying out these tests.
(3)This is an ongoing activity. An NIP laboratory training needs assessment was completed in FY06, and recommended the creation of a training unit at NIP. During FY07 workshops and consultations were organized with assistance of the International Laboratory Branch consortium partners. The presenting partner was selected depending on the priorities that were identified during the laboratory training needs assessment. Priority areas for training and consultation were laboratory management including strategic planning for the national laboratory system (APHL); training on bio-monitoring assays such as CD4 methods and instrumentation, chemistry and hematology (ASCP); OI focusing on tuberculosis smear microscopy, culture and drug susceptibility testing (ASM); and standardized laboratory methodology and quality assurance (CLSI). In FY08 support will continue to be provided to strengthen the training unit at NIP. Funds will be allocated to purchase a vehicle as well as laboratory equipments for the hands-on training. Technical assistance will be provided by ILB consortium partners, the RLTC while I-TECH will provide logistical support. In FY07, USG supported the salary of the 2 technical trainers and the administrative assistant. In FY08, USG will continue to support these salaries.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16129, 16149, 16210, 16134, 16135, 16156, 16174, 16158, 16166, 16136, 16110, 16117, 16241, 16222

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000
16222	7919.08	7384	1065.08	I-TECH	University of Washington	$500,000
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	34	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	626,000	False

Indirect Targets

Indirect Target - 12.2 Number of individuals trained in the provision of laboratory-related activities: 150

Direct Target Comments:

12.1: These labs are run by NIP 12.3: These are total tests done DNA PCR, Viral load, bioclinical monitoring by staffs of NIP.

Indirect Target Comments:

12.2: These are staff trained by ILB and facilitated by I-TECH.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	1065.08	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Area Code:**	12
Activity ID:	7919.08	**Planned Funds:**	$500,000
Activity System ID:	16222		

Activity Narrative: Namibia Institute of Pathology (NIP) is a parastatal institution that provides laboratory services mainly to the public, and to a lesser extent the private sector, both on a commercial basis. Having a nationwide network of 34 laboratories and employing approximately 270, its functions include: performing routine diagnostic tests; assisting in the necessary national screening and surveillance of various diseases, including a biannual HIV sero prevalence study among pregnant women which is conducted in conjunction with the Ministry of Health and Social Services (MoHSS); monitoring ARV treatment effectiveness such as therapeutic drug monitoring; and in the not so distant future, monitoring of HIV drug resistance. NIP is also responsible for providing practical training to medical technology students and interns; conducting operational research applicable to Namibia's health care system and advising the MOHSS accordingly. Currently, over 70% of work conducted at NIP is dedicated to the public sector.

The mounting challenges of the HIV epidemic and TB have resulted in a dramatic increase in the use of NIP services over the past few years. To support the MoHSS plan for scaling up of treatment and care, the NIP has introduced more specialized and complicated procedures which include new testing methodologies and automation. These changes have necessitated skills improvement and expansion in staff in order to manage the ever-changing work environment.

To enhance the capacity of the training unit and thereby support the national care and treatment scale up, in FY06 and 07 I-TECH with support from USG through CDC, assisted NIP to establish a training unit. In addition, I-TECH procured computer and training-related equipment and is currently renovating and upgrading the training facility within the NIP. Furthermore with the FY07 funds, I-TECH is assisting NIP to develop training curricula to begin in-service training.

To ensure that the training unit's capacity is enhanced in order to meet the demands of training provision within NIP laboratories, I-TECH will renovate and upgrade lecture rooms and procure additional training materials.

In collaboration with International Laboratory Branch Consortium partners, I-TECH will assist NIP to review and update the current training curricula and will assist the NIP training unit to conduct 10 in-service training courses for 150 laboratory personnel in FY08. I-TECH will coordinate travel, venue, accommodations, meals, material production and other logistics for the training while technical instruction and facilitation will be conducted in collaboration between I-TECH and CDC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7919

Related Activity: 16129, 16149, 16210, 16134, 16154, 16164, 16135, 16156, 16165, 16158, 16166, 16136, 16110, 16117, 17320, 16241

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7919	7919.07	HHS/Health Resources Services Administration	University of Washington	4387	1065.07	I-TECH	$278,019

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16164	7971.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$265,000
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000

Targets

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

Indirect Targets

12.2 Number of individuals trained in the provision of laboratory-related activities: 150

Indirect Target Comments:

12.2: These are the same staff trained under ILB. I-TECH will provide logistics for the training.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4420.08
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 Area Code: 12
Activity ID: 7451.08
Planned Funds: $450,000
Activity System ID: 16188

Activity 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 through assessment, systems development and supporting policy development, training and skills transfer to NIP staff, ensuring that the systems and policies 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.
Superficially, the main focus of this activity by the Partnership for Supply Chain Management (SCMS) is to support to the Namibia Institute of Pathology (NIP) to ensure that laboratory reagents and supplies are in sufficient supply and moving through a supply chain that will support the scale-up of the ART program. The NIP is a parastatal mandated to provide laboratory services in Namibia; it operates 34 laboratories across the country.
In FY 2007, the SCMS facilitated the design of a Laboratory Logistics Management System for the 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% space without adding additional infrastructure. During FY 2008, support provided to the 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) and Job Aids and train staff on the system.

In FY 2007, SCMS provided support to review the materials management module of Meditech® and inventory control parameters were adjusted accordingly. In FY 2008, support will continue through on the job training and supportive supervision strategies to ensure that the system operates optimally and necessary adjustments to the inventory control parameters are carried out periodically. Support will also be provided for the development of systems for laboratory equipment management and tracking.

In FY 2007, SCMS provided support for an assessment of the storage infrastructure capacity of the NIP central warehouse and laboratories. In FY 2008 the results will be applied to obtain required storage and handling equipment and renovate. Training will also be provided to laboratory managers in modern storage practices and standards. This will ensure optimal storage and handling of laboratory regents and supplies at NIP sites. Support will also be provided to review and/or develop Disposal Policies to govern disposal of obsolete and non-functional equipment and supplies. Following adoption of these policies, support will be provided to implement them by developing SOPs and Job Aids and also physically removing and destroying or otherwise disposing of accumulated equipment and stores in the various NIP warehouses and stores.

FY 2008, support will be provided to strengthen NIP's procurement management systems through a targeted evaluation of current procurement polices, manuals and guidelines and the subsequent revision of the Procurement Polices and Procedures Manual, along with training on that policy. Support will also be provided to conduct standardization, forecasting and quantification of reagents and supplies and support the institutionalization of a system for quarterly reviews.
These activities will ensure that the supply of laboratory supplies remains uninterrupted to support the scale -up of ART services in Namibia.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7451

Related Activity: 16129, 16149, 16210, 16134, 16158, 16166, 16136, 17320, 16110, 16117, 16241, 16222

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26996	7451.26996.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11227	4420.09	SCMS	$450,000
7451	7451.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$389,404

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000
16222	7919.08	7384	1065.08	I-TECH	University of Washington	$500,000
16117	3862.08	7355	2538.08		Comforce	$260,000
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Indirect Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests: 34

12.2 Number of individuals trained in the provision of laboratory-related activities: 150

12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring: 626,000

Indirect Target Comments:

12.1: These labs are run by NIP for which the logistics officer will be supporting their logistics systems 12.2: These are staffs trained by ILB and facilitated by I-TECH and the logistics officer will facilitate the lab commodities part of the training 12.3: These are total tests done DNA PCR, Viral load, bioclinical monitoring by staffs of NIP for which the logistic office will have provided logistic support

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6169.08
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 Area Code: 12
Activity ID: 4490.08
Planned Funds: $250,000
Activity System ID: 16110

Activity Narrative: 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 funding through I-TECH Namibia.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8553

Related Activity: 16174, 16227, 17320, 16241, 16222, 16117, 16188

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25862	4490.25862.09	Department of Defense	University of Washington	10886	6169.09	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	$50,000
4490	4490.06	Department of Defense	University of Washington	3363	3363.06	I-Tech/MoD Treatment, Training, and Oversight	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16222	7919.08	7384	1065.08	I-TECH	University of Washington	$500,000
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16188	7451.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$450,000
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	6	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	18,191	False

Indirect Targets

Direct Target Comments:

12.1: This will be a new lab for DOD in FY08. The consultants will directly train the staff in this labs 12.2: These are staff specifically trained on CD4 and TB, quality systems, lab management and other lab related services 12.3: These are total tests done, Viral load, bioclinical monitoring by staff of the new lab (NIP for 55060 patients, total tests are 626,000)

Target Populations

Special populations

Most at risk populations

Military Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	2538.08	**Mechanism:**	N/A
Prime Partner:	Comforce	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Area Code:**	12
Activity ID:	3862.08	**Planned Funds:**	$260,000
Activity System ID:	16117		

Activity Narrative: In a continuation from FY07, this activity will provide funding for 0.7 FTE for a laboratory scientist assigned to the Namibia Institute of Pathology (NIP). To reflect the TB responsibilities of this position, the remaining 0.3 FTE is reflected in the HVTB program area. The laboratory scientist provides support to NIP for the purposes of 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. It relates to the Ministry of Health and Social Services (MOHSS) PMTCT (7334), CDC (7357), and NIP (7927). In FY05, CTS Global hired and 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. Also, following training in incidence assays, NIP plans to introduce HIV incidence testing with banked specimens of the 2006 sentinel survey once an updated assay is available. The first threshold survey of HIV drug-sensitivity was conducted in 2007 on samples from the 2006 sentinel survey.

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. Also in FY07, an expert from the Clinical and Laboratory Standards Institute was assigned to NIP for three months to build NIP's capacity in TB diagnostics, with particular emphasis on proper use of newly procured state of the art equipment (MGIT960). In FY08, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7323

Related Activity: 16129, 16149, 16156, 16135, 16174, 16165, 16158, 16136, 16166, 16227, 16241, 16222, 16110

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7323	3862.07	HHS/Centers for Disease Control & Prevention	Comforce	4380	2538.07		$305,500
3862	3862.06	HHS/Centers for Disease Control & Prevention	Comforce	3120	2538.06		$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000
16222	7919.08	7384	1065.08	I-TECH	University of Washington	$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	11	False
12.2 Number of individuals trained in the provision of laboratory-related activities	54	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Direct Target Comments:

12.1: currently 6 lab and 5 will be added in FY08. The two staff directly train the staff in these labs 12.2: These are staff specifically trained on CD4 and TB and other lab related services, at least 1 staff per lab (current 34 labs)

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

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

Total Planned Funding for Program Area: $7,162,172

Estimated PEPFAR contribution in dollars	$25,000
Estimated local PPP contribution in dollars	$0

Program Area Context:

The US Government (USG) supports Namibian strategic information (SI) initiatives related to HIV/AIDS within the framework of the multi-sectoral integrated action plan to monitor and evaluate the national response to HIV/AIDS. This action plan outlines SI priorities including monitoring and evaluation (M&E), health management information systems (HMIS), surveys and surveillance, and public health evaluation (PHE). The action plan is based on the National M&E Plan designed to track progress toward the third medium-term national HIV/AIDS strategic plan (2004-2009). Harmonization of USG SI activities with Namibian frameworks and priorities will enhance national ownership, impact and guarantee sustainability. Secondarily, FY 2008 support adheres to the 5-year strategic plan developed by the USG SI team.

Namibia's ability to implement their M&E action plan is limited by inadequate human resources, insufficient expertise in SI disciplines, weak information systems, and the absence of an internationally recognized institutional research review board. USG activities in FY 2008 will strengthen Namibian SI capacity through highly skilled technical advisors, human resources for data entry and management, information technology hardware and software, and capacity building. In order to build M&E training capacity in country, USG will facilitate a relationship between an internationally recognized leader in M&E (most likely a university) and a Namibian training institution. As a temporary measure, USG is supporting in-country capacity building through partners and is providing 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 gaps by building capacity in the integrated use of existing data sources (known as 'triangulation and or second generation surveillance'), promoting key surveys to identify population characteristics related to HIV 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 strategic information skills. USG representatives sit on the national M&E Committee to ensure coordination of USG SI support with that of other government line ministries, development partners, and civil society.

One priority area of the USG SI team is support to national health information systems (HIS) that provide critical HIV/AIDS and TB indicators. Since FY 2005, USG has supported a HIS technical advisor (TA) assisting the HIS and M&E subdivisions in the Ministry of Health and Social Services (MOHSS). Since FY 2002, the USG has supported the development of paper-based and electronic information systems that allow calculation of these indicators. In FY 2007, the USG supported review and revision of the ART clinic-based patient monitoring system (based on the WHO ART card) including development and roll-out of a locally engineered computerized system (Filemaker) to capture and report on critical indicators, roll-out of the ART pharmacy management information system (PMIS) and commodity tracking system, design and roll-out of the TB information management system, and design and roll-out of a revised routine health information system that captures key epidemiological outcomes (AIDS, TB, and mortality), PMTCT, and VCT. USG will also continue to support the national OVC database in FY 2008 through technical assistance to the Ministry of Gender Equality and Child Welfare. In FY 2008, the USG will continue to support high quality data collection and data use through provision of human resources, database software, computer equipment, internet communications, and technical advising. Also continuing from FY 2007, the SI team will continue to 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 and the SI team will support maintenance and use of that tool.

The support of M&E systems is another USG priority. A USG technical advisor for M&E was seconded to the M&E sub-Division in FY 2006 and this TA led USG support for the first national M&E plan which was launched in late FY 2006. During FY 2007, the M&E plan was translated into their integrated action plan (IAP) using a 12 component framework developed by a consortium including USG, UNAIDS, the World Bank, and other international HIV M&E stakeholders. In FY 2008 the USG will support continued refinement and implementation of the IAP. The USG also supported recruitment of 13 regional level M&E officers (1 per region) in FY 2007 who will use various data sources to lead SI activities at each region. In FY 2008 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 will support development of a Namibian M&E curriculum and delivery of this curriculum to appropriate personnel in government and partner institutions. USG FY 2008 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 supports surveys and surveillance systems to inform the design of prevention, care, and treatment programs, to provide inputs for epidemiological projections, and to monitor progress toward prevention, care, and treatment goals. In FY 2008 this support will include implementation of the bi-annual sentinel HIV survey and incidence testing on banked samples from the 2006 sentinel survey (incidence testing on 2008 samples will be completed in FY 2009). To establish HIV infection levels in the

Namibian military, USG will additionally support a prevalence study in that group. USG will also support implementation of the first ever AIDS indicator survey 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 survey of most at risk populations (commercial sex workers, truckers and other mobile populations, men who have sex with men, and IDU). Due to the effort required by these three surveys and the inability to extrapolate to the wider population, the household surveys supported by USG between 2004 and 2007 will be discontinued. These household surveys permitted local tailoring of prevention and treatment programs including materials development, training curricula, and community action plans, but will not be necessary in light of the general population and MARP surveys. As has been planned since FY 2005, the USG will support implementation of a survey of TB cases to assess the extent of drug resistant TB around the country. Implementation of this survey has been delayed due to inadequate laboratory capacity, but this challenge has now been overcome.

In FY 2006 and FY 2007 the USG supported training on use of the Spectrum/Goals software packages to support HIV-related projections for policy decisions. Using these and other tools, the USG assisted in modeling the projected need for clinical, laboratory, and pharmaceutical services through 2012. The USG will continue to support policy decisions in 2008 by refining projections based on newly available programmatic and survey data and disseminating computerized policy tools to policy makers and program planners.

Continuing in FY 2008, the USG Namibia will support community-based, faith-based and non-governmental organizations build their capacity in programmatic monitoring and evaluation through training and support visits. As in FY 2007 when the USG Namibia team worked extensively on determining minimum standards of quality for OVC services, continued work will be done with the SI team and USG partners on extending this emphasis on 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 OGAC/Global Fund data quality tool to the local context and working with partners to increase the reliability of their data.

The USG will support PHEs across the various program areas in FY 2008. PHEs are planned to evaluate (1) models for effective service delivery emphasizing patient survival as an outcome; (2) approaches to integration of TB/HIV care and treatment: (3) linkages between PMTCT and ART services; (4) the impact of micro-credit as an HIV prevention method, and (5) the impact of HIV-related information on Namibian primary and secondary teachers.

Members of the current USG SI team include the SI/M&E advisor (USAID), the HIV/AIDS project coordinator (DOD), the M&E technical advisor (CDC), the HIS technical advisor (CDC), and the strategic information liaison (CDC fellow position). During FY08, a USG SI Liaison position will be converted from a fellow to a CDC staff member tasked with supporting CDC partners (national blood transfusion services, national laboratory, and community based partners) in SI tasks. In addition, a new position of Public Health Evaluations advisor will join the USG SI team in FY 2008 to support the various public health evaluation initiatives going on across program areas. The SI team communicates daily to support SI activities and meets regularly (at least monthly). In producing program results, USG agencies provide unduplicated data on direct/indirect targets quarterly to the SI liaison who then compiles program results for wider USG team review and input before submission.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	60
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1115

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	2538.08	**Mechanism:**	N/A
Prime Partner:	Comforce	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	3844.08	**Planned Funds:**	$575,000
Activity System ID:	16118		

Activity Narrative: This activity is a continuation of funding to CTS Global first initiated in FY 2005. It relates to these other SI activities: the Ministry of Health and Human Services (MOHSS) (7332), Potentia (7338), Namibia Institute of Pathology (NIP) (7995), the International Training and Education Center on HIV/AIDS (I-TECH 7355), the Namibia Blood Transfusion Services (NamBTS, 7321) and CDC (7359). The emphasis is to continue and expand the support from two technical advisors (TAs) to Namibia's National AIDS Program, one to carry out monitoring and evaluation (M+E) activities and one to the National Health Information Systems (HIS) Unit. Namibia recently released a National M+E Plan to measure progress toward the goals in its national strategic plan for HIV/AIDS. This M+E plan stipulates indicators required from all government and non-government sectors; however, human capacity to finalize this plan and to obtain and process the indicators is limited. To address this gap, the USG seconded TAs to the MOHSS, first a health information systems (HIS) advisor in FY 2005 and then an M+E specialist in FY 2006. To develop and sustain local capacity, these technical advisors work closely with their counterparts in the MOHSS.

Since FY 2005, the USG TA for HIS has supported establishment of the current national management information system (MIS) for ART and PMTCT while strengthening the MIS for VCT and TB. These systems have been providing crucial information for reports for MOHSS and partners (including PEPFAR) as well as assisting the government in projecting future program needs. However they are 'stand-alone' systems, necessitating data re-entry of information in more than one place, such as clinic, lab and pharmacy. Moreover, facilities cannot share computerized data unless cumbersome data manipulation is performed. In FY 2008 the HIS TA will focus on development of a new system (web-hosted or networked) that will allow rapid exchange of information among facilities and all service levels (district, region, national) to improve patient tracing to reduce defaulters, facilitate reporting, and promote data use for policy and program decisions. This phase will involve evaluating the appropriateness of solutions implemented in the Southern Africa region and may leverage information technology resources from the private-public partnerships developed locally and in the US, including partnerships between the MOHSS and local information technology expertise (both public and private). Also in FY 2008, this TA will continue to facilitate training of data managers to expedite reporting and data synthesis, improve data quality, and strengthen local use of information and dissemination. The TA will also continue to support the design and analysis of national surveys, including those for HIV and TB drug resistance, HIV incidence, and longitudinal surveillance. To facilitate maximum data use, this TA will also continue to support spreadsheet modeling and specialized software applications developed with USG/UNAIDS support to inform policy makers of the current and future extent of the epidemic so that sufficient Government and partner support can be secured. Finally, this TA will continue as the instructor for the epidemiology/ biostatistics module of the University of Namibia's MPH program to build local capacity in epidemiological study design, data collection and analysis.

The USG M+E TA has assisted in formulating and executing the M+E plan as well as designing and executing national surveys outlined in the plan. These national surveys include the HIV sentinel survey in pregnant women, a national health facility survey (HFS), and the demographic and health survey (DHS). During FY 2008, this TA will continue support of national surveys, including the 2008 sentinel survey, an AIDS indictor survey (AIS) and a health facility survey (HFS) coordinating secondary analysis of the DHS. To promote appropriate execution and interpretation of these surveys, this TA will coordinate training workshops emphasizing surveillance concepts and general M+E concepts to all national and sub-national M+E personnel. The TA will also provide support for implementing the MOHSS' computer-based management information system designed to track the indicators in the M+E plan (MTP3). This TA will also support M+E dissemination activities including routine reports required by MOHSS, OGAC, Global Fund, the UN, and other stakeholders as appropriate. During FY 2008 this TA will also continue to support the MoHSS with M&E related strategic planning.

Leveraging the foundation of information systems and data capture personnel established between FY2004 -2007, SI objectives in FY 2008 will concentrate heavily on data quality and data use for program and policy improvement. The HIS TA, while continuing support to routine data collection and indicator calculation, will focus efforts on using existing databases to report more detailed indicators (including TB/HIV and ARV drug adherence), both to support evaluations as prioritized by the MOHSS, and to improve data quality through the HIVQUAL initiative. In FY 2008 the USG will continue to support MOHSS personnel studying for their MPH degrees at the University of Namibia with emphasis on data management with mentoring from the HIS technical advisor/epidemiologist. With existing data, the M+E TA will move on from coordinating the National M+E Plan and implementing surveys to creating reports that synthesize information into practical recommendations for improving prevention, care, and treatment efforts to mitigate the epidemic. This activity leverages resources with: the Global Fund support for the Health Facility Survey and DHS; the European Commission support for the national M&E MIS; and WHO support for Namibia's participation in the Health Metrics Network.

