

# Pamwe

Together: A Public Health Newsletter Published by CDC Namibia



## Khai-Mā!

(Wake up!)

### Breaking News

- National Strategic Framework for HIV/AIDS (2010-2016) launched Dec. 1, 2010.
- Hundreds of students apply for PEPFAR/MOHSS bursaries. CDC to assist with selection process in January 2011.
- HIVQUAL project begins drafting a series of journal articles. Articles to focus on TB and the launch of Namibia's national ART Quality Improvement program.

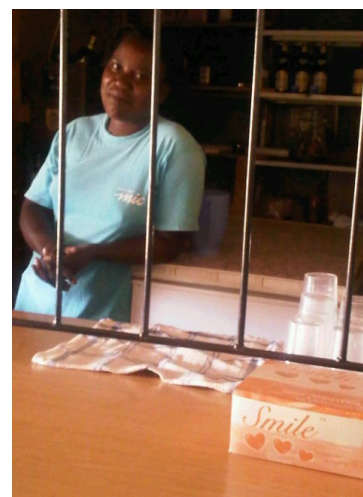
## Turning Research into an Alcohol/HIV Awareness Campaign

CDC and USAID Support the MOHSS "Stand Up! Against Alcohol Misuse" Initiative

Windhoek — Customers sit on a narrow wooden bench outside the Tino Mama's Baby's *shebeen*, or local bar, in the Havana neighborhood of Windhoek's Katutura district. Happy hour in this neighborhood of corrugated tin shacks starts early; unemployment runs high and access to cheap home-brewed sorghum liquor, called *tombo*, is easy.

Since 2009, researchers supported by the PEPFAR Alcohol Initiative have studied drinking habits and the impact of alcohol abuse in small bars and local communities across Namibia. Findings from four studies conducted by the Namibian Ministry of Health and Social Services (MOHSS), with support from CDC, the Inter-

national Center for Research on Women via USAID, and local partners, are now informing a comprehensive national strategy to combat alcohol abuse and related health effects, including HIV transmission. Findings from an initial national Knowledge, Attitudes and Practices (KAP) survey in 2002 found that about a quarter of adult Namibians consume six or more drinks per drinking session. Subsequent PEPFAR-funded research in targeted areas, including Katutura, have found even higher rates of "binge drinking" and other hazardous drinking patterns. Although data are still being analyzed, more than a third of Katutura homes were recently found to function as



Katutura bartender Paulina Kanoni says the Stand Up! awareness campaign makes sense for bars and drinkers. (Photo: Mary Glenshaw)

*shebeens*. Alcohol-related sexual risk behaviors and gender-based violence are emerging as

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## CDC Donates 33 PEPFAR-funded vehicles to MOHSS

Windhoek — The United States Centers for Disease Control and Prevention (CDC), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), handed over of 33 vehicles to the Ministry of Health and Social Services (MOHSS) on December 3.

During the official hand-over ceremony, U.S. Ambassa-

dor Wanda L. Nesbitt presented a ceremonial set of keys to the fleet to Minister of Health and Social Services, Dr. Richard Kamwi.

The fleet, which consists of 30 bakkies, two large cargo trucks and a sedan, will support antiretroviral and other outreach services in all 13 regions.

"These vehicles will greatly enhance our ability to deliver life-saving antiretroviral therapy and other related HIV care and support services to people who need them," said Directorate for Special Programmes director Ella Shihepo. "But these vehicles also represent a step toward the integration of

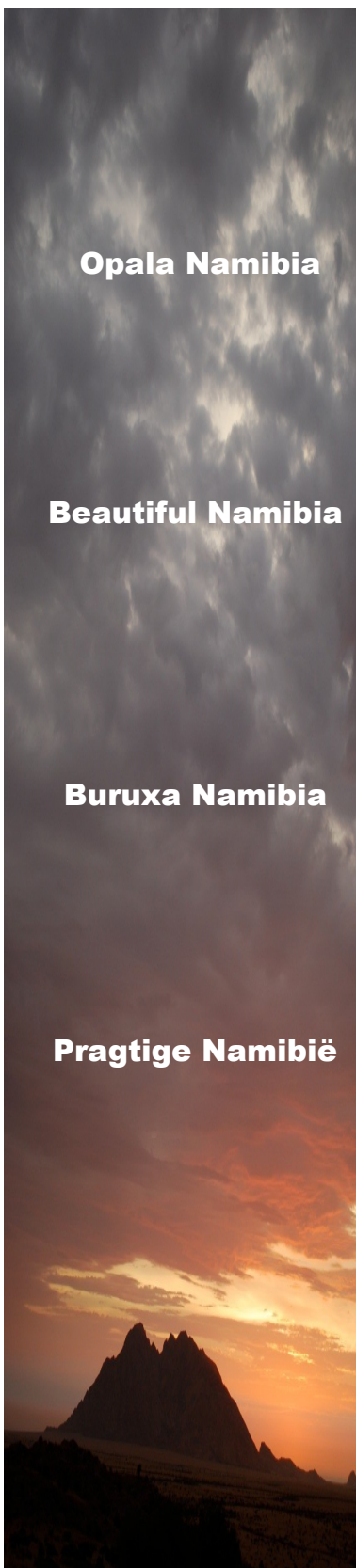
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Opala Namibia

