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Condensed COP Report

Namibia

2005

Country Operational Plan (COP)

Country Name: Namibia
Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1 National Response

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

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

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

1.1.1 National HIV/AIDS Action Framework

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

1.1.2 National HIV/AIDS Coordinating Authority

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

1.1.3 National HIV/AIDS M&E System

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

1.2 Network Model

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

1.3 *Human Capacity Development*

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

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

1.4 USG Partners

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

1.4.1 Public-Private Partnerships

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

1.4.2 Local Partner Capacity for Health Care Delivery

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

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

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

1.5 Gender

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

1.6 Stigma and Discrimination

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

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

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

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

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

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

Prime Partner: ***Academy for Educational Development***

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

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

Prime Partner: **Blood Transfusion Service of Namibia**

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

Prime Partner: **Development Aid from People to People, Namibia**

Mech ID: 1,058
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount: [ ]

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

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

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

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

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

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

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

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

Prime Partner: Family Health International

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

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

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

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

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

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

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

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

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