A new position for FY 2008 is a strategic information staffer to liaise with CDC's partners, as well as to assist the Department of Defense, the Department of State, and the Peace Corps with SI activities as possible. The technical advisors for HIS and M+E are assigned to counterparts within the MOHSS: given the breadth and scope of strategic information activities with the MOHSS, they thus have limited availability to assist other CDC partners in the field with strategic information. In FY 2008, the SI liaison will primarily work with other CDC partners including Development AID People to People (DAPP), the Namibia Institute of Pathology (NIP), and the Blood Transfusion Services of Namibia (NAMBTS) to assist with developing or improving data management systems, ensuring the quality of data, supporting ongoing evaluation activities, and assisting the partners with using data for decision-making. While CDC and USAID have SI personnel, the other three USG agencies that are partners in PEPFAR do not. To be sure, the SI needs of these partners are less than that of USAID and CDC and these two agencies combined receive over 90% of the PEPFAR funds for Namibia. However, the SI liaison will be of assistance to the DoD as they collaborate with the Namibian Ministry of Defense to build SI capacity in the Namibian military, including support for the first HIV prevalence study in this institution. Other identified needs include working with the Peace Corps to harmonize data collection related to HIV efforts being carried out by volunteers and to establish a data collection system for the PEPFAR-funded activities through the Department of State's Self-Help Program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7322

Related Activity: 16149, 16163, 16112, 16119, 16199, 16115, 16253, 18275, 18281, 16231, 16141, 16173, 16178, 16116, 16142, 16193, 16210, 16198, 16201, 16156, 16165, 17358, 17364, 16117, 17320, 16137, 16143, 16145, 16147, 16159, 16176, 16181, 16184, 16189, 16196, 16205, 16215, 16216, 16223, 16228, 16229, 16242, 16859, 16830, 16957, 16959, 17037, 17057, 18051, 18179, 18185

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7322	3844.07	HHS/Centers for Disease Control & Prevention	Comforce	4380	2538.07		$366,000
3844	3844.06	HHS/Centers for Disease Control & Prevention	Comforce	3120	2538.06		$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16163	7927.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$40,000
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16253	5123.08	7395	1495.08	Track 1	World Health Organization	$500,000
16115	5124.08	7354	1455.08	Track 1	Blood Transfusion Service of Namibia	$1,200,000
18281	18281.08	8028	8028.08	CDC/Track 1	Partnership for Supply Chain Management	$300,000
16231	3774.08	7386	1317.08		University Research Corporation, LLC	$1,529,031
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16116	8024.08	7355	2538.08		Comforce	$115,290
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16193	3896.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$263,218
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16189	7452.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$84,700
16143	3768.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$126,470
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
16223	3872.08	7384	1065.08	I-TECH	University of Washington	$840,089

16228	4493.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$128,000
16137	7458.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$42,624
17037	17037.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$180,600
16242	3859.08	7390	1157.08		US Centers for Disease Control and Prevention	$295,012
16957	16957.08	7390	1157.08		US Centers for Disease Control and Prevention	$30,000
16196	3892.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,069,229
16859	16859.08	7363	1388.08	MEASURE DHS	Macro International	$500,000
16145	3778.08	7363	1388.08	MEASURE DHS	Macro International	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Male circumcision

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	38	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	624	False

Indirect Targets

N/A

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3078.08

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 Area Code: 13

Activity ID: 7458.08

Planned Funds: $42,624

Activity System ID: 16137

Activity Narrative: Capacity Project (CP) will endeavour to support all its implementing partners [Catholic Health Services (CHS), Lutheran Medical Services (LMS), Anglican Medical Services (AMS), LifeLine/Childline (LL/CL), Catholic Aids Action (CAA), Evangelical Lutheran Church AIDS Program (ELCAP), Walvis Bay Multi-Purpose Centre (WBMPC), Democratic Resettlement Community (DRC), Development AIDS from People to People (DAPP), HIV Clinician Society (HCS) and Pharmaceutical Society of Namibia (PSN)] in the use of information for effective programme management. This will be done through improving and harmonising data collection tools; ensure data coordination, data mining and analysis and ultimately dissemination and use for evidence-based programme planning and improvement. The following are some of activities in different programmes areas.

For Care and Treatment: strengthening of support system to data clerks for continuous improvement of data quality and timely reporting. By the end of FY 2007, MOHSS-endorsed data collection tools will be used for PMTCT (ANC), ART, Pharmaceutical services and TB in all FBHs to ensure effective routine monitoring and evaluation. The data will flow monthly from facilities to national level where it will be consolidated in a national database. Analysis and feedback will be provided to respective regions and districts and ensure the sharing of best practices in relevant programme areas.

For the ART programme -- using the current MOHSS-approved tools -- the quality of care will continue to be ensured through patient and program management systems. These tools allow for the monitoring of longitudinal patient clinical records as well as cohort analysis. Monthly and quarterly reports are easily generated from the system. CP will continue to provide its technical support to the maintenance of this WHO-endorsed system. As part of its quality assurance activities, CP staff will continue to provide direct supportive supervision visits to all its implementing partners using check lists (MOHSS developed) and scoring system as well as join the MOHSS supervisory team in different regions and districts as per current collaboration. The ART patient monitoring system also captures data about the status of family members, thus helping in providing patients, their partners, and their families with a comprehensive package of prevention, care & treatment services. Workload analysis will continue to be done to ensure that the CP-supported workforce meet the demand and continue to delivery high quality and efficient services.

With regards to C&T services, during FY 2008, CP will continue to ensure the quality of services through direct support supervision visit with check list, scoring system as well as analysis of client exit interviews (to assess client satisfaction), mystery client surveys, focus group discussion, and suggestion box. Other routine quality assessment activities aiming to improve programmatic decision-making will also be conducted. CP will continue to maintain the C&T database that will be implemented in FY 2007 for all C&T sites.

In addition, Lifeline/Childilne's (LL/CL) general counseling database will capture data concerning counseling session (crisis line, gender-based violence) and the analysis of this database will provide necessary information for future training needs. Training database that captures training sessions, facilitators, training participants and their score, language and region where they serve will also be enhanced

During FY 2008, a PMTCT impact evaluation will be conducted in all Faith-Based Hospitals (FBH) using essentially CP staff. The aim of this study would be to evaluate the PMTCT programme's achievements with regards to reduction of transmission rate and overall effectiveness. Based on the current retention in care of 78% of patients on HAART for more than 2 years (2004-2006), CP will initiate an operational analysis of factors associated with longer retention on HAART. This will assist the programme in designing strategies to increase retention in care. In addition, adherence monitoring tools will be implemented and tested in collaboration with MSH. As part of Palliative care strengthening, a baseline and follow-up Knowledge Attitude and Practice (KAP) study with clergy on HIV/AIDS palliative care will provide data on training needs and will allow not only the adaptation of the African Palliative Care Association (APCA) training material but also the evaluation of the programme effectiveness. In the prevention programme areas, with collaborative efforts of other stakeholders, CP will initiate an analysis of the demand and supply of condoms in the FBH catchment areas. CP will also support LL/CL in conducting a listernership survey for its radio program in collaboration with Nawa Life Trust as a complementary part to their communication/media survey. This survey will aim at establishing the population reached and the programme impact

In order to strengthen implementing partners' SI capability, CP will support the training of 25 staff members from operational levels on M&E through workshops organised 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.

CP 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 programme. Working towards its full implementation will ensure that Namibia follows the "three ones" principles of UNAIDS.

Finally, CP 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 programme areas in order to increase community ownership and involvement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7458

Related Activity: 16129, 16130, 16131, 16133, 16134, 17639, 16135, 16136, 16118, 16205, 17037, 16138, 16139

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26964	7458.26964.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$40,000
7458	7458.07	U.S. Agency for International Development	IntraHealth International, Inc	4406	3078.07	The Capacity Project	$143,287

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16131	7459.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$282,500
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17037	17037.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$180,600
16118	3844.08	7355	2538.08		Comforce	$575,000
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	11	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1068.08

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 Area Code: 13

Activity ID: 3879.08

Planned Funds: $409,146

Activity System ID: 16159

Activity Narrative: This is a continuation of activities from FY04 – FY07 leveraging support from USG technical advisors for strategic information through CTS Global (7322), USG supported informatics personnel through Potentia (7338), and USG supported training in SI through ITECH, (7355). The activity will (1) provide computer equipment and connectivity for data personnel, (2) produce patient record forms, and forms for capturing routine ART/PMTCT/CT/TB data; (3) Support a research conference to identify the most important HIV, TB, and malaria research topics; purchase computer equipment for data capture and processing; (4) support medium term training in M&E and HIS, (5) procure office furniture for expansion of the response monitoring and evaluation (RM&E) subdivision; (7) Database server training (8) M&E training.

Timely data collection, processing and reporting are essential to measure progress in the National Strategic Plan for HIV/AIDS and improve services through program evaluation and public health evaluation. The USG is supporting the MoHSS with personnel (7388) and training (7355) to facilitate these data collection, reporting, and program evaluation initiatives. This activity will ensure data clerks and government HIS officers are able to collect and transmit data efficiently.

1. Computer equipment, connectivity, and patient record forms for collection and dissemination of routine ART/PMTCT/CT/TB data:

The following items will be procured in order to continue and expand the capture, processing, and dissemination of routine ART/PMTCT/CT/TB data. It will ensure computer equipment and patient forms are available and in working order for both newly recruited and established data capture and processing personnel.

(a) Computers (41) including monitors, printers, and uninterrupted power supplies will be procured for 5 new and existing data clerks and health information systems officers. This assumes replacement of 10% of the computers in the field and will include replacement parts for computer systems that require maintenance.
(b) Software (including antivirus) upgrades.
(c) Memory sticks (61) for ease of transferring files will be purchased for new data staff.
(d) Rapid, efficient, secure exchange of data is critical to program monitoring and improvement, but it remains a challenge in Namibia. This activity will provide fast, secure email access to all facility and regional informatics personnel.
(e) In FY06/07 patient care books were updated to conform to WHO standards were assembled. This activity will support production of approximately 15,000 patient books during FY08. It will also provide 3G devices for wireless communication by RM&E staff while in the field.
(f) Training is a central activity to improve the monitoring and evaluation capacity in country. Most of this training is completed by staff of the RM&E and HIS offices at national level. This activity will support procurement of 4 computer projectors to facilitate these training workshops.
(g) This is a new sub-activity in FY08 and will support the purchase of office equipment for new space to be occupied by the Response Monitoring and Evaluation sub-Division. This space is being renovated using USG support in FY07.
(h) Four laptop computers will be purchased to facilitate training and travel by RM&E staff.

2. Produce patient booklets and registers for ART:

ART is a highly delicate treatment and thorough record keeping is critical to quality patient care. The MOHSS has developed patient booklets and registers to facilitate this record keeping. Record keeping is also essential to prevention of mother to child HIV transmission, tuberculosis treatment, and voluntary counseling and testing. This activity will support printing of necessary forms, booklets, and registers.

3. Research conference support:

Namibia has capacity to address key research questions to improve services and guide policy. However, there is currently a weak network of researchers and program implementers to develop and disseminate research questions and resulting data. This activity will support a national research conference to bring together individuals in Namibia completing research and evaluation activities to promote the exchange of research ideas and results. Program implementers will also be invited to encourage application of research findings for program and policy design.

4. Support Long Term Training:

One of the major challenges facing the Namibian response to HIV/AIDS is weak 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 longer term training courses (4-8 weeks) for 3-6 staff members of the M&E steering committee. This support will cover air fare, tuition, room and board for the participants.

5. Printing and dissemination of Response Monitoring and Evaluation Annual Report:

Dissemination of monitoring and evaluation reports is essential to inform programme 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.

6. Procure server for national level data management:

Efficient monitoring and evaluation is dependent on ready access to high quality data from various sources. To fulfill its role in monitoring and evaluating the national response to the epidemic, the response monitoring and evaluation sub-Division of the Directorate of Special Programmes must have access to databases from routine health activities (including STI), TB, ART, PMTCT, and others. To make these databases available, this activity will support procurement of a database server to be housed at the Office of the Prime Minister, which will house these various databases and make them available to those who need to use the data.

7. Provide training on database server:

Activity Narrative: MOHSS data analysts will be trained in management of data on a SQL server. This will allow efficient management of health data at the central level.

8. Strengthen monitoring and evaluation capacity at government governing bodies and umbrella organizations:

Quality monitoring and evaluation (M&E) will require capacity building at line ministries and umbrella organizations for civil society. This activity will provide M&E courses for such M&E officers at these organizations.

9. Procurement of furniture for RM&E offices:

The response to HIV/AIDS in Namibia has grown exponentially in recent years and the need for RM&E staff needs to experience similar 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. FY 2007 COP support will renovate existing space into which RM&E can 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7332

Related Activity: 16149, 16116, 16157, 16158, 16196, 16118, 16205

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24334	3879.24334.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$710,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16116	8024.08	7355	2538.08		Comforce	$115,290
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000
16118	3844.08	7355	2538.08		Comforce	$575,000
16196	3892.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,069,229

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	92	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7648.08

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 Area Code: 13

Activity ID: 3768.08

Planned Funds: $126,470

Activity System ID: 16143

Activity Narrative: This activity represents a continuation of FY 2007, and links with Prevention AB/OP activities conducted with partner organizations that are proposed for FY 2008.

NawaLife Trust (NLT) conducts qualitative research activities to assist in program planning and implementation efforts and to guide message design and implementation of mass media campaigns.

NLT will conduct or assist in the following types of research:

(1) Formative research for program design and evaluation purposes;
(2) Support to a PLWHA survey and
(3) Literature Reviews
(4) Media Monitoring/Impact Assessments
(5) Community Participatory Assessment Analysis

Formative Research

In FY 2008, NLT will conduct the following formative research, using focus group discussions to guide in the development, production and evaluation of mass media messages and subsequent campaign materials:

(1) Eight focus group discussions involving mixed sex age clusters of individuals 20-30 years and 31-40 years to assist in the design of messages for Take Control's partner testing campaign
(2) Four focus group discussions involving mixed sex age clusters of individuals 20-30 years and 31-40 years to assist in pre- and post-testing materials for Take Control's partner testing campaign
(3) Four focus group discussions involving mixed sex age clusters of individuals 20-30 years and 31-40 years to assist in pre- and post-testing television adverts for the "Alcohol aids HIV" campaign
(4) One focus group discussion involving male groups between the ages of 15-35 years in the design of NawaSport program materials such as ExtraTime magazine and other promotional materials
(5) Eight focus group discussions involving primarily males in age clusters of 20-30 and 31-40 years to pre- and post test campaign materials focusing on male testing
(6) Two focus groups discussions involving mixed sex age clusters of individuals 20-30 years and 31-40 years to assist in the pre-testing prevention for positives (e.g. opportunistic infections and TB) materials

Since community members will be instrumental in providing feedback, the research process will also generate community ownership for campaign messages and materials.
People Living with HIV/AIDS (PLWHA) Survey

NLT partner IBIS has developed a survey methodology that focuses on support group members and utilizes interviewers living with HIV/AIDS to minimize social desirability reporting. The consultation combines quantitative (survey) and qualitative (focus group discussions) methods. Through this unique approach, these consultations have yielded crucial, first structured data on challenges that PLWHA are confronting in living positively and adhering to treatment.

NLT will support IBIS in strengthening and expanding its "treatment consultations" in 2008. This support may include increasing survey size from its current sampling of 350 respondents. This may also include adjusting the survey tools to capture exposure to interventions. This tool will then be used to measure the exposure of NLT projects targeting PLWHA (e.g. campaigns, treatment literacy radio and IEC) and their attitudes towards these interventions to assess program reach and impacts with this audience. It will also allow for comparison of knowledge, attitude and behavior indicators between individuals that were exposed to interventions and those that were not.

Literature Review

In FY 2008, NLT will identify an area of critical concern in HIV/AIDS research, and hire a consultant to publish a literature review in that particular field. The goal of this review is to qualitative analyze social attitudes and behaviors in Namibia identified as pandemic drivers.

Media Monitoring/Impact Assessments

In FY 2008, NLT will hire a consultant to conduct additional analysis of National Knowledge, Attitudes and Practices Survey results to examine media reach in program implementation. The goal of this analysis is to provide NLT and stakeholders with greater understanding of the overall reach of mass media messages and community outreaches.

Community Participatory Assessment Analysis

NLT will hire a consultant to summarize its 16 community participatory assessments in FY 2008. These assessments address community perceptions towards social attitudes and behaviors that render people vulnerable to HIV/AIDS. The goal of this analysis is to provide NLT, CAF members and interested stakeholders with more accessible, consolidated findings on these assessments.

Monitoring and Evaluation

In 2006, NLT hired a Monitoring and Reporting Officer, who is responsible for coordinating monitoring, reporting and research activities. In COP 08, this individual will continue work closely the Community Mobilization Activities (CMA) and Media Departments of NLT in tracking progress of program activities, and proposing recommendations for improving CAF outreaches and mass media campaign messages.

To measure the success and impact of NLT programs, two external contractors (to be determined) will be hired to conduct a targeted evaluation of one of NLT's interventions, most likely NawaSport since this is a new and large program, with various PEPFAR partners involved.

Activity Narrative:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7454

Related Activity: 16140, 16170, 16211, 16142, 16118, 16242, 18179, 18185

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26980	3768.26980.09	U.S. Agency for International Development	Nawa Life Trust	11223	7648.09	Nawa Life Trust Cooperative Agreement	$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16242	3859.08	7390	1157.08		US Centers for Disease Control and Prevention	$295,012
16118	3844.08	7355	2538.08		Comforce	$575,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	81	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Erongo

Hardap

Karas

Khomas

Kunene

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Otjozondjupa

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1388.08 **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 Area Code: 13

Activity ID: 3778.08

Planned Funds: $0

Activity System ID: 16145

Activity Narrative: Following up on the preliminary survey results from the 2006 DHS that were received in mid-2007, three qualitative studies were proposed that would address issues arising from the quantitative analysis, to further understand relevant HIV/AIDS behaviors in Namibia. This is an ongoing acitivyt that will need no additional funding in FY 2008. Topics to be explored in depth are: (1) Multiple concurrent partnerships with a particular lens on cross-generational & transactional sex; (2) the relationship of alcohol to risky sexual behaviors, along with the barriers and facilitators to safer alcohol use; (3) the extent to which Namibians are seeking treatment for STIs. These topics will utilize a mix of qualitative methods, namely in-depth interviews and focus groups. The results of these qualitative studies will help in the design of prevention interventions and will take advantage of the results of the ongoing national prevention assessment with an expected completion date of May 2008. It is hoped that they will also help bring richness to the ongoing secondary data analysis in the prevention assessment in order to better understand the key drivers of Namibia's epidemic.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7500

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7500	3778.07	U.S. Agency for International Development	Macro International	4444	1388.07	MEASURE DHS	$171,134
3778	3778.06	U.S. Agency for International Development	Macro International	3066	1388.06	MEASURE DHS	$450,000

Targets

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

Indirect Targets

Target Populations

Other

Pregnant women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4420.08
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 Area Code: 13
Activity ID: 7452.08
Planned Funds: $84,700
Activity System ID: 16189

Activity Narrative: The main focus of this activity is continued support to the HIV/AIDS Logistics Management Unit of the MoHSS for the collection and management of HIV/AIDS related logistics information in support of the for the Logistics Management Information System (LMIS) developed in COP07 to monitor national pipelines of ARVs, Test Kits, Laboratory Supplies and other HIV/AIDS related commodities. The system provides relevant data to support forecasting, quantification and procurement and supply planning. SCMS will continue to support the position of Antiretroviral Commodity Tracking System Coordinator (ACTS) seconded to the MoHSS.

In FY 2008, USG will support the systems the continued implementation of a monitoring and evaluation system to ensure the generation and utilization of quality information to support HIV/AIDS supply chain management activities. This will

To ensure sustainability, SCMS will build the capacity of staff of MoHSS, VCT Partners and NIP through technical assistance, training, and skills transfer to effectively collect, process and share data required for to forecast, procure, and deliver rapid test kits and other health commodities in a timely and efficient manner.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7452

Related Activity: 16149, 16157, 16187, 16158, 17322, 17358, 16188, 16118, 16205, 17037

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26997	7452.26997.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11227	4420.09	SCMS	$80,000
7452	7452.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4420	4420.07	SCMS	$319,483

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16187	7449.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$2,777,688
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
16188	7451.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$450,000
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000
17037	17037.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$180,600
16118	3844.08	7355	2538.08		Comforce	$575,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

Indirect Targets

Direct Target Comments:

13.1: The locals Organisations are MoHSS, NIP and VCT partners-Intrahealth & SMA-DoD.

13.2: The target of 20 individuals to be trained will be derived from the support SCMS will be providing to these partners; i.e. MoHSS-Medical Stores 7 staff from HLMU and IT units; VCT partners staff of 3-4 individuals from high volume sites piloted with newly designed logistics system; HBC kits staff – 3 and NIP – 5 central and regional staff.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	1065.08	**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 Area Code:**	13
Activity ID:	3872.08	**Planned Funds:**	$840,089
Activity System ID:	16223		

Activity Narrative: MOHSS/DSP Response Monitoring and Evaluation is tasked through MTP-III to monitor the overall effectiveness of MTP-III strategies and collect the necessary data from different stakeholders to report on a regular basis on the implementation of the response to HIV and AIDS. The sub division RM & E has developed a strategic M & E plan and the purpose of the plan is to guide the country's response with essential information on the core indictors that measure the effectiveness of the national response to HIV/AIDS. However, inadequate human resources, insufficient funding and technical capacity are the major constraints which restrict the country's development of a cohesive and effective national M & E system. There is one overall M & E database that has been developed to capture the indicators as required by MTP-III in 2003 but the system is not yet operational.

The emphasis for this activity will be to conduct training to support the Monitoring and Evaluation (M+E) Unit of the National AIDS Programme 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. It will leverage USG-supported technical advisors (, equipment provided by USG, and personnel provided to the MoHSS with PEPFAR and Global Fund support. This activity relates to a variety of other activities focussed on data quality and use (7361, 7374, 7365, 7361, 7365, 7355, 7355, 7328, 7377, 7374).

To support these efforts, the USG will use the expertise of I-TECH, which has been supporting the MoHSS to train healthcare workers in skills and theory related to HIV/AIDS since 2003. I-TECH in collaboration with CDC will coordinate training workshops on data collection and processing for those responsible for M+E/HIS around the country. I-TECH will coordinate travel, venue, accommodations, meals, material production and other logistics for the workshops listed below while technical instruction and facilitation will be the responsibility of topic-area specialists. In addition, to strengthen the M&E capacity and ensure quality of data collection, analysis and dissemination of government partners including University of Namibia (UNAM) and National Health Training Centers (NHTC) I-TECH will recruit a senior M&E coordinator with FY08 funds.

1. Training workshops in various health sector tools: This is a continuation activity from FY04-FY07. USG will support 8 central training workshops for data clerks and HIS officers to build their data entry, management, and reporting capacity so that they will be proficient in using the Ministry's management information systems for ART/PMTCT/VCT/TB/STI. Selected participants of these workshops will also receive Training of Trainers (TOT) so they can give workshops in the regions where they work.

2. Training workshops in Monitoring and Evaluation (M+E): This sub-activity is a continuation from FY07. USG will support 1 training workshop for MoHSS personnel and selected partners to build their capacity in the theory and practice of monitoring and evaluation of HIV/AIDS programs. Through this activity, 30 persons will be trained from MoHSS and key partner organizations. I-TECH will provide travel, accommodations, and meals for participants as well as the meeting facilitators.

3. Training workshops in health information systems: This sub-activity is a continuation from FY07. USG will support 12 regional workshops to build capacity in the electronic Namibian routine health information system (the District Health Information System or DHIS). Each regional training workshop will last 5 days and will accommodate 20 participants. Regional training workshops will include 3 in Tsumeb, 3 in Otjiwarongo, 3 in Windhoek, 1 in Oshakati, 1 in Rundu, and 1 in Swakopmund. These training courses will build capacity in health information systems officers to use the National electronic system.

4. Training workshops in STI surveillance: This sub-activity is new in FY08. USG will support 26 regional training workshops to build capacity in using the revised WHO system for STI surveillance. Each training will last 2 days and will be attended by 5 participants who will participate in this surveillance system at the regional and district levels.

5. Workshop to develop an advocacy and communication plan: In order to have its intended effect, strategic information must be appropriately communicated to the appropriate audience. The appropriate communication methods and channels must be identified and leveraged to disseminate this valuable information. This activity will sponsor a 1-week workshop on advocacy and communication of M&E information.

6. Disseminate findings from the 2008 sentinel survey for HIV in pregnant women: HIV prevalence results from the sentinel HIV survey in pregnant women are often quoted but frequently mis-understood. This activity will support workshops in each of the 13 Namibian regions at which sentinel survey results will be disseminated and discussed.

7. Workshops to support development (for new) and review (for 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 workshops to review the national M&E plan and to develop and implement regional and institutional M&E plans.

8. Training in monitoring and evaluation: This activity will support training activities in monitoring and evaluation of program implementers and programme managers. A monitoring and evaluation curriculum for the country has been developed based on international standards and with assistance from a Regional M&E expert. This activity will support training of target personnel from government and non-government organizations in this curriculum. M&E tools will be covered in these training workshops.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7355

Related Activity: 16129, 16149, 16190, 16135, 16156, 16157, 16136, 16158, 16118, 16159, 16196, 16205, 18179

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23991	3872.23991.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	I-TECH	$900,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16190	3898.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$428,337
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16196	3892.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,069,229
16118	3844.08	7355	2538.08		Comforce	$575,000
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	203	False

Indirect Targets

N/A

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7656.08

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 Area Code: 13

Activity ID: 8038.08

Planned Funds: $301,302

Activity System ID: 16181

Activity 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 FY08, Pact will work with at least 14 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, 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) 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 and 6) feedback and sharing meetings for cross-learning, sharing of successes, and linking among partners. Trainings planned for FY08 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.

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, palliative and home-based care service delivery, and improvement based on OVC service standards. For example, in FY07, African Palliative Care Association (APCA) (funded by Pact Regional: conducted an initial assessment of palliative care and together with Catholic AIDS Action (funded by Pact Namibia) developed a pilot program to document the effectiveness of palliative care activities and to develop program tools for improving quality and measuring results. Pact Namibia will assist its home based care grantees to apply these tools to inform and improve quality of existing programs. This specific activity will be undertaken in consultation with APCA and all USG-supported palliative care partners, including the Ministry of Health and Social Services (MOHSS), which has also expressed the need for better information about all forms of palliative care provision. With FY08 funds, Pact will work with key partners such as APCA to 1) implement and improve the inventory of PEPFAR-supported palliative care activities and 2) implement the process indicators for evaluating the quantity, quality and levels of palliative care provided by subgrantees. During FY07 Pact and Pact subgrantees also 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, 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 the civil society, Pact will work closely with all partners on the linkages. In addition, conditional on MGECW approval, Pact plans to employ a full-time M&E specialist starting with FY07 resources and second this position to the MGECW. This position is based on the recommendation of a recent gap analysis conducted jointly by USG, UNICEF, and MGECW. If approved, the M&E specialist would focus 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 national OVC database system to streamline data and its use, 6) developing new reports from the OVC database system, 6) assisting the MGECW improve their information dissemination (an identified gap in the Gap Analysis) and 7) ensuring appropriate linkages and building on existing systems such as the MOHSS's HMIS system and Ministry of Education's (MOE) EMIS (supported by AED).

During FY07, GRN's multi-sectoral Response M&E Unit (RM&E) selected Pact's basic M&E training program and materials as the basis for a national M&E curriculum, one of 3 focused curricula to be taken to scale for different audiences, including community based organizations. With FY07 funds, Pact, in collaboration with USG SI technical staff, will work with RM&E to adapt the basic Pact M&E curriculum for Namibia and assist with the foundations for trainings. During FY08, Pact will continue to support the RM&E unit and provide support in the planning and implementation of longer term sustainable solutions for ensuring the availability of M&E training across the whole country.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8038

Related Activity: 16112, 16119, 16122, 16199, 16120, 16123, 16178, 16111, 16121, 16179, 16114, 18235, 16118, 16137, 16176, 16205, 16223, 17057

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26990	8038.26990.09	U.S. Agency for International Development	Pact, Inc.	11226	7656.09	PACT TBD Leader with Associates Cooperative Agreement	$325,000
8038	8038.07	U.S. Agency for International Development	Pact, Inc.	4409	4072.07	Community REACH	$167,198

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16223	3872.08	7384	1065.08	I-TECH	University of Washington	$840,089
16137	7458.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$42,624
16118	3844.08	7355	2538.08		Comforce	$575,000
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	24	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Indirect Targets

Direct Target Comments:

13.1 Number of local organizations provided with technical assistance for strategic information activitiest = 24
Pact = 24: Support to 14 subgrantees and 1 MGECW, 1 R,M&E, 8 regions/RACOCs for database management.

13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) = 39
Pact 39: Two people from every subgrant 14x2 (28), 3 ministry, 8 regional people.

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1064.08

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 Area Code: 13

Activity ID: 3892.08

Planned Funds: $1,069,229

Activity System ID: 16196

Activity Narrative: This activity is a continuation and expansion of FY 2004- 2007 and relates to CTS Global (7355), Ministry of Health and Human Services (MOHSS) (7365), and I-TECH (7384).

Potentia, a sub-partner in FY04 and a direct partner starting in FY05, is a private-sector Namibian personnel agency.

Yearly Namibian public health services provide PMTCT to more than 40,000 women, VCT to >50,000 additional people, ARV treatment to >20,000, and TB treatment to approximately 17,000 (many of whom have HIV co-infection). Monitoring and evaluation (M+E) of these programs is critical to optimize their delivery and secure their continued support. Personnel with data collection, analysis, and dissemination skills are thus essential to these services.

For this activity, Potentia will administer a cadre of SI personnel. Since FY2004, data clerks and analysts have successfully analyzed and summarized ART and care data to service providers and policy makers at the local level to help track and improve services, and to the National level which reports to the Namibian Government and partners including PEPFAR, the UN, WHO, and the Global Fund. In FY 2006/FY 2007 the responsibilities of this cadre were expanded beyond routine data collection and reporting to assist with a national survey and to enable, with analytic guidance from USG technical advisors, in-depth program evaluation.

SI personnel included here are those to support collection, analysis, and reporting of ART, PMTCT, VCT, and TB activities: data clerks, data analysts, graduate student analysts, M+E program administrators, and a project coordinator for longitudinal surveillance of ART patients (L-STEP). Both USG and the Ministry participate in the selection of personnel who are then trained and advised in the field by the MoHSS and the USG.

Training for SI personnel will also be expanded in FY 2007 (7355, 7322). This, combined with a more efficient computer-based management information system (7322, 7332, 7355), will permit more and higher quality evaluation of program design (including targeted evaluation) to occur so that successful intervention strategies can by identified and disseminated.

Personnel
1. Facility-based Data Clerks: The number of facility-based data clerks will remain at 23 in FY 2008, with an additional 4 at a senior level. In FY 2007 the data clerk role was expanded from a focus on anti-retroviral therapy exclusively to include facilitating data collection, entry and report dissemination for PMTCT, VCT, and TB programs. Some clerks have been employed since June of 2004; others are still being hired. Thus some of the experienced data clerks have been promoted to a senior data clerk level.
2. Regional Data Clerks: These positions were created in FY2007 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 is continuing from FY2007 and is placed at the national level to coordinate data collection for the growing volume of PCR testing. This clerk receives PCR testing results linked to post-natal PMTCT information. Entry and management of this data enable effective evaluation of the PCR program.
4. Data Analysts: Since FY 2005, data analysts have been funded through this mechanism to provide training and technical support to the data clerks and to coordinate national-level data processing and dissemination. This activity began with 1 senior and 1 junior data analyst and expanded to include an additional junior data clerk in FY 2007. 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 2 positions will continue from FY 2007 and relate to the M+E Technical Advisor (####). They assist with surveillance, research, and compiling/disseminating M+E data from around the country. One will coordinate surveillance efforts called for by the National M+E Plan; another will assist with collecting and disseminating HIV-related M+E data from government sectors outside of health and from non-government 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 5 scholarships for Namibians who present the most useful proposals for analysis of the most recent Demographic and Health Survey.

These human resources will support the capture and processing of quality data for all HIV services in the country and thus plays a central role in the overall SI program area as all SI activities rely on high quality data. Specifically, these human resources related to CTS Global technical advisors (7355), UCSF data triangulation (7928), MoHSS data triangulation (7390), and ITECH training (7384).

Potentia personnel will target the general population with emphasis areas in strategic information, capacity building, and public health evaluation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7338

Related Activity: 16129, 16149, 16134, 16154, 16193, 16210, 16135, 16156, 16194, 16213, 16157, 16136, 16158, 16195, 16249, 16118, 16137, 16147, 16159, 16205, 16859, 17057, 18185

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23956	3892.23956.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16210	4436.08	7379	3073.08	Tuberculosis Control Assistance Program	Royal Netherlands Tuberculosis Association	$1,102,324
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16193	3896.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$263,218
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
16118	3844.08	7355	2538.08		Comforce	$575,000
16137	7458.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$42,624
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000
16859	16859.08	7363	1388.08	MEASURE DHS	Macro International	$500,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1157.08
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 Area Code: 13
Activity ID: 16957.08
Planned Funds: $30,000
Activity System ID: 16957

Activity Narrative: This activity is part of the overall SI strategy in Namibia to build capacity to assemble, analyze, and better utilize multiple sources of existing data to answer key program questions. It is related to CTS Global (7322) as well as technical triangulation advising by UCSF (7928) and will use an integrated team of SI experts including persons from the Ministry of Health and Social Services (MOHSS), CDC, USAID, and UNAIDS.

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 new programs and enhance existing programs; and help direct policy changes. 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 country stakeholders to use data from multiple sources to provide an evidence base for program and policy decision-making.

The process will be guided by the in-country team, led by the MOHSS, in close collaboration with USG staff. At the first stage an in-country task force will be formed to identify priority questions, taking into account the country context and existing strategic information activities. Identification of priority questions will be followed by identification of data that would help to answer the questions. Once various data sources are identified (for example, surveillance, surveys, special studies), the University of California at San Francisco will work with in-country data analyst(s) to review, synthesize and analyze the data. Findings will be reviewed by the task force for presentation, dissemination, program and policy modifications, and further recommendations. The objective of the triangulation activity is that Namibian personnel will be able to continue this type of analysis without help of UCSF.

Funds will be used by the MoHSS (the local implementing partner for triangulation) for planning, facilitating and conducting the triangulation process. Specifically, funds will cover a local in-country coordinator/analyst to keep the process moving forward, preparation of materials including workshop materials, reports, and presentations, and any costs associated with conducting the in-country workshops.

This activity links to UCSF triangulation as the MOHSS personnel will be trained and mentored by UCSF representatives. It will also relate to the CTS Global technical advisors who will assist in the mentoring process and Potentia-supported data personnel as these individuals will help ensure clean data sets are available for triangulation. This activity will target the general population nation wide and will emphasize strategic information, local organization capacity building, and public health evaluation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7650.08

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 Area Code: 13

Activity ID: 17037.08

Planned Funds: $180,600

Activity System ID: 17037

Activity Narrative: The strategic information activities described below will facilitate procurement and distribution of ART commodities nation wide. This activity is related to USG technical advisors supported through CTS Global (7233) and strategic information personnel supported through Potentia (7338). The strategic information gained from the information systems and evaluations described below will strengthen ART services nation wide.

Support the implementation of the ART Commodity Tracking System at treatment facilities
This activity is a continuation of FY2007 activity that has not been updated. In FY2007 SPS continued the roll out of the ART Dispensing Tool (ADT) to more treatment facilities. FY2008 funds will be used to;
* Continue ADT rollout to about 10 new treatment facilities with the highest volume of patients
* Train 20 pharmacy and nursing staffs that directly use the ADT in those new facilities Support the use of data generated by the ADT for periodic review of use of ARVs and OI medicines
* Support development of a national level database at the MoHSS
* Support a technical position of an Information Systems Administrator to ensure that centrally the ADT and other electronic tools provided to Pharmaceutical services division are adequately supported and maintained. This position is part of the HTXS support through Potentia.
SPS ACTS data will be provided to SCMS to ensure that monthly and quarterly reports are summarized and disseminated to MoHSS and other stakeholders and are used for making appropriate and timely quantification of medicines to the facilities to prevent under or overstocking. SPS will encourage the use of the ADT tool for periodic review of use of ARVs and OI medicines and to obtain data on number of patients by category receiving treatment at facilities, for promoting rational use and planning of ART services.

Support data quality, program monitoring system and Pharmacy Management Information System
SPS will support the regional pharmacists to recognize data quality issues in their regions and how they affect program management. SPS will provide series of support to improve data quality including; improve timeliness, completeness, accuracy and quality of data collected and reported, conduct data quality audit activities in selected facilities, and provide training on data quality to all regional pharmacists from the 13 regions. Also 30 pharmacy staffs will be trained on the PMIS. SPS will provide support data synthesis and triangulation of HIV treatment data and link this information with other care indicators e.g. palliative care, IPT, CPT, CB DOTS. Since 2004, RPM Plus has been supporting the development of a Pharmacy Management Information System (PMIS), which was launched in June 2007. In FY2008, SPS will provide technical assistance for the PMIS in the following areas;
* Use PMIS data to monitor quality of pharmaceutical care and services including ART services at treatment facilities
* Identify weaknesses and design interventions to improve quality of treatment and care
* Incorporate key PMIS indicators into the national essential indicator framework for the health sector.
SPS will also continue to provide technical assistance to the Monitoring and Evaluation committee by submitting reports on specific pharmaceutical indicators, as requested.

All the proposed studies are observational descriptive and analytical in methodology and are part of quality improvement evaluation. They will assist in determining program effectiveness, outcomes and impact and provide the evidence base for taking best practices to scale.

Support data quality, program monitoring system and Pharmacy Management Information System
SPS will support the regional pharmacists to identify strengths and weaknesses in data quality in routine program monitoring systems collection and management systems, including specific risks to data quality and provide TA in mechanisms to improve data quality. Efforts to improve timeliness, completeness, accuracy and quality of data collected and reported and data quality audit activities in selected facilities will be supported. Interventions like data quality training will be carried out to ensure improvement in data quality reported. SPS will provide TA in data synthesis and triangulation of HIV treatment data, by age, sex, etc and link this information with other care indicators e.g. palliative care, IPT, CPT, CB DOTS and support managers in making appropriate managerial decisions. Since 2004, RPM Plus has been supporting the development of a Pharmacy Management Information System (PMIS), which was launched in June 2007. In 2008, SPS will provide technical assistance for the PMIS to be used to monitor the quality of pharmaceutical care and services including ART services at treatment facilities. Using the information gathered from the PMIS, SPS will provide technical assistance in identifying weaknesses and designing pharmaceutical interventions to improve quality of treatment and care services at all levels of the healthcare system. SPS will provide technical assistance for the incorporation of key PMIS indicators into the national essential indicator framework for the health sector. SPS will also continue to provide technical assistance to the Monitoring and Evaluation committee by submitting reports on specific aspects of treatment and care, as requested. SPS will encourage the use of the ADT tool for periodic review of use of ARVs and OI medicines and to obtain data on number of patients by category receiving treatment at facilities for promoting rational use and planning of ART services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1157.08

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 Area Code: 13

Activity ID: 19405.08

Planned Funds: $50,000

Activity System ID: 19405

Activity Narrative: These funds were initially designated as TBD but have been reprogrammed to be designate CDC as the prime partner. CDC will leverage these funds against those of the Global Fund to assess the impact of donor resources on the HIV/AIDS epidemic in Namibia. CDC funds will support travel, material costs, printing, and other costs associated with the impact evaluation.

This is a new activity in FY 2008 with a strategic information emphasis area. It will provide resources to evaluate the outcome and impact of the Namibian response to HIV/AIDS in the period of time since PEPFAR, the Global Fund for AIDS, TB, and Malaria (GFATM) started to provide resources to support the Namibian response. It is related to CTS Global TA for a strategic information liaison (7322), a health information systems TA (7322), a monitoring & evaluation TA (7322), the Ministry of Health and Social Services (MOHSS) hardware and software procurement (7332), and Potentia support for technical personnel (7338) and will use an integrated team of SI experts including persons from the MOHSS, USG, Global Fund, and UNAIDS.

There has been a tremendous growth in support for HIV/AIDS initiatives over the past 5-7 years since the GFATM and PEPFAR activities began. The GFATM has developed a methodology to evaluate the impact of these resources to assess the impact these resources have made on lives and to determine ways to optimize the impact of future resource distribution. This methodology will be administered uniformly to four countries that have received GFATM funding and, though Namibia is not one of these, Namibia could gain greatly by conducting the same evaluation. This activity will provide resources to conduct the GFATM evaluation methodology to Namibia. This will provide Namibia with a robust and well designed evaluation of their HIV/AIDS response while allowing comparison with other countries. The evaluation will permit improvement of the Namibian HIV/AIDS response with national and international comparisons to generate valuable lessons learned and best practices.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1157.08

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 Area Code: 13

Activity ID: 19406.08

Planned Funds: $50,000

Activity System ID: 19406

Activity Narrative: This is a new activity in FY 2008 that is closely associated with OHPS new activity #17361. These funds were initially designated as TBD but have been reprogrammed to be designate CDC as the prime partner. CDC will sole source contract these funds to the University of Namibia (UNAM) through the US Embassy in Windhoek. The sole source determination is possible as UNAM is the sole institution providing graduate-level public health education in Namibia.

Within Namibia, a chronic problem in the response to HIV/AIDS recognized by the Government of the Republic of Namibia (GRN) and partners alike is the lack of highly skilled professionals. Building human capacity to Namibianize programming, skill sets, leadership, etc. a difficult task. In order to create a skilled, well-trained cadre of Namibian professionals in the areas of public health, and in particular Management, Nutrition and Monitoring and Evaluation (M&E), there is a need to support the curriculum development and implementation of an intensive diploma course and longer-term training through a MPH course at UNAM. FY 2008 funds will be used to release a funding opportunity announcement (FOA) to solicit applications from Schools of Public Health (SPH) to partner with UNAM to develop a master's level program in public health leadership, along with certificate programs in M&E/strategic information and nutrition. 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, the public health leadership program will subsidize 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 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; monitoring and evaluation; basic epidemiology; health policy; technical writing; negotiation skills; advocacy, public relations and community mobilization; nutrition; 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, shorter-term certificate programs will be offered in monitoring and evaluation and nutrition. This activity will support the capacity building, development and implementation of the M&E curriculum with the Namibian institution. These funds will also support the involvement of the Response, Monitoring and Evaluation (R, M&E), Health Information Systems, and Research sub-Divisions within the Ministry of Health and Social Services (MOHSS), the Central Bureau of Statistics under the National Planning Commission. The integration of the appropriate MoHSS sub-Divisions in this process is essential as linking the program curriculum and theory to the practical application of M&E skills and training within the Namibian context. Workshops ensuring local buy-in and linkages in the building of the program between the TBD University mentee, the local educational institution, and the MOHSS will supported in this activity. 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.

One of the long-term objectives of this partnership and these activities is to for the local institution to become the national M&E expert trainers. 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 this activity will take place in Windhoek, we expect the coverage to be national in scope as building the capacity of a local institution to offer such a degree and various courses will be beneficial to all Namibians over the long-term.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1157.08
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 Area Code: 13
Activity ID: 3859.08
Planned Funds: $295,012
Activity System ID: 16242

Activity Narrative: This activity relates to CTS Global technical advisors (7322), data and M&E personnel supported through Potentia (7338), equipment and communications supported through MoHSS (7332), and training supported through I-TECH (7355). Support to the TB and ART information systems is a continuation from FY07 while the TB survey is new in FY 2008.

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 information. This activity will support technical assistance to help maintain these systems.

Survey for drug resistant TB: Namibia has the second highest TB incidence in the world. Though treatment is offered free of charge at public health facilities, TB drug resistance remains a serious threat due to patients who fail to complete their treatment regimens. To assess the extent of this problem Namibia carries out a TB drug resistance survey. Though the planned periodicity of this survey is once every 3-5 years, no survey has been completed for more than 10 years. A much needed TB drug resistance survey is being carried out in FY07 and this activity will support laboratory analysis and dissemination from the 2007 survey, and the results are expected to be useful to pinpoint any local areas or regions in which interventions such as directly observed therapy should be intensified.

Regional Support Visits: Most all strategic information comes from the non-central levels and it is critical that central level SI personnel 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 2008.

These activities will all target the general population nation while emphasizing strategic information and capacity building.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 7359
Related Activity: 16118, 16159, 16205

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23970	3859.23970.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10323	1157.09		$1,518,700
7359	3859.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$358,000
3859	3859.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3128	1157.06		$90,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16118	3844.08	7355	2538.08		Comforce	$575,000
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	205	False

Indirect Targets

N/A

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 6169.08
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 Area Code: 13
Activity ID: 4493.08
Planned Funds: $128,000
Activity System ID: 16228

Activity Narrative: In FY 2008, the USG Department of Defense (DOD) will continue to strengthen the Namibia Ministry of Defense/Namibian Defense Force (MOD/NDF) monitoring and evaluation (M&E) system by drawing on the experience and expertise of I-TECH. An advanced training program will be organized for five M&E personnel in the MOD/NDF who received basic M&E training in FY 2007. This training may be held at the Polytechnic of Namibia or in South Africa. The purpose is to ensure that care and treatment program patient data will be accurately collected and analyzed, integrated into the overall MOD/NDF Health Management Information System (HMIS), and used for patient management (e.g. to identify defaulters early) and for planning. The MOD/NDF M&E system will be enhanced with additional necessary equipment in FY 2008.

I-TECH will closely collaborate with the Military Action and Prevention Program (MAPP) prevention partner in capturing data from all MAPP counseling and testing centers. To ensure effectiveness, I-TECH will facilitate necessary training for seven data clerks, be it at counseling and testing centers or care and treatment sites, to ensure that the clerks are experts users of the system. Initially, the HMIS project will be piloted at seven locations, MOD/NDF headquarters in Windhoek, Luiperd Valley, Suiderhof, and the four counseling and testing centers in Grootfontein, Rundu, Okahandja and Walvis Bay. I-TECH will procure and supply computer equipment and software with necessary accessories to accommodate the HMIS at all these sites. A minimum of 5 computers will be needed at the MOD/NDF in the Directorate of Medical Services for the HIV/AIDS Coordinator and the data clerks and a minimum of 3 computers per other sites will be needed for the use of the Unit Commander, the senior medical officer and data clerk. To fulfill the confidentiality requirement of the MOD/NDF, the HMIS system will be manned by military personnel and I-TECH will ensure that these personnel receive adequate training and necessary assistance in the confidentiality aspects. Moreover, I-TECH will provide assistance to the MOD/NDF to assume the overall technical maintenance of the system.

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 identifying and deploying military personnel to monitor and evaluate the program activities. Further collaboration in the area of M&E will be maintained with the Ministry of Health and Social Services as this will enable the program to benefit and stay in line with the National Health Information System (NHIS) for the purpose of monitoring at national level. Furthermore, I-TECH will assist the MOD/NDF to devise an M&E plan in line with the plan for national multi-sectoral monitoring and evaluation of HIV/AIDS.

It is important to know the HIV sero-prevalence within the military to plan effectively for HIV care and treatment. In collaboration with the MOD and the MAPP prevention partner, I-TECH will conduct an HIV sero-prevalence survey assuming concurrence of the MOD/NDF is finalized. The precise methodology (e.g. mandatory testing of all personnel vs. anonymous testing on a sample of MOD/NDF members) will depend on the outcome of the current HIV policy discussions within the military.

The Defense Attaché Office (DAO) PEPFAR program manager will manage this program and administer funding through I-TECH Namibia. This activity will contribute significantly to the overall program area priorities by generating monitoring and evaluation data in a most at risk population (MARP). Training of M&E officers in the MOD will leverage curriculum development and training workshops coordinated by the MOHSS and other USG partners. Empahasis areas include strategic information, local capacity building, and workplace programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7891

Related Activity: 16174, 16227, 16110, 16117, 16118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25863	4493.25863.09	Department of Defense	University of Washington	10886	6169.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16118	3844.08	7355	2538.08		Comforce	$575,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4665.08

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 Area Code: 13

Activity ID: 8012.08

Planned Funds: $505,000

Activity System ID: 16205

Activity Narrative: Until FY07 the USAID M&E Advisor also served as Namibia's Strategic Information Liaison. With the hiring of an SI Liaison/Deputy Emergency Plan Coordinator in FY06, the M&E Advisor has turned over most SI Liaison responsibilities to the new SI Liaison/Deputy EP Coordinator and focused largely on monitoring and evaluating USAID programs. The M&E Advisor has also supported the SI Liaison/Deputy EP Coordinator.

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.

An increase of funding by $250,000 will allow for the transfer of the $250,000 from State/AF, Namibia Country Coordinator's Office, to USAID for onward application to the hiring mechanism by which the Country Coordinator's Office will recruit and hire a Strategic Information (SI)/Deputy Country Coordinator. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8012

Related Activity: 16129, 16548, 16501, 16199, 16203, 16211, 16177, 16170, 16130, 16140, 16112, 16122, 18281, 16231, 16232, 16762, 16123, 16106, 16141, 16131, 16173, 16178, 18277, 18272, 18067, 16179, 16183, 16133, 16142, 16111, 16134, 16175, 16180, 16125, 16127, 16114, 16198, 16201, 16234, 18235, 17639, 17640, 18208, 18058, 17578, 16213, 16108, 16135, 16235, 17317, 16136, 17358, 16117, 16214, 16215, 16216, 16233, 16830, 16859, 17037, 16118, 16137, 16147, 16143, 16181, 18051, 18179, 18185, 17361, 17261, 16182, 16138, 16139, 16124, 17289, 17259, 16202, 16206, 16236

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27001	8012.27001.09	U.S. Agency for International Development	Public Health Institute	11230	4665.09	Global Health Fellows Program	$228,662
8012	8012.07	U.S. Agency for International Development	Public Health Institute	4665	4665.07	Global Health Fellows Program	$255,603

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16129	4734.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$1,719,138
16130	6609.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$379,951
16122	12342.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16170	3830.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$267,500
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16501	16501.08	7651	7651.08	Partnership for Health and Development Communication (PHDC) GP0-A-00-07-00004	Academy for Educational Development	$200,000
16203	8041.08	7388	1376.08		US Agency for International Development	$150,000
16199	8025.08	7376	4667.08		Project HOPE	$208,115
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
18281	18281.08	8028	8028.08	CDC/Track 1	Partnership for Supply Chain Management	$300,000
16231	3774.08	7386	1317.08		University Research Corporation, LLC	$1,529,031
16232	7461.08	7387	4662.08		University Research Corporation, LLC	$116,441
18272	8011.08	7388	1376.08		US Agency for International Development	$150,000
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16131	7459.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$282,500
18277	18277.08	7380	3072.08		Social Marketing Association/Population Services International	$596,196
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16133	4735.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$762,015
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16183	4797.08	7372	3475.08	South Africa-Regional Associate Award	Pact, Inc.	$471,669
16134	7447.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$73,422
16125	3780.08	7358	1575.08	Track 1	Family Health International	$530,446
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0

16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16175	3782.08	7370	1584.08		Organization for Resources and Training	$700,000
16234	8016.08	7388	1376.08		US Agency for International Development	$75,000
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
17578	17578.08	7388	1376.08		US Agency for International Development	$75,000
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16136	4737.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$2,178,394
17358	3769.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$2,733,364
16235	8017.08	7388	1376.08		US Agency for International Development	$250,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16118	3844.08	7355	2538.08		Comforce	$575,000
16143	3768.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$126,470
17037	17037.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$180,600
16137	7458.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$42,624
16859	16859.08	7363	1388.08	MEASURE DHS	Macro International	$500,000
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
17261	17261.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$316,625
16206	8013.08	7388	1376.08		US Agency for International Development	$261,188
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000
17259	17259.08	7650	7650.08	Strengthening Pharmaceutical Systems GHN-A-00-07-00002-00	Management Sciences for Health	$700,462
16202	8020.08	7376	4667.08		Project HOPE	$630,000
16236	16236.08	7388	1376.08		US Agency for International Development	$2,526,818

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

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$25,000
Estimated local PPP contribution in dollars	$0

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	16	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1388.08

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 Area Code: 13

Activity ID: 16859.08

Planned Funds: $500,000

Activity System ID: 16859

Activity Narrative: 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 Instutute (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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16117, 16188, 17320, 16118, 16205

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16188	7451.08	7373	4420.08	SCMS	Partnership for Supply Chain Management	$450,000
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000
16118	3844.08	7355	2538.08		Comforce	$575,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	13	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7660.08

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 Area Code: 13

Activity ID: 21270.08

Planned Funds: $50,000

Activity System ID: 21270

Activity Narrative: PARTNER: Academy for Educational

Noted April 23, 2008: Adjusted to 2nd CN approved level (see Namibia FY08 COP memo for details).

This is a continuing activity from FY 2007 and seeks to generate strategic information that will evaluate the impact of information, education, and communication programs in the education sector.

One important goal of the Academy for Educational Development's (AED) overall program in Namibia is to increase the resilience of the basic education system to cope with the HIV/AIDS epidemic by improving the quality of life of OVC in school so that they can succeed and complete their primary education. This activity links with prevention activities in the education sector, including both workplace programs and OVC systems support to the Ministry of Education (MOE). AED began implementing its PEPFAR-funded program in Namibia in 2005, mainly in the area of OVC support through direct grants to 118 schools, which provided support to >20,000 OVC. In 2006, for the first time AED received PEPFAR funding to provide technical assistance (TA) to the MOE's HIV/AIDS Management Unit (HAMU) in their attempts to design and pilot a workplace program for teachers to encourage them to seek counseling and testing, engage in prevention, and understand the principles of HIV/AIDS care.. Thus, AED's Namibian activities directly support the implementation of four of the five key program components of the Namibia's Medium Term Plan (MTP III) for HIV/AIDS–namely, (1) creating an enabling environment, (2) providing treatment, care & support, (3) mitigating the impact of AIDS, and (4) preventing new infections.

With COP08 funds, AED will address Strategic Information with MOE in three areas: (1) developing, implementing, and monitoring HIV/AIDS policies; (2) building capacity within MOE for monitoring and evaluation of its HIV/AIDS activities; and (3) conducting targeted operational research to guide program planning. For instance, AED will conduct an assessment of school-fee usage, review alternatives through the Education Development Fund (EDF), as well as the extent of school manager policy awareness of MOE fee exemptions for OVC. Information from such an assessment will help to identify training gaps that can be filled through training of school principals. This activity will be supported by funds from the OVC program area.

In the case of prevention, and using FY06 and FY07 funds, AED has provided TA to HAMU to strengthen its capacity to design and implement the workplace program in order to empower teachers to protect themselves from HIV infection and to model responsible HIV-related behavior to their studente. In designing this intervention AED has used an evidence-based approach that involved the use of data to direct the design, implementation and monitoring of the activity. Also in FY07, a survey of knowledge, attitudes, and practices (KAP) among educators was conducted and used to establish baseline indicators for targeted outcomes and to identify training gaps in prevention through behavior change communication (BCC).

Working closely with UNICEF, AED has supported the Namibia Institute for Educational Development (NIED) to conduct an assessment of the life skills curriculum for students aged 15 to 18 known as "My Future, My Choice" and its impact on learners as well as the extent to which the program is being implemented properly. This evaluation (a PHE w/ its own entry in COPRS; see AED HVSI) is the first of its kind since the program was initiated in 1998. A similar approach will be employed using FY08 funds for the "Windows of Hope" program targeting learners aged 10-14. This information will allow for a program review of the training content to ensure that it is evidence-based, theoretically sound, and culturally appropriate. Using COP 08 funds, TA will be provided to HAMU through the research unit at NIED to conduct the second round of an assessment on the impact of HIV/AIDS on the education sector. This assessment will include a review of the progress made in implementing the MOE HIV/AIDS policy as well as recommend strategies to ensure better implementation. Finally, also with COP08 funding, a KAP survey will continue to be conducted every 2 years to measure program impact and identify gaps that need to be addressed. Similarly, AED will work with the University of Namibia HIV/AIDS unit to conduct a study of learners' KAP to provide a proxy measure of the effectiveness of the life skills education.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16112, 16114, 16118, 16205

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16112	8500.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$1,171,843
16114	3781.08	7660	7660.08	Academy for Educational Development (AED) Cooperative Agreement TBD	Academy for Educational Development	$930,000
16118	3844.08	7355	2538.08		Comforce	$575,000
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	7	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	260	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	7660.08	**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 Area Code:**	13
Activity ID:	21271.08	**Planned Funds:**	$50,000
Activity System ID:	21271		

Activity Narrative: Contractor: Academy for educational Development

Title of Study: Process and Outcome Evaluation of the Windows of Hope Life Skills Prevention Program for Namibian Learners, Aged 10-14 Years

Time and Money Summary: This PHE activity is expected to take place every five years. From the baseline assessment of 2002, a number of recommendations were made. Projected budget is $50,000 (additional funding will be leveraged from Unicef).

Local Co-investigator: AED's in-country Monitoring and Evaluation technical advisor will be the local co-investigator. She will manage all data collection and reporting. A local research company, Social Impact Assessment and Policy Analysis Corporation (SIAPAC), will be responsible for data collection and cleaning.

Project Description: The design of Namibia's "My Future My Choice" (MFMC) life skills program -- targeting learners aged 15-18 -- was based on the UNAIDS' goal of using education to promote behaviour that prevents transmission of HIV and other STIs (and not merely to increase knowledge about AIDS). Consequently, in Namibia, MFMC activities have been implemented with the view of: (1) increasing learners' knowledge about HIV/AIDS, (2) developing their skills to live a fruitful and useful life, (3) promoting positive and responsible attitudes, and (4) providing motivational support. The MFMC curriculum was based on the 'focus on kids' curriculum which was found to have increased rates of protected sexual intercourse amongst African American youths aged 9-15 years in the United States. The curriculum was also based on social cognitive theory and focused on: (1) basic facts about reproductive biology and HIV/AIDS, (2) other risky behaviours, including alcohol abuse and violence in relationships, (3) communication skills, and (4) a framework for decision making. The program was delivered in two-hour-long sessions over the course of five weeks after school hours or during weekends. These sessions were facilitated by a volunteer -- usually an out of school youth who has completed grade 12 or a student teacher. In its first evaluation in 1998, the program was found to be linked with a reduction in behaviours that increased risk of HIV infection amongst youth. It was further associated with a reduction in alcohol use, increased delay in sexual debut amongst girls and an increase in self esteem. However, almost ten years have passed since the initial evaluation was conducted.

Evaluation Questions:
• What effect has the MFMC Life Skills program had in improving learners' HIV-related knowledge, attitudes, and behaviors?
• What aspects of program delivery are working well and what needs improving?

Programmatic Importance: Unfortunately, there are few studies that show Life Skills programs as effective in preventing HIV transmission. As the Ministry of Education grapples with the need to scale up prevention efforts, it needs to know whether the MFMC curriculum is effective and should be scaled up or not. It is also considering whether or not to make the MFMC a part of the standard curriculum, rather than having it as an extra-curricular activity. The evaluation will also assess program implementation and make recommendations for improving service delivery.

Methods: The outcome evaluation will replicate the 1998 quantitative methodology as described in Stanton et al (1998). Increased protected sex and abstinence among Namibian youth following an HIV risk reduction intervention: A randomized, longitudinal study. AIDS 12 (18): 2475-80

The process evaluation will use mostly qualitative, rapid-assessment methods, including focus groups, key informant interviews, direct observations, and a review of monitoring reports and other documentation.

Population of Interest: All learners aged 15-19 in Namibian schools

Information Dissemination Plan: The findings will be shared with key Ministry of Education officers at HIV and AIDS Management Unit, the Program for Quality Assurance, and the Curriculum Division at NIED. A stakeholder meeting will be held where results will be discussed and possible recommendations made. The donor will receive the report and be part of all the dissemination exercises.

Timeline:
Jan-Feb. 2009: Meetings w/ stakeholders, study design, instrument revision/design, sampling, and piloting
March-April 2009: Data collection; document review
May-June 2009: Data analysis and report writing
July 2009- Feedback to key stakeholders and program implementers

Budget Justification: (for Year 1 Budget in USD)
• Travel, accommodation: 10,000
• Survey development: 10,000
• Data collection and entry: 15,000
• Data analysis and reporting: 10,000
• Feedback/programming conference: 5,000
• Total: $50,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1388.08
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 Area Code: 13
Activity ID: 19404.08
Planned Funds: $1,650,000
Activity System ID: 19404
Activity Narrative: While the majority of funds supporting an AIDS Indicator Survey in Namibia will be provided by PEPFAR, funding from the Ministry of Health and donor organizations will be leveraged to fully fund the AIS through its completion.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	102	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7651.08
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: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Activity ID: 21524.08 **Planned Funds:** $100,000

Activity System ID: 21524

Activity Narrative: This is a new activity for FY 2008 that will implement data auditing for community based partners focused on prevention. It will leverage prevention activities particularly those being supported through Development Assistance People to People (DAPP) (activity 7356)

This activity is intended as both an external audit of community-based partners who work in prevention and a data quality audit, with a capacity-building focus on improving services and data quality among these partners (it may be expanded to other partners in the future). To date, because PEPFAR initially emphasized the rapid roll-out of services, community-based prevention partners have not been subject to either sort of audit. Now that roll-out of prevention services has occurred to some extent, the time is ripe to ensure that these partners are implementing audit-worthy prevention services and collecting and reporting audit-worthy data. This approach seems consonant with PEPFAR's current focus on ensuring the quality of services being delivered and with its longstanding emphasis on ensuring data quality, which has so far been somewhat neglected.

The data quality audits will contribute to Strategic Information by helping to ensure that the results we are reporting both up and down the information chain are trustworthy. The program audits will contribute to the Prevention Program Area by ensuring that the prevention services being delivered meet minimum standards of quality.

The partner for this activity is to be determined, but the auditor would be external to the organizations being audited. Rather than this being solely an auditing activity, however, the auditor would be carefully chosen and briefed on their intended role as both auditor and capacity-builder, as has been done in South Africa, for instance, where data quality assessments have served both auditing and capacity-building functions. Also following the lead of South Africa, we intend for the auditor to issue compliance notices to each partner who is in serious breach of compliance with mandatory guidelines (to be established). Each partner will have a specified amount of time – and technical assistance from the USG country team – to get their programs in compliance, or risk losing funding. Naturally, getting partners in compliance will be done via close conversations with the partners themselves, so that losing funding should rarely occur.

The program audits will include (but not be limited to) an assessment of the following: (1) Does the activity have clearly defined goals, objectives, target behaviors, and target audiences? (2) Do the approaches used by partners reflect best or promising practices? (3) Is there adequate supportive supervision and quality monitoring during all phases of the project? (4) Does the partner make best use of existing resources within its implementation community and actively link into referral systems? The data quality audits will include (but not be limited to) an assessment of the following: (1) Is the partner accurately collecting and appropriately storing the source data? (2) Are the records kept accurately reflected by the reports? (3) Are quality control measures in place for aggregating and reporting on data? (4) Are results being used to make program decisions? (5) Are results shared both up and down the information-flow system, so that they directly feed into both appropriate action (up) and an appreciation for the importance of data collection and reporting (down)? (6) Are reports being generated in a timely and user-friendly manner?

Although COP08 will be the pilot for this activity, Global Fund-Namibia is already doing data assessments with some of its partners, so there should be opportunities for wrap-arounds in the future. In fact, the data quality audits proposed here will be based in part on the methodology Global Fund uses for its data quality assessments. Provided the pilot audits go well, the audits will be expanded beyond prevention programs to include those community-based partners working in palliative care, with orphans and vulnerable children, and providing treatment services. The program synergies are currently between SI and Prevention, but would expand as the audits expand to include other program areas. The synergy will result in SI getting better data from its partners and in prevention program ensuring that quality services are being offered and reaping the benefits of improved data for decision-making in prevention.

The populations indirectly targeted are the general population, youth, most at-risk populations (MARPs), and persons living with HIV/AIDS (PLWHAs), since they are the focus of prevention programs in Namibia. The more directly targeted populations are the staff of the prevention partner organizations themselves.

The emphasis areas are local capacity building (in that improved capacity for delivering high-quality services and collecting high-quality data should result); strategic information (in that higher quality data should be collected and reported as a result of this activity); and PHE/targeted evaluation (in that this is a targeted evaluation of prevention programs' quality of service and quality of data).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16119, 16211, 16140, 18777, 16123, 16120, 16121, 18235, 16198, 16201, 16205, 16181, 16118, 16202

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18777	18777.08	7394	599.08		US Peace Corps	$197,600
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16211	4739.08	7380	3072.08		Social Marketing Association/Population Services International	$267,804
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16123	8030.08	7649	7649.08	TBD (EngenderHealth)	Engender Health	$0
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
18235	18235.08	7925	7925.08	NPI/CAFO	Church Alliance for Orphans, Namibia	$0
16198	3779.08	7375	1505.08	Project HOPE	Project HOPE	$805,000
16201	8026.08	7376	4667.08		Project HOPE	$730,000
16118	3844.08	7355	2538.08		Comforce	$575,000
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
16205	8012.08	7377	4665.08	Global Health Fellows Program	Public Health Institute	$505,000
16202	8020.08	7376	4667.08		Project HOPE	$630,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	5	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS

Program Area Code: 14

Total Planned Funding for Program Area: $7,461,587

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

The USG PEPFAR Namibia team supports the implementation of the Government of Namibia (GRN)'s National Strategic Plan on HIV/AIDS 2004-2009, the Third Medium Term Plan (MTPIII). There are five major components outlined in the plan as critical to the national response: enabling environment, prevention, access to treatment, care and support, impact mitigation services, and integrated and coordinated program management at all levels.

In FY2008, PEPFAR will continue to support the Ministry of Health's (MOHSS) Central Medical Stores (CMS) as it works to expand and decentralize palliative care and ART services, and to strengthen its approach to making safer the medicines selected for and supplied to all consumers. Also, support will continue to be provided for efforts to bring together MOHSS officials and policy makers in order to expand the list of procurement accepted medicines to which consumers have access. Examples of new activities in FY2008 will be the movement towards procurement of pain management opiates such as codeine and morphine, antidepressants and some anti-diarrheals for palliative care of ART patients.

The Directorate of Special Programs (DSP_ within the MOHSS oversees the national HIV/AIDS response, and does so within the overall constraint of extremely limited human resources, perhaps Namibia's most intractable challenge. Assisting the MOHSS to address HR challenges, PEPFAR will continue to focus on recruitment and placement of health professionals across a wide range of specialties including physicians, nurses, laboratory technicians, pharmacists, pharmacist assistants, clinical mentors, and case managers among others. As a longer-term solution for this human resource crisis, the USG supports training of Namibian students through bursaries by which a few hundred Namibian students are professionally trained in universities outside Namibia, in return for which the students are contractually obligated to return to Namibia to deliver the services for which they have been trained. Commencing in FY2008, the USG will, in collaboration with GRN counterparts, begin developing an advanced degree program offering an MPH in general public health management and policy, nutrition and strategic information. Up to fifty degrees will be conferred annually. Namibia's "Ten Year Strategic Human Resource Plan 2003-2012" addressed the critical need for health care professionals when it was developed, and the USG's efforts described above support the GRN's own projected needs based on the expected level of ART provision throughout Namibia going forward.

In addition to addressing the human capacity issue, activities in FY2008 will include substantial organizational and institutional capacity building, evaluation of ongoing interventions, training of individuals in stigma reduction and HIV-related policy, and expanding previous work begun by OGAC initiatives such as the alcohol component in Prevention with Positives and the Gender Initiative. Activities include strengthening of the drug procurement, storage, distribution and tracking systems within the MOHSS through the PSCM; the expansion of locally-based village health funds providing small loans to People Living with HIV/AIDS (PLWHA) and caregivers of OVC to include a public health evaluation (PHE) of the integrated prevention and economic development intervention; and, basic skills building for organizations that receive small grants from the Ambassador's portfolio of small community-based HIV/AIDS projects throughout Namibia. In addition, PEPFAR will support the hiring of a Capacity Development Advisor to assist general organizational capacity building of organizations and of GRN line Ministries alike in FY2008. This new position will also have a strong link to the MPH mentoring program mentioned previously.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	82
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	122
14.3 Number of individuals trained in HIV-related policy development	253
14.4 Number of individuals trained in HIV-related institutional capacity building	274
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1560
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2725

Custom Targets:

14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8319.08

Mechanism: Health Systems 20/20

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 18991.08

Planned Funds: $90,000

Activity System ID: 18991

Activity Narrative: The Namibian government's vision is to ensure that vital HIV/AIDS prevention, care, and treatment services can be sustained over the long-term, and gradually reduce reliance on external assistance for core recurrent costs of services, especially ARV treatment. In COP 08, the USG program is committed to supporting the Government of the Republic of Namibia (GRN) and other partners to realize this vision and develop a national HIV/AIDS sustainability and human resource plan. The USG strategy aims to strengthen the country's capacity to deliver and finance HIV/AIDS services with local resources on a sustained basis. Additionally, the overall USG Emergency Plan goals are to build a higher level of sustainability of the technical know-how to operate HIV/AIDS programs. In the past, a considerable amount of good work has been done by the USG and the GRN to design and implement activities, analyze the costs associated with critical activities, and quantify human resource needs through projects such as the Future's Group, Health Policy Initiative, and Capacity. However, there has been no single organization to help the USG plan systematically to address programmatic and financial sustainability post-Emergency Plan. In the long term, it is in the national interest to ensure quality HIV/AIDS prevention, care, and treatment services be sustained with local resources. Currently, the national health budget is declining as a percentage of the overall budget, and HIV/AIDS program costs are increasing due to the cost of ARV treatment. Reliance on external assistance grows, and little attention has been paid to support MoHSS efforts to receive more of the national budgetary allocation for HIV/AIDS.
In COP 08, the USG will support Abt Associates (HS 20/20) to consolidate the various tools that have been used by the USG to support long term sustainability planning in collaboration with GRN and respective Ministries. HS 20/20 will support the GRN's efforts to mobilize a high-level working group that focuses on sustainability, linking specifically to the efforts of the USG Sustainability and Capacity Building Advisor. HS 20/20 will help the USG to develop a plan of action that addresses financing of future ARV drugs, building in -county human workforce capacity to support HIV/AIDS service delivery, strengthening the capacity of ministries and independent NGO/CBO/private sector partners to perform key HIV/AIDS support functions, and incrementally increasing the national HIV/AIDS program budget to cover recurrent programmatic costs. Depending upon core resources leveraged from USAID/W and the extent of work still needed to be done based on in-country data, key analyses might include: 1) Supporting a financial analysis to quantify and forecast the costs of meeting national HIV/AIDS prevention, care, and service delivery targets, determining current funding sources, and recommending strategies for long-term financing of the national program; 2) Supporting a human capacity assessment to lead, plan, implement, monitor and evaluate the national HIV/AIDS program that includes a description of the gap between currently available human resources and how to meet that gap; 3) Supporting an analysis of the scope and magnitude of the organizational/institutional capacity-building and system strengthening that needs to be done to ensure that the national program can expand and continue; 4) Conducting a National Health Account (HIV/AIDS sub component) that will assist the GRN to strengthen their resource tracking systems and place HIV/AIDS expenditures in the context of general health spending.

HS 20/20 support could lead to the development of a Namibia PEPFAR capacity development/sustainability statement/plan, and advance policy dialogue for the USG to pursue with GRN and NGO partners.

The results of this activity will facilitate dissemination of analytical findings and drive critical policy dialogue to advocate for change through the USG Sustainability Advisor. Data will be used for decision making and aiding the MoHSS to defend the national HIV/AIDS program budget request. Other ministries, such as the MGECW and the MOE, might also benefit from the findings to advocate for increased support to OVC in vulnerable schools.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16206

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16206	8013.08	7388	1376.08		US Agency for International Development	$261,188

Emphasis Areas

Human Capacity Development

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

TARGETS HAVE BEEN CHANGED DUE TO AUG 08 REPROGRAMMING.

ORIGINAL TARGETS BELOW. PRESERVED HERE FOR HISTORICAL PURPOSES.

Indicator Old
TargetIncrease / DecreaseFinal Target
Number of organizations provided with technical assistance for HIV related policy development 3 (3)
-
Nunmber of local organizations provided TA for HIV related institutional capacity building 3 (3)
-
Number of iindividuals trained in HIV related policy development 6 (6)
-
Number of individuals trained in HIV related capacity building 6 (6)
-

Indicator
Total number of service outlets providing HIV-related palliative care = 15 Estimated
Percent of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV/AIDS clinical management = 60 Estimated
Percent of health care facilities that have the capacity and conditions to provide advanced-level HIV/AIDS care and support services, including provision of ART = 40 Estimated

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1376.08
Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8013.08
Planned Funds: $261,188
Activity System ID: 16206

Activity Narrative: Funding is requested for a full time Capacity Building/Systems Strenghtening Advisor (USPSC):

This position is ongoing and was requested and approved under the FY 07 COP. There was a delay in recruiting for the position due to a strategic review of the previously proposed mechanism which revealed that a change from a Global Health Fellow position to a USPSC would provide better and more comprehensive partner management support and that the USPSC mechanism would have the requisite authorities required to manage direct funded cooperative agreements with implementing partners. However, the USPSC mechanism required a more complex approval process under U.S. Department of State rules and regulations. In addition, planning and guidance from Washington regarding the USAID/Namibia mission's transition to an all PEPFAR mission during 2008 also resulted in recruitment delays.

The System Strengthening and Capacity Building (SSCB) Advisor/USPSC will serve as a key advisor on HIV/AIDS systems strengthening and human and organizational capacity development 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 incumbent will support Namibia's efforts to manage the following key capacity building partners. The advisor will serve as Cognizant Technical Officer (CTO) managing directly the following key capacity building partners – Pact, Inc. and Health Systems 20/20, and the BCC capacity-building new award.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 8013
Related Activity: 17639, 18991

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27014	8013.27014.09	U.S. Agency for International Development	US Agency for International Development	11235	1376.09		$354,395
8013	8013.07	U.S. Agency for International Development	Public Health Institute	4665	4665.07	Global Health Fellows Program	$319,401

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
18991	18991.08	8319	8319.08	Health Systems 20/20	Abt Associates	$90,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4667.08

Mechanism: N/A

Prime Partner: Project HOPE

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 8020.08

Planned Funds: $630,000

Activity System ID: 16202

Activity Narrative: Project HOPE Namibia (HOPE) has been working in Omusati and Oshana Regions for the past year with the Village Health Fund (VHF) methodology working with caregivers of orphans and vulnerable children. It has established a track record and the capacity to expand its activities. It proposes to replicate these micro credit activities with young women at risk for cross-generational sex while integrating activities to address the societal issues driving this problem. This initiative arose from the expressed needs of young women in the Caprivi, Ohangwena and Kavango regions and discussions with SMA, Nawa Life Trust/JHU, the DAPP and Acquire (Engender Health) which have been tasked with implementing a cross-gen intervention addressing societal norms with girls and young women, their families, the communities in which they live and the men with whom they are having cross-gen sex.
This project proposes leveraging other partners' activities addressing these issues (see AB and Other Prevention), integrating a micro-credit program and developing referral links with other implementing partners' services at community level, including how and where to access counseling, support and gender violence services, etc..

Project HOPE plans to establish 60 VHFs in one year, whereby 780 young women will be able to access loan capital in sufficient quantities to start small scale income generating activities. The mutual guarantee mechanisms will require that these groups meet regularly to review and manage loan repayments and self-govern themselves within a capacity building environment. Project HOPE's VHF program represents a successful model for economic strengthening whereby interested women in target communities select each other to form an organized group of between 12-20 members who elect a management committee to govern themselves. Project HOPE staff trains the management committee and the members to operate as a community institution following democratic principles and established rules and procedures and serve the economic and health needs of its members.

Each VHF receives seed capital from Project HOPE, and in turn invests in the income generation activity of each member. The group collectively and each individual woman are both accountable for repaying the seed capital using principles of group solidarity. The group meets every two weeks to discuss proper business management and to make payments as well as to receive the targeted education and training. The focus is upon strengthening the capacity of the participants to manage the group themselves, and overcome whatever problems they face, by developing skills in leadership and collective action in an empowering environment.

As the women repay their loans they benefit from the increased income, new confidence from successfully managing money, and gain the capacity to influence control over their lives. The educational approach emphasizes being informed about and promoting responsibility about health matters. It uses highly participatory activities, builds upon peer-experience, and uses key behavior change messages. Participants learn how to use their increased income to reduce risks, and to live more healthy lives. Just as important for long-term well-being, the successful handling and repayment of the loans by participating women contributes to improved self- confidence and self-esteem that strengthens the women's bargaining power and participation in decision-making.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8020

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8020	8020.07	U.S. Agency for International Development	Project HOPE	4667	4667.07		$593,433

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

Male circumcision

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	300	False

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Caprivi

Kavango

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	6169.08	**Mechanism:**	DOD/I-TECH/U. of Washington
Prime Partner:	University of Washington	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	4495.08	**Planned Funds:**	$140,000
Activity System ID:	16230		

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7892

Related Activity: 16225, 16174, 16227, 16110, 16228, 16217, 16173

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25864	4495.25864.09	Department of Defense	University of Washington	10886	6169.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16173	3831.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$287,500
16225	4471.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$200,000
16174	4488.08	7369	6145.08	DOD/Social Marketing Association	Namibian Social Marketing Association	$0
16227	4489.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$587,000
16110	4490.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$250,000
16228	4493.08	7385	6169.08	DOD/I-TECH/U. of Washington	University of Washington	$128,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	46	False
14.4 Number of individuals trained in HIV-related institutional capacity building	27	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	73	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	23	False

Indirect Targets

Direct Target Comments:

14.1: The Ministry of Defense/Namibian Defense Force will be provided with technical assistance in HIV-related policy development.

14.2: Ministry of Defense/Namibian Defense Force will be provided with technical assistance in HIV-related institution capacity building.

14.3: 46 base commanders (including their deputies) at the 23 bases/camps will be trained in HIV-related policy development.

14.4: 27 military personnel, including two senior officials, military physicians and 25 nurses will be trained in institutional capacity development.

14.5: 73 base commanders, HIV/AIDS Coordinators, peer educators, nurses and counselors will be trained in HIV/AIDS related stigma and discrimination.

14.6: 23 military nurses will be trained in HIV-related community mobilization for prevention, care and or treatment.

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	1157.08	**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:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	3860.08	**Planned Funds:**	$258,300
Activity System ID:	16243		

Activity Narrative: This activity is a continuation of activities first initiated in FY05. Since it includes partial support for the HHS/CDC Country Director and Deputy Director of Programs, this activity relates directly to all HHS/CDC activities and to all USG activities as part of the PEPFAR team in Namibia. The Deputy Director of Programs position is currently vacant and unlikely to be filled before early 2008. Upon their arrival in Namibia, the incumbent will continue to spend most of his or her time working in the Ministry of Health and Social Services (MOHSS) Directorate of Special Programmes (DSP) to establish and roll out guidelines and policies and to provide field support. The MOHSS DSP is responsible for TB, HIV/AIDS, STI, and Malaria Programming in Namibia. In 2002, the Global AIDS Program of HHS/CDC 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, workplans 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; a rapid HIV testing policy; the HMIS for PMTCT and ART; HIV sentinel surveillance; and a system for providing support visits to all ART sites. The emphasis during FY08 will include training providers on the newly updated 2007 ART 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; strengthening palliative care and pediatric treatment; introducing an incidence assay into HIV sentinel surveillance; carrying out ongoing surveillance for drug-resistant HIV and TB; accelerating the rollout of rapid HIV testing and the community counselors program; and further leveraging of resources from 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 relatead to policy development and capacity building to local organizations, Development Aid People to People, the Namibia Institute of Pathology, and the Blood Transfusion Service of Namibia (NAMBTS).

A second activity is related to improving and expanding the digital video conferencing (DVC) network in Namibia. This activity continues from FY08 and relates to I-TECH (7352) and Potentia (7341). Targets related to training carried out DVC are captured by the implementing partner, I-TECH. DVC has proven to be a successful and invaluable tool in getting much needed HIV-related training to persons carrying out HIV prevention, care and treatment services. Namibia has one of the highest rates of HIV in the world. It is also the 2nd least populated country in the world. In Namibia, many clinicians and other caregivers provide services in rural areas. To ensure sustainability and national capacity building, the DVC network is now largely managed by Namibians. While the DVC network is an invaluable tool for training, the network is aging and requires additional bandwidth to improve the quality of transmissions when multiple sites are participating, as well as replacing hardware and software components that are impairing performance. Currently, there are nine DVC training sites across the country, with six based at the Health Training Centres (Windhoek, Keetmanswoop, Otjiwarongo, Oshakati, Rundu, Engela), one at the MOHSS Directorate of Special Programmes in Windhoek, and two recently established sites at hospitals (Katima Mulilo and Opuwo). In FY08, two new sites will be added: (1) the University of Namibia (Windhoek), and (2) the University of Namibia – Oshakati. These sites will allow for HIV-related DVC training for nursing and other allied health students (UNAM). Equipment to be procured includes DVC cameras, televisions, stands, video machines, ISDN points and installation, curtains, PRI line upgrades and installation, and security. As a result, the DVC training schedule will expand from an average of 91 to 150 events per year and increase annual attendance from 3,681 in FY07 to 5,000 in FY08. Participation in events will diversify to include more NGOs and community workers involved in HIV and AIDS activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7360

Related Activity: 16190, 16238, 16163, 16149, 16150, 16119, 16239, 16538, 16115, 16253, 18281, 16191, 16758, 16151, 16120, 18825, 16121, 16116, 16153, 16218, 16192, 16193, 16219, 16154, 16164, 16240, 16194, 16220, 16165, 16156, 16157, 16158, 16209, 16166, 16249, 17364, 16221, 16195, 16222, 17320, 16117, 16241, 16159, 16118, 18051, 18185, 18934, 16242, 16957, 16223, 16196, 16197, 16224, 17061, 17361, 16160, 18907, 18908

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7360	3860.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4389	1157.07		$246,000
3860	3860.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3128	1157.06		$296,882

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16190	3898.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$428,337
16238	3856.08	7390	1157.08		US Centers for Disease Control and Prevention	$416,648
16163	7927.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$40,000
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16119	3927.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$1,790,133
16239	8001.08	7390	1157.08		US Centers for Disease Control and Prevention	$157,500
16538	16538.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$68,000
16115	5124.08	7354	1455.08	Track 1	Blood Transfusion Service of Namibia	$1,200,000
16253	5123.08	7395	1495.08	Track 1	World Health Organization	$500,000
18281	18281.08	8028	8028.08	CDC/Track 1	Partnership for Supply Chain Management	$300,000
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16758	16758.08	7384	1065.08	I-TECH	University of Washington	$178,000
16191	7994.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$283,080
16120	3931.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$312,743
16121	3929.08	7356	1058.08	Cooperative Agreement U62/CCU025166	Development Aid People to People, Namibia	$105,303
16116	8024.08	7355	2538.08		Comforce	$115,290
18825	18825.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$50,000
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16219	3870.08	7384	1065.08	I-TECH	University of Washington	$387,500
16193	3896.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$263,218
16240	7974.08	7390	1157.08		US Centers for Disease Control and Prevention	$333,750
16164	7971.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$265,000
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16220	3868.08	7384	1065.08	I-TECH	University of Washington	$480,924
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370

16209	3842.08	7378	2321.08		Regional Procurement Support Office/Frankfurt	$1,000,000
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16117	3862.08	7355	2538.08		Comforce	$260,000
16222	7919.08	7384	1065.08	I-TECH	University of Washington	$500,000
16241	3858.08	7360	4661.08		International Laboratory Branch Consortium Partners	$350,000
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16223	3872.08	7384	1065.08	I-TECH	University of Washington	$840,089
16196	3892.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,069,229
16118	3844.08	7355	2538.08		Comforce	$575,000
16242	3859.08	7390	1157.08		US Centers for Disease Control and Prevention	$295,012
16957	16957.08	7390	1157.08		US Centers for Disease Control and Prevention	$30,000
16197	3895.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,361,821
16224	3869.08	7384	1065.08	I-TECH	University of Washington	$622,985
16160	3874.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$806,857
18907	18907.08	7389	1484.08	CDC base funding	US Centers for Disease Control and Prevention	$1,056,231
18908	18908.08	7390	1157.08		US Centers for Disease Control and Prevention	$1,072,282

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Direct Target Notes:

MoHSS, NIP, DAPP, NAMBTS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1162.08
Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4744.08
Planned Funds: $515,000
Activity System ID: 17294

Activity Narrative: The Department of State will implement two overarching activities in this area : Public Affairs' events ($295,000) and Ambassador's Self Help Program ($220,000).

The majority of the State Department Public Diplomacy activities fall under the prevention and anti-stigma outreach activities for OVC, other Namibian youth, and, to an extent, adults who support them. Other activities (Namib$Alive) support prevention outreach to most affected populations, in this case trucker/combi drivers and mobile communities and (the International Visitor Leadership Programs) capacity building and training.
Task 1) International Visitor Leadership Program (IVLP) – The primary emphasis of this task is to provide training of leaders in the field of HIV/AIDS treatment, care and prevention through the State Department's IVLP short-term professional exchange program. We have sent 6 health care professionals to the US over the past two years with excellent results. The FY07 IVLP program will bring 4 professionals to the US and focus on nutrition, paliative care, OVC, and counseling. PEPFAR provides funding for international air fare and per diem and the Department of State picks up the costs for travel in the US, other logistical expenses and the escort/interpreter.
Task 2) Namib$Alive III – PEPFAR will continue to fund this Peace Corps project to bring prevention messages to truckers/combi drivers and other mobile populations (MARP) through an imaginative mix of local music and prevention messages from local musicians. This will directly support the push for improved prevention.
Task 3) Youth Sporting Events and Prevention – Building on last year's successful Kicking Out HIV sporting tournament, this task will expand prevention outreach to youth, especially in the outlying regions, by mixing prevention with sporting tournaments.
Task 4) KCR Youth Programming – This will continue the popular Katutura Community Radio (KCR) program aimed at reaching youth in Windhoek's most at risk neighborhoods. KCR has a popular mix of local celebrities, HIV/AIDS experts, contests and prizes all offered at the peak hours to reach youth after school.
Task 5) Living in a Positive World Tours – With this task, Public Affairs expects to reach 50,000 youth in all regions of Namibia with prevention, anti-stigma, and positive choices messages put forth by 5 young male musicians and a young HIV positive counselor/speaker. We also hope to add an HIV positive male former boxer. Through an innovative mix of song, sketch, and their own life stories, these artists are reaching Namibian youth in a way others cannot.
Task 6) US Speaker program – With this task, we will bring American speakers with HIV/AIDS expertise and artists who make use of HIV/AIDS messaging in their art to Namibia to perform, speak to youth, and run work shops. We may combine them with the Living Positive Tours or have stand alone programs. They will do prevention work.
Task 7) JMAC Art Murals – Continuing the successful prototype, local artists will assist young artists to create murals on their school and community center walls, incorporating prevention and anti-stigma messaging. The young artists present their work to the school as part of the project.
Task 8) HIV/AIDS Radio drama – Building on successful models from other countries and using local writers, producers, and actors, we will create a radio "telenovella" to better reach the potentially huge Namibian audience who listen to soap operas and thereby reach a new audience with prevention messages.
Task 9) Library Conference to set up HIV/AIDS reference sections – Working with local librarians and the Embassy's librarian, this task will provide resources for two conferences to help local librarians set up an HIV/AIDS reference section.
Task 10) Book donations for libraries – This task will provide books and other resources for these new reference sections.
Task 11) Small grants, press materials, advertising and media training – This task will continue to provide funds for prototype projects, for example, providing 6 month small grants to other radio stations to produce local HIV/AIDS prevention programming for local youth. We will also continue our media outreach and training activities, such as sending journalists to the US to cover PEPFAR in the US or to regional training conferences. It will allow for travel of interested journalists to PEPFAR projects and advertising for grant opportunities.
Task 12) Major Media Campaign – This funding will be used on a major media campaign which will use modern media tools to push prevention messages to the widest audience possible.
Task 13) 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.

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 small community-based HIV/AIDS projects with prevention messages, support services, training, capacity enhancement or other resources.

Activities funded by the program will involve capacity-building for grass-roots and community-based organizations to conduct HIV/AIDS programs that work to reduce stigma, increase sustainable livelihoods for caregivers of OVC and support Peace Corps identified projecs that work in HIV/AIDS and HIV/TB related areas. This funding directly contributes to:

- Support for one full-time Self-Help coordinator
- Develop project guidelines, promotional materials, application and other documents
- Advertise/market new program to communities
- Commence acceptance of applications, qualification of projects and dispersal of funds; and Monitor and evaluate projects annually

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8027

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25869	4744.25869.09	Department of State / African Affairs	US Department of State	10890	1162.09		$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

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	26	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Direct Target Comments:

14.2 - 5 local organizations will bid for technical assistance for different small grant projects related to HIV prevention, building their local capacity through completion of the projects (Living Positive Tour, KCR, JMAC, Radio station that wins grant for radio show, and the prime trainer for the library conference).

14.4 - 4 sent on IVLP professional development tours, 2 local youth counselors trained in HIV prevention through sport, 10 young artists trained in HIV prevention through murals, and 10 librarians trained in setting up an HIV/AIDS library.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	7650.08	**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:**	Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Activity ID: 17259.08

Activity System ID: 17259

Program Area Code: 14

Planned Funds: $700,462

Activity Narrative: This activity is to strengthen the regulatory framework to ensure safety and efficacy of ARVs, TB and OI medicines. This is an expansion of FY07 activity # 7135 into new initiatives. This activity has many components, some of which are continuation of COP07 activities that has not been updated. The activity is aimed at strengthening the Medicines Control Council (MCC) to ensure quality, safety and effectiveness of ARV and related medicines that are imported, distributed and used within Namibia. In FY2008, SPS will achieve this by applying an integrated approach to medicines regulation through a number of activities.
-Support registration and dossier review. This will include the provision of ongoing support to the registration database; Pharmadex, the renovation and binning of dossiers and conduct of a dossier review retreat. SPS will also support the registration unit to ensure timely review and approval of pediatric formulations to guarantee un-interrupted availability and support better medicines for children initiatives
-Introduction of second-line TB medicines. In collaboration with DSP/TBCAP, SPS will provide support for the registration of new 2nd line TB medicines, and support regulation and control of already existing ones including the introduction of kanamycin to replace amikacin.
-Strengthening TIPC and adverse events data collection, analysis and use for regulatory and policy decisions. Ongoing support to TIPC include continuing the subscriptions for softwares, database, journals, infrastructure and support for the development of IEC materials; provide training on ADR reporting for 120 health care workers and support for highly skilled short term consultancies.
-Improve inspection activities of the Pharmaceutical Control and Inspection (PC&I). SPS will support PC&I to develop inspection SOPs and provide training to 30 persons on medicines inspection. SPS will improve in -country monitoring of ARV medicines through the implementation of the Minilab technology at selected ports of entry in Namibia and provide other infrastructural support to improve inspection activities. PC&I has limited capacity to communicate to the large body of pharmacists in the country and applicants for medicines registration. SPS will continue work with PC&I on the development of a website and domain for MCC and provide reference materials and equipment to enhance the capacity of MCC towards greater attention to in-country quality assurance and post marketing surveillance activities.
-Implement active ADR reporting to support policy decisions. In FY2007 SPS developed a pharmacovigilance model to introduce patient-initiated adverse event reporting. SPS in collaboration with DSP/TBCAP will continue this activity to train CBOs that support DOTS in monitoring side effects and adverse drug reactions to TB medicines in 3 regions. 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.
This integrated approach to strengthening medicines regulation will improve local capacity and lead to sustained awareness, improved stewardship in safeguarding public health and guaranteed public trust in the safety of program medicines.

Support the policy framework to improve access to treatment for PLWHA
Expanding access to ARVs in remote areas and improving access to palliative care has been compromised by restrictions in prescription and dispensing policies. The National Policy on HIV/AIDS recognizes the need for a continuum of care for persons living with HIV/AIDS (PLWHA). This policy also encompasses the provision of more comprehensive HIV/AIDS treatment and care services that include palliative and home based care. In FY2008, SPS will work with MoHSS, to review the national policy to ensure that specific cadres of nurses trained in palliative care are allowed to prescribe and dispense morphine and other indicated palliative care medicines to PLWHA. Review of the policy will also ensure uninterrupted availability of morphine in health centers thus improving access of morphine and other palliative care medicines to patients. SPS will also work with other partners including home based care organizations and volunteers to ensure that the increased availability of morphine in the facilities is adequately utilized when indicated by home based care providers in the communities. This is a new activity that will support the scaling-up of care services. In collaboration with ITECH, SPS will develop modules on rational use of palliative care medicines and train 120 CBOs of palliative care medicines including narcotic medications.

In FY2006 and FY2007 RPM Plus conducted a consultancy that reviewed the National Medicines Policy (NMP). In FY2008 SPS will work with MoHSS to conduct a workshop for the update of the NMP.

To support the development of the national formulary initiated in FY2007, SPS will provide support for the finalization and launch of Namibia first national Formulary. In addition SPS will support the revision, printing, and distribution of the Namibia Essential Medicines List (NEMList) which was last updated in 2002. Procurement based on the revised NEMlist will improve the availability of essential medicines and supplies to facilities and ensure quality service delivery. In accordance with the World Health Assembly (WHA) resolution, SPS will advocate for and support the establishment of a multidisciplinary team at the national level to address issues of rational use including compliance to treatment guidelines.

Strengthen 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 activity is a continuation of FY2007 activities 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;
-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 care. 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.
-SPS will support the UNAM pharmacotherapy program for nurses to incorporate HIV/AIDS pharmaceutical management module
-In FY2008, SPS will work with the MoHSS to review the pharmaceutical staff establishment at the central level to meet the current scope of pharmaceutical services.
-SPS will work with the MoHSS to develop policies and support Regional Pharmacists to improve support supervision to lower level facilities. Regional Pharmacists will be supported to ensure availability of treatment data for compilation of information, analysis and dissemination. This will encourage data use in decision making at the regional level. This improvement in supervision will lead to improvement in service

Activity Narrative: delivery and ultimately improved health outcomes.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	120	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7648.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4338.08

Planned Funds: $600,349

Activity System ID: 18904

Activity Narrative: This activity links with local, national and international organizations and stakeholders, and represents a continuation of 2007 System Strengthening activities conducted by NawaLife Trust (NLT). The goals of this activity are to raise organizational, local and national-level capacities through workshops, meetings and regular technical assistance to foment autonomy, expertise and ownership of programs within Namibia. This activity will be achieved through three main areas:

1. Organizational Development:

During 2006/07, NLT staff transitioned from a Johns Hopkins University/Health Communication Partnership-(JHU/HCP) managed field office into an independently operated and Namibian staffed Non-Governmental Organization (NGO). Therefore, 2008/09 will be a period of adjustment and organizational development. However, NLT will ensure the same high quality interventions and programs by providing its managerial, administration and programmatic staff with training in the following areas: Advanced HIV/AIDS training Strategic planning; Program Planning and Implementation; Management principles; Financial and Cost management; Human Resources Skills; Report writing; Behavior change communication; Monitoring and Evaluation.

This training will be conducted on basic, intermediate and advanced levels, according to each individual's needs and requirements. In addition, an organization to be determined will provided NLT with technical assistance in strengthening the overall quality of behavior change community programming, including design, implementation, quality assurance and monitoring and evaluation.

NLT's Regional Coordinators will be taking greater responsibility for Community Action Forum (CAF) supervision and reporting during 2007. As a result, NLT will strongly focus on upgrading capacities of these individuals to ensure more effective CAF outreaches and more accurate and detailed reporting for monitoring and evaluation purposes.

As a result of its organizational development efforts, NLT will aspire to become a leading communication centre in Namibia, assisting communities and stakeholders in developing and implementing quality behavior change interventions, ,raising the standards of excellence in outreaches.

2. Community Level Capacity Building

CAFs are established and supported by NLT to address community-identified HIV/AIDS-related issues, including stigma and discrimination, alcohol abuse, male engagement and support/participation for services (PMTCT, VCT, ART). CAFs promote HIV/AIDS support services offered by other PEPFAR partners including the Ministry of Health and Social Services (MOHSS), and advocate for additional and/or improved services. CAFs consist of 15 elected community members, men and women, between the ages of 15-60. CAF members create their own action plans with technical assistance from NLT, choosing specific problems to address through outreaches (see prevention OP & AB).

NLT will also develop and implement a CAF development plan to ensure the longer term viability and growth of all CAFs from inception to maturity (three-year plan) in their respective communities. The Johns Hopkins University/Center for Communications Program (JHU/CCP) will work with NawaLife Trust to develop this initiative. The development plan, which is based on the Stages of Change model byJames Prochaska and Carlo Diclemente, will help lead CAF members through four distinct phases beginning with contemplation of perceived HIV/AIDS risks and culminating in high levels of sustained efficacious behaviors towards HIV/AIDS prevention.

NLT strengthens CAF capacities through training, supportive supervision and additional resources. CAF trainings will focus on partner reduction, male responsibility, care and support, relationships, stigma reduction, tuberculosis (TB), PMTCT of HIV, ART, VCT, gender, reproductive health rights, alcohol awareness and positive living (see Prevention). NLT will train 240 members in stigma and discrimination, using the stigma toolkit developed by the CHANGE Project; this toolkit contains a collection of participatory educational exercises to raise awareness and promote action to challenge HIV stigma. NLT will train an additional 300 individuals in HIV-related community mobilization for prevention care and/or treatment.

NLT will assist CAFs in integrating gender-based themes within community outreaches, NawaCinema- and NawaSport projects (see prevention). NLT will obtain technical assistance from the Acquire project (implemented by Engender Health and Promundo) to incorporate gender themes within trainings and outreaches. The Acquire project assists Namibian PEPFAR partners in establishing themes to address health and development vulnerabilities of men and women. NLT will also provide refresher training to members from seven support groups in media skills as part of the Treatment Literacy Radio program (See HBHC).

NLT offers supportive supervision to CAFs through intermittent field visits, regular telephonic conferences, CAF exchange visits, and annual conferences. Exchange visits enable CAF members to visit other sites, providing them with experiential learning and sharing opportunities to hone outreach planning and implementation approaches. CAF annual conferences provide participating members with information on best practices for outreaches, CAF management, and monitoring & reporting. These events also enable CAF members to share outreach experiences, allowing for a cross-pollination of ideas and strategies.

NLT provides CAF members with resources, including IEC materials (e.g. NawaInfo! newsletter, treatment literacy and Take Control campaign materials) and promotional (e.g. campaign-branded bags, t-shirts and key-holders) to bolster campaign identity and awareness throughout communities.

As part of its prevention programs, NLT will develop materials focusing on reproductive health issues such as STDs, opportunistic infections, gender equity and relationships, assisting CAFs and other organizations in utilizing these materials in outreaches. The gender-based materials will address violence and coercion within relationships, and encourage male participation in HIV/AIDS programs. NLT will also publish NawaInfo! newsletters on a quarterly basis.

NLT will provide 25 local organizations with technical assistance for HIV-related institutional capacity building at the community and national levels. At the community level, NLT will provide supportive

Activity Narrative: supervision to Community Action Forums to improve outreach efforts, bolster collaboration with local service providers and strengthen reporting systems. NLT will also train as many as 30 individuals from other community-based organizations in HIV-related institutional capacity building. This will include trainings in such HIV/AIDS-related fields as gender equity, relationships, NawaSport and possibly stigma and discrimination. This may also include focus group discussion and monitoring and evaluation trainings.

3. National level capacity building

NLT will continue providing technical assistance to Take Control through its involvement in the "Be There to Care" campaign which aims to promote quality relationships, in which risk reduction behaviors are addressed. NLT staff will assist the Ministry of Information and Broadcasting (MIB), MOHSS and other collaborating partners in developing the 2007 strategic communication plan for the national campaign. It will also provide technical assistance in message development, pre-testing and production of television and radio spots and print materials (see Prevention).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7456

Related Activity: 16140, 16141, 16142, 16108, 16143

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7456	4338.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4422	1146.07	Health Communication Partnership	$783,383
4338	4338.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3061	1146.06	Health Communication Partnership	$1,070,538

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16140	4048.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$1,273,484
16141	5690.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$922,096
16142	7464.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$509,324
16108	12334.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$546,278
16143	3768.08	7648	7648.08	Nawa Life Trust Cooperative Agreement	Nawa Life Trust	$126,470

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	240	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	300	False

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7656.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17261.08

Planned Funds: $316,625

Activity System ID: 17261

Activity 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 FY2008, Pact will continue to work with at least 14 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 regularly 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 be 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 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.

Activity Narrative:

Both multipurpose centers (Walvis Bay and Sam Nujoma) support workplace policy development with local companies. With FY2008 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).

The largest grantee, Catholic AIDS Action (CAA) (see Pact AB, HBHC, OVC) has an integrated program across multiple program areas. CAA will train 800 volunteers in community mobilization, with a strong focus on male involvement. Additionally CAA will explore options for creating public private partnerships to support OVC in areas of economic sustainability.

In FY07, 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 FY2008, (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 in FY2008, Pact will target 3 key but nascent umbrella organizations who currently are Global Fund sub-recipients, namely: the Namibia Business Coalition on AIDS (NABCOA), the Namibia Network of AIDS Service Organizations (NANASO), and Lironga Eparu (LE). USG, through Pact, will target these organizations with organizational and programmatic capacity building with the aim of strengthening them to be become principle recipients in Namibia's Round Eight Global Fund proposal. NABCOA assists its over-65 member organizations by providing on-site guidance and best practices to help their members develop optimal HIV/AIDS workplace programs for some of the largest employers in Namibia. NANASO is the national HIV/AIDS umbrella for civil society organizations with over 300 member organizations. LE promotes active involvement of PLWHA in advocacy, stigma reduction, and civil rights at national and regional levels. Pact will target these umbrella organizations with opportunities for institutional strengthening tailored toward the umbrellas' overall longer-term strategies, including future Global Fund goals. Pact will foster linkages between umbrella groups and USG-funded HIV/AIDS service organizations, providing immediate opportunities for greater involvement and further extending the reach of the umbrella groups. This activity dramatically leverages Global Fund investments by providing the capacity building opportunities that are lacking under the current Global Fund subgrants.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16135, 16139, 16177, 16178, 16179, 16180, 17639, 16181

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16177	6470.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$1,137,539
16178	4726.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$317,220
16179	4727.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$2,994,256
16180	6471.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$4,082,493
17639	17639.08	7833	7833.08	HCD Coalition for Southern Africa	IntraHealth International, Inc	$200,000
16135	4736.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$3,993,591
16181	8038.08	7656	7656.08	PACT TBD Leader with Associates Cooperative Agreement	Pact, Inc.	$301,302
16139	4738.08	7361	3078.08	The Capacity Project	IntraHealth International, Inc	$500,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	27	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30	False
14.3 Number of individuals trained in HIV-related policy development	120	False
14.4 Number of individuals trained in HIV-related institutional capacity building	42	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	138	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	900	False

Indirect Targets

Direct Target Comments:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development = 68
Pact = 3 Support to 3 subgrantees for improving workplace policy program
Walvis Bay = 8 Estimated 8 new workplaces
SNMPC = 2 Estimated 8 new workplaces
NNF = 55 40 conservancies and 12 NGOs and 3 line Ministries.

14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building = 73
Pact 18 14 subs and 1 MGECW and 3 umbrellas
NNF 55 40 conservancies and 12 NGOs and 3 line ministries.

14.3 Number of individuals trained in HIV-related policy development = 316
NNF 315 Peer Educators training reaching 100 in the conservancies and 80 for MET, MAWF and 40 in MLR plus one person from each of the 12 NGOs. 3 line ministries
Walvis Bay 16 2 PE per 8 new workplaces
SNMPC 4 2 PE per 2 new workplaces

14.4 Number of individuals trained in HIV-related institutional capacity building = 90
Pact 38: 2 persons X 14 subs, and 4 MGECW, and 2 people from 3 umbrellas.
NNF 52 1 person in each conservancy for 40 conservancies and 1 person in each NGO for 12 NGOs.

14.6 Number of individuals trained in HIV-related community mobilization for prevention care &/or treatment = 1100

CAA 800 CAA will target 800 men in MAP initiative. However this approach is totally integrated / mainstreamed into all programme areas in which they work especially HBC/palliative care.

NNF 300 5 trainings for conservancies (20 participants per training)
80 Peer Educators for Ministry of Environment and Tourism.
40 Peer Educators for Ministry of Lands and Resettlement.
80 Peer Educators for Ministry of Agriculture, Water and Forestry

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1064.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3895.08

Planned Funds: $1,361,821

Activity System ID: 16197

Activity Narrative: This activity addresses the critical human resources gap at facility levels to delivery HIV/AIDS services in Namibia. The lack of pre-service training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive HIV/AIDS prevention, care and treatment services. This in turn creates issues of creating suitable incentives for newly trained health care workers to return to Namibia and to provide retention incentives for staff currently serving in the country. The vacancy rate in the Ministry of Health and Social Services (MOHSS) is approximately 40% for doctors, 25% for registered nurses and 30% for enrolled nurses, and 60% for pharmacists. The lack of training institutions for doctors, pharmacists, and laboratory technologists in Namibia contributes to a chronic shortage of health professionals who can provide comprehensive care and treatment services on the scale and at the level of quality that is required. Since FY04, the USG has assisted the MOHSS to address this gap by providing supplemental personnel to the MOHSS through Potentia Human Resources Consultancy, a Namibian firm which administers salary and benefits packages equivalent to those of the MOHSS.

I-TECH is supported by PEPFAR as the primary capacity building and training partner for the MOHSS. I-TECH provides a variety of trainings in-person and via digital video conferencing on a variety of clinical and programmatic topics. Beginning in FY06, 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 OHPS 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) One (1) Technical Advisor at the University of Namibia (UNAM) during April-September 2008, to assist the nursing program to implement the completed HIV-integrated curriculum for the four-year nursing diploma program.

2) Three (3) Nursing Lecturers and four (4) 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) Two (2) pre-service tutors stationed at the MOHSS National Health Training Center (NHTC) and eight (8) at the five Regional Health Training Centers (RHTCs). These tutors follow up the nursing students in their clinical sites where they learn about how to take care of people living with HIV/AIDS (PLWHA). I-TECH staff trains them on HIV/AIDS and related topics and provides ongoing professional development opportunities (7352).

4) One (1) Human Resources Development Advisor and one (1) 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) One (1) Digital Video Conferencing (DVC) Program Coordinator, one (1) DVC Technologist, and twelve (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) One (1) Training Coordinator and one (1) Clerk assigned to the NTHC to coordinate training activities in PMTCT, VCT, and Couples Counseling.

7) I-TECH field office staff: one (1) I-TECH Deputy Director; one (1) Office Manager; one (1) Financial Officer; one (1) Receptionist; one (1) Driver; one (1) Administrative Assistant for the Oshakati RHTC office; one (1) Curriculum Development Manager who will coordinate the revision and/or completion and approval of all major curricula and media products; two (2) Training Assistants and one (1) Materials Production Clerk to support training coordination; one (1) Facilities Manager; one (1) Housemother; and two (2) Cleaners to support the operation of a Training Center in Windhoek.

Targets related to the capacity building aspect of this activity are captured in I-TECH (7352).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7341

Related Activity: 16217, 16190, 16149, 16150, 16538, 16191, 16758, 16151, 16153, 16218, 16192, 16193, 16154, 16194, 16156, 16157, 16158, 16195, 16222, 16223, 16196, 16224, 16243, 16160

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23957	3895.23957.09	HHS/Centers for Disease Control & Prevention	Potentia Namibia Recruitment Consultancy	10320	1064.09	Cooperative Agreement U62/CCU025154	$1,341,677
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16190	3898.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$428,337
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16217	3871.08	7384	1065.08	I-TECH	University of Washington	$459,240
16538	16538.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$68,000
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16191	7994.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$283,080
16758	16758.08	7384	1065.08	I-TECH	University of Washington	$178,000
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16193	3896.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$263,218
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16222	7919.08	7384	1065.08	I-TECH	University of Washington	$500,000
16223	3872.08	7384	1065.08	I-TECH	University of Washington	$840,089
16196	3892.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,069,229
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300
16160	3874.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$806,857
16224	3869.08	7384	1065.08	I-TECH	University of Washington	$622,985

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	800	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	800	False

Indirect Targets

Direct Target Comments:

Targets derived from SAPR progress as well as I-TECH's training capacity in FY08

Coverage Areas

Caprivi

Erongo

Karas

Khomas

Ohangwena

Kavango

Omaheke

Omusati

Oshana

Oshikoto

Hardap

Kunene

Otjozondjupa

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1065.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3869.08

Planned Funds: $622,985

Activity System ID: 16224

Activity Narrative: This activity is a continuation of FY07 and supports two components: (1) HIV integration into training for nurses, and (2) Strengthening of human resources management systems.

(1) The lack of comprehensive training on HIV/AIDS prevention, care, and treatment for most practicing doctors, nurses, and pharmacists in Namibia is a significant obstacle to rapid scale-up of quality programs throughout this sparsely-populated country. Since FY04, the USG has funded the International Training and Education Center on HIV (I-TECH) to collaborate with the Ministry of Health and Social Services (MOHSS) to address this gap by increasing the capacity of the University of Namibia (UNAM), the National Health Training Center (NHTC) and its five Regional Health Training Centers (RHTCs), and the Directorate of Special Programmes (DSP) to train new and existing health care workers (HCWs) in HIV/AIDS, including pediatric care and treatment. I-TECH provides technical advisors, training and curriculum experts, and pre-in service tutors for these institutes.

Through support from the USG, I-TECH provided technical assistance to integrate HIV content into both the existing four-year pre-service Diploma Nursing Course and the Advanced Diploma Course in Health Promotion, Clinical Diagnosis and Treatment and Pharmacotherapy in FY07. I-TECH then oriented over 20 UNAM lecturers on the revised curricula. It is anticipated that the revised and integrated curriculum which is designed to equip student nurses with a broad base of specialized knowledge and skills will enhance the production of more knowledgeable and skilled professional nurses in HIV/AIDS/TB care. It is also anticipated that more HIV-infected patients will receive quality HIV/AIDS care and HIV transmission resulting from unsafe medical practices will be significantly reduced. To ensure the training is put into, I-TECH recruited and deployed via Potentia (7341) three Nursing Lecturers and four part-time Clinical Instructors at UNAM campuses in Windhoek and Oshakati to provide follow up training for students at their clinical sites. UNAM has increased its intake of nursing students in response to the severe shortage and continues to need support in facilitating the classroom and clinical component of the training. To better meet the needs in FY08, I-TECH will increase the part-time lecturer position to full time and will recruit and deploy two additional nurse lecturers via Potentia with FY08 funds. In addition, I-TECH will continue incorporating and finalizing the curricula and will conduct three orientation workshops at UNAM. Furthermore, to enhance the quality of pre-service training, I-TECH will procure additional training materials and equipment.

Namibia, as a result of its apartheid past, has limited human capacity, both in quantity and availability of particular skills. The limitation in human capacity transcends all levels of health services delivery, from the national management level with limited capacity to provide the necessary technical support, stewardship, coordination and monitoring of services. The regional and district levels fall short in providing decentralized management, training and support, and the health facility level often is not able to cope with the burden of service provision and community support.

(2) Human resource challenges facing the health sector include staff shortages and high vacancy rates; staff turnover; lack of sufficient training institutions and programs; lack of financial resources to increase production of human resources; inability to attract sufficient number of prospective students; and multi-year training programs which making human resources capacity development a slow process. These challenges are more acute in the public health sector, and are further exacerbated by the HIV/AIDS pandemic and its demands on available human resources. The Namibian private sector is able to successfully secure most of the available health care workers, especially those that are Namibian. The private sector is a major partner in the provision of treatment, care and support to HIV infected patients, catering for approximately 6,000 patients on ART. In FY07, over 200 registered nurses, enrolled nurses, and physicians left the public sector for the private sector.

To ensure successful implementation of the programs addressing HIV/AIDS challenges, PEPFAR has funded I-TECH to support the MOHSS to strengthen its human resource management system by reviewing and developing the necessary policies and regulatory frameworks that will support the implementation and roll out of prevention, care and treatment programs. The implementation of these programs at the peripheral health facilities requires specific clinical skills and prescribing that are not regularly available, especially among nurses who are the major providers of services at both the health center and clinic levels. The introduction of new tasks as part of the scope of practice requires considerable training (pre-service and in-service), policies and possible legislative changes, revision of existing training programs and curricula to ensure that a greater number of future health care workers are well prepared before they enter the health system is crucial . In this regard I-TECH has been supporting UNAM as well as the NHTC to strengthen its capacity in reviewing curricula and strengthening capacity of the teaching personnel and deploying pre-in service tutors.

With FY07 funds, I-TECH recruited and deployed Human Resource Technical Advisor (HRTA) within the Human Resource Development Division (HRDD) in the MOHSS. The HRTA role is to support HRDD to develop an essential services package (ESP) to implement at district health level, with focus on district hospitals, health centers, clinics, and community-based health care, including outreach services. The ESP has been developed through consultations with key stakeholders at national, regional and district levels. The ESP clearly defines the type of services to be provided at various levels and the resources necessary to provide them. The ESP provides a framework to determine tasks and competencies that are required for the continued rollout of HIV prevention, care and treatment services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7352

Related Activity: 16153, 16116, 16218, 16192, 16158, 17364, 16221, 16195, 16197, 16243, 16160

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23992	3869.23992.09	HHS/Health Resources Services Administration	University of Washington	10326	1065.09	I-TECH	$597,985
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
16116	8024.08	7355	2538.08		Comforce	$115,290
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16218	3841.08	7384	1065.08	I-TECH	University of Washington	$697,852
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16197	3895.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,361,821
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300
16160	3874.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$806,857

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Direct Target Comments:

(14.1) MOHSS; (14.2) MOHSS; NHTC/RHTCs; UNAM

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1068.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3874.08

Planned Funds: $806,857

Activity System ID: 16160

Activity Narrative: This activity is a continuation from FY07 and provides limited scholarships (bursaries) to train Namibian students to become health professionals. It relates to other activities in this Program Area: I-TECH (7352) and Potentia (7341). Without question, inadequate human resource capacity is the leading obstacle to the development and sustainability of HIV/AIDS-related health services in Namibia. The vacancy rate in government positions in the Ministry of Health and Social Services (MOHSS) is estimated to be 40% for doctors, 60% for pharmacists, 48% for social workers, 25% for registered nurses, and 30% for enrolled nurses. Doctors and pharmacists cannot be trained in Namibia due to the lack of a medical school and other training institutions. Training for medical technologists will be initiated at the Polytechnic of Namibia in 2008, but the program will have limited capacity (20 students) in its first years of operation. To fill urgently needed nursing and pharmacy positions, this activity will support MOHSS plans to increase the output of enrolled nurses and pharmacy assistants from the National Health Training Center, who can be trained in two years instead of four years, and for registered nurses at the University of Namibia. These positions are urgently needed as Namibia's Integrated Management of Adult Illness program continues to be rolled out.

A total of 336 doctors, pharmacists, pharmacy assistants, nurses, enrolled nurses, laboratory technologists, social workers, and nutritionists will be trained in Namibia, South Africa, and Kenya. PEPFAR will support up to 20 students in the inaugural laboratory technologist program at the Polytechnic of Namibia, anticipated to begin enrolling students in January 2008. Two additional students will be supported for postgraduate studies in epidemiology and clinical psychology. Students are bonded to serve the MOHSS upon completion of studies and will work in an area related to HIV/AIDS.

Another activity in this area is a cross-border collaboration first funded in FY07. The PEPFAR teams in Angola and Namibia will continue to support the following activities: The Ministries of Health (MOH) of Angola and Namibia will enhance an already established relationship to form a mentoring program to strengthen PMTCT service access and coverage, improved quality of care and better outreach and follow-up for ART service delivery in the border regions. This mentoring program involves exchanging experiences, technical skill transfer, and sharing of protocols achieved through cross-border visits by regional and provincial MOH delegations. The collaboration will build on initial staff visits and exchanges carried out with support from WHO in 2006, as well as a new PMTCT initiative initiated in 2007 by USAID with the Cunene Provincial Health Department, CUAMM, Chemonics and other partners.

This initiative expands PMTCT, safe birthing, and reproductive health care services to expectant mothers in pre-birth waiting stations at one or more Angolan MOH health centers and maternity hospitals. MOHSS Namibia personnel will be supported by the Centers for Disease Control (CDC) Namibia. Angolan MOH and NGO staff will visit selected facilities in Ohangwena, Oshakati and other Namibian locations, and will participate in training organized with the support of the MOHSS, USAID and CDC. MOHSS Namibia personnel will conduct organized site visits at facilities in Ondjiva, Cahama, Santa Clara and other municipal locations, and share recommendations on better application of best practices and international protocols, including their success at promoting for institutional births. Training activities for MOH and NGO staff in both countries will be coordinated with and seek to leverage resources available under the current bilateral Global Fund programs in Angola and Namibia. Ensuring the participation of individuals fundamentally responsible for the start-up and roll-out of PMTCT services in Namibia will be a key strategy employed to ensure lessons learned from Namibia are transferred to Angola. Other areas for expansion may include, but are not limited to, VCT and TB.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7328

Related Activity: 16190, 16163, 16149, 16150, 16538, 16191, 16151, 16153, 16192, 16154, 16164, 16194, 16165, 16156, 16157, 16158, 16166, 17364, 16249, 16221, 16195, 17320, 16159, 16196, 16197, 16224, 16243, 17061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24335	3874.24335.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Social Services, Namibia	10427	1068.09	Cooperative Agreement U62/CCU024084	$950,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16190	3898.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$428,337
16163	7927.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$40,000
16149	3882.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,204,240
16150	3875.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$2,674,711
16538	16538.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$68,000
16151	3880.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$1,277,751
16191	7994.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$283,080
16192	3894.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$2,750,000
16153	3877.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$280,329
16154	7972.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$459,786
16164	7971.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$265,000
16165	7992.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$920,000
16194	3897.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$764,540
16156	3926.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$681,804
16157	3883.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$4,152,489
16158	3876.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$6,373,370
16195	3893.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$6,627,810
16166	7975.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$35,000
16221	3866.08	7384	1065.08	I-TECH	University of Washington	$1,872,980
17364	17364.08	7390	1157.08		US Centers for Disease Control and Prevention	$171,968
16249	3865.08	7393	3132.08	HIVQUAL	US Health Resources and Services Administration	$100,500
17320	17320.08	7367	1404.08	Cooperative Agreement U62/CCU024419	Namibia Institute of Pathology	$826,000
16196	3892.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,069,229
16159	3879.08	7365	1068.08	Cooperative Agreement U62/CCU024084	Ministry of Health and Social Services, Namibia	$409,146
16197	3895.08	7374	1064.08	Cooperative Agreement U62/CCU025154	Potentia Namibia Recruitment Consultancy	$1,361,821
16243	3860.08	7390	1157.08		US Centers for Disease Control and Prevention	$258,300
16224	3869.08	7384	1065.08	I-TECH	University of Washington	$622,985

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Explanation for 14.2: MOHSS; Ministry of Health/Angola; NIP

Another Indicator with direct targets:

Number of Namibians provided with scholarships for medicine, pharmacy, medical technology, nursing, social work, radiography, clinical psychology, and epidemiology: 336

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3078.08	**Mechanism:**	The Capacity Project
Prime Partner:	IntraHealth International, Inc	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	4738.08	**Planned Funds:**	$500,000
Activity System ID:	16139		

Activity Narrative: IntraHealth/Namibia, the Capacity Project is expecting as a result of its FY06/ 07 capacity building process to transition to direct funding two sub-grantee partners, Catholic Health Services (CHS) and Lifeline/Childline (LL/CL) for FY 08. Pending results of the required pre-award survey (responsibility determination), including a financial/organizational capacity evaluation and availability of FY08 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 COP06 and COP07, IntraHealth/Capacity Project (CP) 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 COP08, CP will build on the success of the SLG focusing specifically on: (i) developing 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; (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 improved infrastructure.
With work in COP07 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 COP08. 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 training. As a first step, CP can host a data collection and training conference with regional representatives. Two regions may be selected, ideally one urban and one rural, to participate in a pilot program. In addition to including the districts in system strengthening efforts, it will be important to include the private sector to ensure complete in-country representation of health worker data. Private sector HRH data integration includes working with professional councils and FBOs to securely share data in compatible formats. CP can provide technical assistance to support development of these linkages and integration of private sector systems with the MoHSS HRIS. To ensure sustainability, CP will continue training on data quality as well as the effective use of data in influencing policy and management decisions. Training on data 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 COP07, CP will support its partners mainly Life Line/Child Line (LL/CL) and VCT sites by creating software that captures training sessions, trained staff, facilitators, participants' scores, language and region of service. During COP08, CP will continue the support and maintenance, as well as training of more staff, to handle this software. During COP07, CP assessed the internal operations and management practices of the VCT partner organizations. This assessment focused on the HRM and supervision practices in particular and identified a number of weaknesses that were undermining the performance and quality of CT service delivery. In COP08, CP will continue to strengthen the HRM processes within the VCT partner organizations, particularly in the areas of supervision, and policies and practices to support staff retention, motivation and development. In the case of the Catholic Health Services (CHS), Lutheran Medical Services (LMS), and LL/CL, the focus of system strengthening – particularly in the area of HRM, will transition from establishing the essential framework of HR procedures, processes and policies – which was the focus during COP06 & COP07 - to performance improvement. In COP08, CP will build on this essential "framework" by strengthening and, where necessary, establishing performance management, supervision and staff development systems. 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 Namibia. 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 CP, the HIV Clinicians' Society will organize professional development seminars, meetings and case discussions for at least 200 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, CP will support the capacity of HCS to organize training sessions and seminars, and facilitate networking among clinicians. CP will support HCS by supporting the recruiting and the training of financial and administrative staff. 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, CP is planning to initiate spiritual care provision in the FBHs for the HIV patients and their families. The first step is to train clergy on HIV related issues and link these skilled clergy to the ART sites. During COP08, CP with its affiliates will train 12 clergy from different congregations using the African Palliative Care Association (APCA) training manual. The clergy will serve in the faith-based hospitals and other hospitals whenever needed to provide spiritual care to the HIV patients and their families.
CP will continue supporting its local partners on managerial, financial and administrative capacity through training of their staff. During COP 08, CP will train 24 staff from the 11 different organizations/partners. CP will cooperate with PACT as some of the CP partners are also partners to PACT. In LL/CL, in order to build the capacity of child presenters and producers in the radio programme, skills building sessions are held 8 times per year in areas of broadcasting training, personal growth and peer counseling. In FY07 they will be offered gender training using sessions from the Men and HIV curriculum and by FY08 will include topics which challenge risk-related gender norms. 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 5 FBHs by COP 08 will be achieved through strong advocacy for the MoHSS to finalize a policy guideline. The task force is currently paving the way for front-end analyses that will be followed by national stakeholder consultation meetings before full fledged MC implementation. CP will play a major role in the advocacy campaign and share with HIV clinician society, UNAIDS and WHO in the technical response to the media with correct information dissemination, evening lectures, national training on MC SOP in line with WHO/UNAIDS/JHPIEGO Technical Manual and ultimately service delivery.
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 in different program areas.

Activity Narrative: IntraHealth/Namibia, the Capacity Project is expecting as a result of its FY06/07 capacity building process t

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7407

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26965	4738.26965.09	U.S. Agency for International Development	IntraHealth International, Inc	11219	3078.09	The Capacity Project	$400,000
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

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	5	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	False
14.3 Number of individuals trained in HIV-related policy development	15	False
14.4 Number of individuals trained in HIV-related institutional capacity building	36	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	15	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

HVMS - Management and Staffing

Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15

Total Planned Funding for Program Area: $6,608,421

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

The U.S. Government (USG) PEPFAR team in Namibia undertook for the first time meaningful efforts to address the Staffing for Results (SFR) and other management and staffing exercises prescribed for development of the 2008 Country Operational Plan

(COP). Over the last four years of planning and implementing the Emergency Plan, the Namibia Team utilized what one would essentially describe as an agency-driven approach. This year, commencing with a July retreat that served as the launch pad for introducing a new paradigm for COP and program planning, the Namibia PEPFAR Team, with significant input from senior representatives of government and implementing partners, initiated changes that will lead to improved operational structures and procedures to optimize efficiency and capitalize on the unique strengths and recognize the limitations of the USG implementing agencies. (A schematic of the current planning structure has been uploaded as a supporting document and as evidence of the critical thought given to how we are currently organized to most effectively manage this important work.)

In acknowledging the requirements of SFR implementation and the specific activities required for the first time in a COP, Team Namibia looked strategically across all participating agencies to reach consensus on the relative and unique strengths and weaknesses of each agency. We then identified current and prospective national gaps in service and resources required to fill those gaps, and reached tentative interagency agreement on where to locate the required staff. The 2008 SFR exercise provided the opportunity to look in greater depth, and with a longer view, at the ideal team that would carry us into the second five years of the Emergency Plan. 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 team rather than assigning it to either an individual or a committee. As this was the first iteration of the SFR process, it was considered important for all members of the relatively small team to have ownership in the process, and to team build around the SFR requirements, among other issues. Subsequent to the COP '08 submission, the SFR process in Namibia will receive a heightened focus and will be managed by a SFR work group selected by consensus of the country team. We see SFR as a flexible, country internal tool rather than a means by which O/GAC will determine our local staffing structure. SFR work done to date also includes mapping of existing staffing and operational structures through reviews of agencies' current organograms, and initial identification of agency core strengths and competitive advantages. The following were identified as each agency's core strengths:

HHS/CDC: CDC has a strong partnership with MOH 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, and strategic information gathering, analyses and dissemination across multiple areas. In light of the substantial shortage of skilled health personnel, CDC also emphasizes HR provision and planning, and assists in the 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 fifty students annually.

Peace Corps: Commenced in Namibia in 1990, this agency was the first USG agency in Namibia following this country's independence. Approximately 120 volunteers, most of whom are teachers, work at the grass-roots levels throughout Namibia. PCVs have provided assistance to PEPFAR through Regional AIDS Committees for Education (RACE) which promotes awareness of HIV/AIDS, prevention and risk-reduction in schools. Going forward, PC will focus exclusively on prevention initiatives, complementing the other USG agencies working in Namibia, and emphasizing volunteers' abilities to reach very difficult locations and populations that other agencies have difficulty reaching.

USAID: Unique aspects of USAID include an in-country contracting capacity and 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.

DOD: The 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. DOD's trusted partnership with the MOD is invaluable as Militaries are notoriously protective of their information and service provision,and establishing a comprehensive HIV/AIDS program in the MOD with direct support from the USG has been a great accomplishment of Namibia's PEPFAR program.

State: Commencing in 2007 with a full-time EP Coordinator, State is responsible for the overall coordination of PEPFAR program development and implementation throughout Namibia. In addition, State supports a newly-developed position within the Public Affairs Office of the Embassy, and also supports the Ambassador's portfolio of small grants for HIV/AIDS projects that is managed by a position dedicated to a 67% level of effort.

In the process of preparing for COP 2008 and for SFR within that process, Interagency Technical Teams (ITTs) and larger Technical Working Groups that are inclusive of key partners and technical experts were critically examined for effectiveness, burden on available staff, and capacity to promote integrated planning across agencies and technical areas. As a result, teams were consolidated and strengthened for development of the 2008 COP, and will be critically assessed late in 2008 in order to make possible revisions. The fourteen PEPFAR programmatic budget areas were planned for in the Namibia 2008 COP by the following six interagency technical teams:

* Prevention (HVAB, HVOP, HBML, HMIN, and new alcohol and male circumcision initiatives)
* Care (HBHC, HVTB, HVCT)
* OVC and Youth (HKID)
* Treatment (HTXD, HTXS)
* Strategic Information (HVSI)
* Systems Strengthening (HLAB, OHPS, 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 organograms and consolidated database that constitute SFR supporting documents. All 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 is anticipated that as the SFR process unfolds in Namibia, new, cross-agency selection panels for new hires will be developed. We will use this practice for filling the majority of new positions proposed in the 2008 COP. Full details on status of staffing as requested in the COP Guidance is in a separate supporting document/PowerPoint entitled "Namibia Program Planning Functional Staffing Chart.

The innovation that primarily marked Namibia's full emersion into the SFR process, and which both enhanced team work and achieved an exponential increase in the efficiency of COP preparation, was a week-long planning retreat in late-July 2007.

Attended by the entire USG PEPFAR Team (ca. 25) during the first three days, we managed to (1) confirm notional budgets and higher-level targets for all program areas, (2) identify opportunities for synergistic programming across PEPFAR funding streams, (3) reaffirm our shared vision for PEPFAR in Namibia, and (4) forge new relationships among team members, some of whom had not previously met beyond email correspondence. Commencing on day three, approximately 55 senior representatives of GRN, bilateral and multilateral donors and implementing partners joined the USG PEPFAR Team and commenced full participation in all aspects of program review, determination of needs and program design considerations. The retreat also enabled us to brief host government and health development partners on the scope and scale of the 2008 COP.
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, and we remain below the 7 % ceiling for these vital functions. The interagency collaboration that is now fully underway has functioned effectively in managing SFR and will be continuously engaged in the implementation of SFR over time.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1376.08
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 Area Code: 15
Activity ID: 18819.08
Planned Funds: $100,521
Activity System ID: 18819
Activity Narrative: USAID's operations costs outside of direct cost for human resources is approximately $100,521 (17 x 5,913) for IRM Tax costs, payable to USAID
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8340.08
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 Area Code: 15
Activity ID: 18905.08
Planned Funds: $25,000
Activity System ID: 18905
Activity Narrative: Department of Defenses' operations costs outside of direct cost for human resources is approximately $25,000 for ICASS costs, payable to State.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1484.08
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 Area Code: 15
Activity ID: 18907.08
Planned Funds: $1,056,231
Activity System ID: 18907
Activity Narrative: This activity relates to ITECH/PMTCT (#7354), Comforce/Strategic Information (#7322), Comforce/Lab Infrastructure (#7323).

The HHS/CDC staff in Namibia are all located in the Directorate of Special Programs (TB, HIV/AIDS, and malaria), Ministry of Health and Social Services and include a country director (US direct-hire), deputy director of operations (US direct-hire), deputy dircetor of programs (US direct-hire), and 2 new (U.S. direct-hire) positions are proposed for strategic information and prevention A.B. Contracted personnel include, an epidemiologist for surveillance and the HMIS (Comforce), technical advisor for PMTCT (Potentia), technical advisor for counseling and testing (Potentia), technical advisor for monitoring and evaluation (Comforce), technical advisor for HIV-related laboratory services (Comforce), 2 nurse HIV field coordinators (Locally Employed Staff), 2 Association of Schools of Public Health (ASPH) fellows providing management and administrative support and strategic information support and, an office manager, a financial analyst, 2 LAN managers, an administrative assistant, 3 drivers, 2 driver/administrators, and a receptionist. The salaries and benefits of technical and programmatic staff are assigned to the appropriate program area within the Emergency Plan categories, but their management and support costs are included under this activity. The Country Director is 40% assigned to other policy/capacity building, and 60% management and staffing. The Deputy Director of Operations and the ASPH fellows are 100% assigned to management and staffing. Of the $1,500,000 Management and Staffing budget, $287,896.00 will go to ICASS and $47,001.00 to Security Cost Sharing.

Being located in the Ministry of Health and Social Services, the HHS/CDC office provides direct logistical and material support to the Directorate's daily programmatic operations and to ART sites in the regions. Operations costs outside of human resources include information technology and digital videoconferencing facilities; telecommunications; photocopying and materials production; printing of guidelines, reports, training curricula, and HMIS records; office consumables; utilities; office maintenance and equipment; security; staff training; field, conference, and meeting travel; and other daily operations costs.

As of FY07, a major accomplishment has been to have programmed more than 85% of HHS/CDC-managed funds to go directly to a Namibian organization. From this office, the deputy director of operations, office manager/financial analyst, and ASPH fellows liaise with the Program and Grants Office at CDC-Atlanta and provide direct financial management support to counterparts in these Namibian organizations receiving direct USG funding under Cooperative Agreements. These organizations include the Ministry of Health and Social Services, Namibia Institute of Pathology, Potentia Namibia Recruitment Consultancy, and Development Aid People to People. In addition to the US Embassy procurement and financial management staff, the deputy director of operations also works closely with the facility planning unit in the MoHSS on renovations at ART/PMTCT sites that are contracted under the Regional Procurement and Services Office (RPSO) in Frankfurt.

This activity leverages resources with the European Commission which provides technical advisors to increase capacity of the Directorate and Regional AIDS Coordination Committees; with the Global Fund which provides funding for technical officers in counseling and testing, PMTCT, and ART/care in the Directorate; with the UK's Voluntary Service Organization which provides an accountant to the Directorate's resource management office; and with the Ministry of Health and Social Services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1157.08

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 Area Code: 15

Activity ID: 18908.08

Planned Funds: $1,072,282

Activity System ID: 18908

Activity Narrative: These activities encompass efforts to maintain or enhance programming as well as to provide staff with ongoing opportunities to expand their knowledge, skills and abilities.

These efforts include support to HHS/CDC staff through the provision of housing costs for direct hires and general office administration. Included in general office administration are telephone services, computer consumables, and office supplies. The activities will support the costs of in-country travel for staff to attend meetings, to facilitate communication with regional and district officials, and to monitor CDC-supported efforts in the field.

In FY07, 2 new ASPH fellows will embark on 2-year assignments within the HHS/CDC office. One fellow will assist with management and administration of the cooperative agreements; the other will provide strategic information support to the new Emergency Plan Coordinator. The HHS/CDC office has identified these positions as essential to enhancing efficiency and communication within the PEPFAR team and with cooperative agreement partners.

Staff development efforts will include support for HHS/CDC team members to attend training, in-services and conferences either in person or by videoconferencing to learn about the latest developments in their respective fields.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8342.08

Mechanism: ICASS Charges

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 Area Code: 15

Activity ID: 18911.08

Planned Funds: $140,000

Activity System ID: 18911

Activity Narrative: Total annual ICASS costs for the PEPFAR Coordinator’s office personnel are estimated at $140,000.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1162.08

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 Area Code: 15

Activity ID: 18912.08

Planned Funds: $395,000

Activity System ID: 18912

Activity Narrative: This activity will fund support for the PEPFAR Coordinator's office in which there will be three positions: PEPFAR Coordinator, Administrative Assistant and a Strategic Information Liaison/Deputy Coordinator. In addition, there will be a PEPFAR public affairs officer who will be working out of the Public Affairs Office as a deputy to the PAO of the US Embassy, and an Ambassador's Self-help Program Coordinator working within the embassy responsible for the management of self-help grants funded under PEPFAR.

The total cost of this personnel is $910,000 ($140,000 for ICASS and $770,000 for direct staff costs)

A reduction of funding by $250,000 will allow for the transfer of the $250,000 from State/AF, Namibia Country Coordinator's Office to USAID for onward application to the hiring mechanism by which the Country Coordinator's Office will recruit and hire a Strategic Information (SI)/Deputy Country Coordinator. The USAID Agreement number for this mechanism is:
GPO-A-00-06-00005-00. The name of the contractor is Global Health Fellows Program, and the USAID Agreement CTO is Rochelle Thompson.

A reduction of funding by $125,000 will allow for the transfer of the $125,000 from State/AF, Namibia Country Coordinator's Office to USAID for onward application to the hiring mechanism by which the Country Coordinator is hired and retained. 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3636.08

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 Area Code: 15

Activity ID: 4701.08

Planned Funds: $280,000

Activity System ID: 16245

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7897

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25865	4701.25865.09	Department of Defense	US Department of Defense	10887	3636.09		$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 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8341.08

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 Area Code: 15

Activity ID: 8028.08

Planned Funds: $165,000

Activity System ID: 16248

Activity Narrative: US Agency for International Development's operations costs outside of direct cost for human resources is approximately $165,000 (6 x 27,500) for ICASS costs, payable to State.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8028

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27016	8028.27016.09	U.S. Agency for International Development	US Department of State	11236	8341.09	ICASS Charges	$364,272
8028	8028.07	Department of State / African Affairs	US Department of State	4668	1162.07		$320,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8339.08
Mechanism: CSCS Charges
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 18909.08
Planned Funds: $155,873
Activity System ID: 18909

Activity Narrative: This activity relates to CDC HVAB (8001), CDC HVSI (7359), Potentia MTCT (7344), Potentia HTXS (7339), Potentia HVCT (7343), CTSGlobal HVSI (7322), CTSGlobal HLAB (7323), and CTSGlobal HBHC (8024). This activity further relates to three other activities within CDC HVMS, including those supported by base funds (7356), non-base funds (7360), and ICASS funds (new). While ICASS and CSCS costs are not new, these activities are separated out in COP08 to distinguish funds programmed to Department of State. These funds are deducted from the total $1,500,000.00 HHS/CDC GAP funding that Namibia received.

The CDC program consists of two offices – a headquarters in the capital city of Windhoek and a small support office in the 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.

These funds solely support Capital Security Cost Sharing (CSCS) through the Department of State. A priority of the CDC office in Namibia since its inception in 2002 has been providing HIV-related technical assistance to the Ministry of Health and Social Services (MOHSS). Recognizing the importance of day-to-day interaction, the MOHSS identified space for CDC within the Directorate of Special Programmes. In 2006, the MOHSS identified space for a new CDC office in Oshakati on the grounds of the Oshakati State Hospital to better serve the heavily populated northern regions of the country. This collocation is and will continue to be crucial in allowing CDC technical advisors to coordinate and collaborate with their counterparts in the MOHSS, as well as with their counterparts in the Global Fund and the European Commission.

At the same time, the US Government and the Office of the Global AIDS Coordinator rightfully continues to place increasing emphasis on assuring the safety of USG employees abroad as well as cross-agency coordination between the five USG agencies in PEPFAR. Even though Namibia is a small post, the current Embassy in Windhoek is twenty years old and simply cannot accommodate all of the USG personnel in country. Congress has approved building of a new Embassy compound in Windhoek. Groundbreaking will occur in 2012 and construction will take approximately two years. CDC will continue to house the CDC director, deputy director, and technical advisors within the MOHSS, but has agreed to collocate eight staff members, primarily in administrative capacities, within the new Embassy. These funds support CDC's portion of the shared construction costs and secure fully-equipped space for the CDC staff that will be placed in the new Embassy.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8338.08

Mechanism: ICASS Charges

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18910.08

Planned Funds: $287,896

Activity System ID: 18910

Activity Narrative: This activity relates to CDC HVAB (8001), CDC HVSI (7359), Potentia MTCT (7344), Potentia HTXS (7339), Potentia HVCT (7343), CTSGlobal HVSI (7322), CTSGlobal HLAB (7323), and CTSGlobal HBHC (8024). This activity further relates to three other activities within CDC HVMS, including those supported by base funds (7356), non-base funds (7360), and CSCS funds (new). While ICASS and CSCS costs are not new, these activities are separated out in COP08 to distinguish funds programmed to Department of State. These funds are deducted from the total $1,500,000 CDC/GAp base funding allotted to Namibia.

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.

This activity solely 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 599.08 **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 Area Code:** 15

Activity ID: 4729.08 **Planned Funds:** $278,800

Activity System ID: 16252

Activity Narrative: This activity relates to HVAB (new) and HVOP (#4730) activities.

The Management and Staffing needs for Peace Corps/Namibia are as follows: The Administrative Assistant/PEPFAR/Finance will provide budgetary and administrative support to ensure the effectiveness and fiscal integrity of the growing Community Health and HIV/AIDS Project (CHHAP) for PC/N. With the increasing demands for reporting and monitoring of Emergency Plan expenditures, this individual will manage and track on a full-time basis Emergency Plan related programs, logistic and administrative expenditures and planning related to all PC HIV/AIDS projects in Namibia. Additional funds will be needed for the routine purchase of materials and supplies for the Office in Rundu as well as the PEPFAR funded vehicle in Rundu. Funds will be used to maintain and repair the facility, furniture and equipment in located in the Rundu office. Routine maintenance of the PEPFAR funded vehicles in Rundu will be required. The Program Driver and the Logistics Assistant/Driver will assist PC/Nstaff to reach Volunteers and implementing partners at their remote sites and provide logistical support for regional meetings, training, technical support, and program coordination. Additional funds will be needed for the routine purchase of materials and supplies for the PEPFAR funded vehicles in Windhoek. Funds will be required to repair any PEPFAR purchased IT equipment that is stored in the Windhoek office. Routine maintenance of the PEPFAR funded vehicle in Windhoek will be required. The Program Assistant/M&R Coordinator will assist in establishing an effective Monitoring and Reporting system to track the implementation and impact of all PC/N programming related to HIV/AIDS. In addition, this position will develop placement opportunities for incoming Peace Corps Health Volunteer and will provide logistical and administrative support to Volunteers. This position will coordinate the orientation, deployment and support of HIV/AIDS Crisis Corps Volunteers. The Education Specialist will assist the mainstreaming of HIV/AIDS prevention efforts in the education sector in accordance with the government's national policy. This position will support the development of HIV/AIDS-related secondary projects, classroom plans that include prevention messages, training workshops for Namibian teachers and other PEPFAR-related projects.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8035

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25937	4729.25937.09	Peace Corps	US Peace Corps	10907	599.09		$653,700
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

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

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Public Private Partnership

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	1376.08	**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 Area Code:**	15
Activity ID:	16236.08	**Planned Funds:**	$2,526,818
Activity System ID:	16236		

Activity Narrative: Noted April 22, 2008: USAID's operations costs outside of direct cost for human resources is approximately $100,521 (17 x 5,913) for IRM tax costs, payable to USAID.

O/GAC/USAID M&S reprogramming request to reduce programmatic budget to allow for additional USAID M&S costs.

This activity relates to USAID/HVAB/HVOP (8041.08 and 8011.08), USAID/HBHC (17442.08), USAID/HKID (8016.08), USAID/HVCT (17578.08), Potentia/HTXS (8017.08), GHFP/HVSI (8012.08), USAID/OHPS (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: an HIV/AIDS Office/Director (US direct-hire), Deputy Director for management and programs (US direct-hire), a technical advisor for capacity building and systems strengthening (USPSC), and 1 new (USPSC) position is proposed for community care including support to an expanding OVC program. Contracted personnel include: a technical advisor for treatment and care (Potentia), a technical advisor (Fellow) for monitoring and evaluation (GHFP), a technical advisor for prevention (GHFP) converting to a USPSC position for FY 08, and Locally Employed Staff (LES) consisting of: 1 technical advisor for OVC, 1 program development specialist providing program management support, 1 program assistant, 1 budget and M&E specialist, 1 administrative assistant, a financial analyst, an HR and procurement specialist, a GSO/maintenance supervisor, 1 executive assistant to EXO and HR, 1 warehouse/storekeeper, 2 driver positions, and 1 logistics clerk/driver, 1 proposed C&T specialist, 1 proposed administrative assistant, 1 proposed program assistants . The salaries and benefits of technical and programmatic staff are assigned to the appropriate program area within the Emergency Plan categories, but for the most part their local support costs are included under this activity. The HIV/AIDS 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 community care, counseling and testing, PMTCT, ARV drug procurement and ART in the MoHSS Directorate of Primary Health Care and Directorate of Special Programs (HIV/AIDS, TB and malaria).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7399	3776.07	U.S. Agency for International Development	US Agency for International Development	4402	1376.07		$2,244,777
3776	3776.06	U.S. Agency for International Development	US Agency for International Development	3065	1376.06		$1,753,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	9348.08	**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 Area Code:**	15
Activity ID:	21532.08	**Planned Funds:**	$125,000
Activity System ID:	21532		
Activity Narrative:	An addition of funding by $125,000 will allow for the USAID to effect onward application of the $125,000 to the hiring mechanism by which the Namibia PEPFAR Country Coordinator is hired and retained. 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.		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	**X**	**Yes**		**No**
If yes, Will HIV testing be included?	X	Yes		No
When will preliminary data be available?			12/1/2009	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?		**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 2008?	**X**	**Yes**		**No**
When will preliminary data be available?			5/1/2009	

Is an Anc Surveillance Study planned for fiscal year 2008?	**X**	**Yes**	**No**
If yes, approximately how many service delivery sites will it cover?		Yes	No
When will preliminary data be available?			
If yes, approximately how many service delivery sites will it cover?		Yes	No
When will preliminary data be available?		3/1/2009	
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 2008?	**X**	**Yes**	**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
NAMIBIA_FY08_Treatment_Earmark_justification.doc	application/msword	10/1/2007		Justification for Treatment Budgetary Requirements	CDillavou
NAMIBIA_FY08_OVC_Earmark_Justification_FINAL.doc	application/msword	10/1/2007		Justification for OVC Budgetary Requirements	CDillavou
5 Year SI Appendix_26_09_07_MCD.doc	application/msword	10/2/2007	NAMIBIA UPDATED 5 YR SI APPENDIX	Other	CDillavou
SI Plan Tables 1_2_updatedmcd_COP08_FINAL.xls	application/vnd.ms-excel	10/2/2007	NAMIBIA UPDATED SI PLAN TABLES 1&2	Other	CDillavou
NAMIBIA_FY08_AB_Earmark_Justification.doc	application/msword	10/2/2007		Justification for AB Budgetary Requirements	CDillavou
NAMIBIA_PARTNER_8% Justification_PACT_FY08.doc	application/msword	10/2/2007		Other	CDillavou
NAMIBIA Functional Staffing Chart_proposed 2008.doc	application/msword	10/2/2007	Namibia Functional Staffing Chart_Proposed 2008	Other	CDillavou
NAMIBIA_PARTNER_8% Justification_Potentia_Fy08.doc	application/msword	10/2/2007		Other	CDillavou
PHE_MOHSS_Infant Feeding_FY08.doc	application/msword	10/2/2007	PHE	Other	CDillavou
PHE_Project Hope_Microcredit_Prevention_FY08.doc	application/msword	10/2/2007	PHE	Other	CDillavou
PHE_SPS_Adherence_FY08.doc	application/msword	10/2/2007	PHE	Other	CDillavou
NAMIBIA_PARTNER_8% Justification_CAPACITY_FY08.doc	application/msword	10/2/2007		Other	CDillavou
NAMIBIA_AMB_Letter_Support_FY08.pdf	application/pdf	10/2/2007		Ambassador Letter	CDillavou
Namibia FY 2009 Funding Planned Activities.doc	application/msword	10/2/2007		Fiscal Year 2009 Funding Planned Activities*	CDillavou
NAMIBIA_COP_2008_BWR_FINAL.xls	application/vnd.ms-excel	10/2/2007		Budgetary Requirements Worksheet*	CDillavou
PHE_AED_Impact of HIV EDU Sector_FY08.doc	application/msword	10/2/2007	PHE	Other	CDillavou
PHE_AED_Life Skills_FY08.doc	application/msword	10/2/2007	PHE	Other	CDillavou
PHE_SPS_Compliance to guidelines_FY08.doc	application/msword	10/2/2007	PHE	Other	CDillavou
EXECUTIVE_SUMMARY_NAMIBIA_FY2008_FINAL.doc	application/msword	10/11/2007	NAMIBIA 2008 COP EXECUTIVE SUMMARY	Executive Summary	CDillavou
Revised_NAMIBIA_HCD_Table_FY08.doc	application/msword	12/11/2007	NAMIBIA FY2008 HCD Table	Other	MLee
NAMIBIA.GFATM.suppl.COP08.20dec07.doc	application/msword	12/20/2007	Global Fund Supplemental	Global Fund Supplemental*	TKoppenhaver

NAMIBIA.Big.7.justified.COP08.20dec07.doc	application/msword	12/20/2007	Table-2 targets explained (Big 7)	Explanation of Targets Calculations*	TKoppenhaver
EARMARK AB COP08 justification.doc	application/msword	6/9/2008		Justification for AB Budgetary Requirements	AChavez