Beautiful Namibia

Buruxa Namibia

Pragtige Namibië



Spitzkoppe at dusk (Photo: J. Pitman)

## Alcohol research informs public awareness

(Continued from page 1)

important consequences of alcohol abuse.

On a recent afternoon, bar owner Tino Haskir said his participation in one of the PEPFAR-supported alcohol surveys had opened his eyes to alcohol-related problems among his customers.

"Before the study, I didn't know they had any problems," he said, speaking over the hiss of a strong wind. "But when they started talking about the kinds of problems people can have because of alcohol, I realized that some of my customers do have problems at home, problems at work, problems because of drinking." He's now talking to his customers about alcohol misuse.

Survey responses from bar owners like Mr. Haskir have, for the first time in Namibia, created a useable evidence base for the development of national alcohol policies and alcohol abuse prevention campaigns. Tangible outputs from this work include the revision of Namibia's substance abuse prevention and treatment bill (last updated in 1971); a new national campaign to raise public awareness about alcohol misuse and to mobilize communities to take action; training for healthcare workers, and; new risk reduction interventions, including bar-based programs. The potential impact of this awareness campaign is huge: Formative research conducted for the PEPFAR-supported "Stand Up Against Alcohol Misuse!"

campaign found the majority of adult and adolescent drinkers reported they drank "to get drunk," and that alcohol dependence rates in Katutura (11%) are more than double US estimates (5%).

At the Ministry of Health and Social Services, social worker René Adams manages the government's Coalition on Responsible Drinking program (CORD) – the program charged with developing programs to address alco-

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*"Two years from now," said Ms. Adams, "I want people know as much about alcohol as they know about HIV."*

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hol abuse and lead community advocacy activities. Ms. Adams remembers a time before the PEPFAR Alcohol Initiative when she returned from an international substance abuse conference with dozens of new ideas, but had no resources or data to launch effective programs.

"For years I had an alcohol abuse toolkit from Australia sitting on my desk," she recalled. "I wanted to create something similar for Namibia, but never had the background information I needed. With PEPFAR's help, we've been able to not only replicate that toolkit and adapt it for Namibia, but to begin implementing a national campaign."

The CORD program now has regional committees in 12 of Namibia's 13 regions (a

13<sup>th</sup> committee is planned), and works with USAID and CDC technical advisors to implement the "Stand Up!" alcohol misuse campaign.

"Two years from now," said Ms. Adams, "I want people know as much about alcohol as they know about HIV."

The alcohol misuse campaign has already started paying dividends. In October, the City of Windhoek announced a four month moratorium on new *shebeen* licenses. On October 25, The Namibian newspaper quoted City of Windhoek spokesperson Liz Sibindi as saying the decision was a response to "outcry from the public."

Back in Katutura, messages about alcohol misuse are also starting to reach the grass roots. Bartender Paulina Kanoni said she's heard the "Stand Up!" campaign's public service announcements on the radio and is ready to help spread the word to her customers. "It's not a business problem," she said when asked if it could be hard for bartenders to stop selling alcohol to customers who have had too much.

"Win or lose, it's always better to tell the customer he should stop. It's not that the business suffers. The customer suffers."

*Reported by John Pitman*

*Mary Glenshaw and Nick Deluca contributed to this report.*



## CDC Vehicle Donation Supports Regional Healthcare

*(Continued from page 1)*

HIV/AIDS services within the broader health care system. We are very pleased that these investments in the HIV/AIDS response will also help facilities deliver other non-HIV services, such as malaria prevention and maternal health."

The CDC office in Namibia managed the procurement of

these vehicles, which are valued at N\$12,956,940 (US\$1.85 million).

"CDC and the US Government are extremely proud of our partnership with the Government of the Republic of Namibia, more specifically with the MOHSS," said Jeff Hanson, director of CDC Namibia. "This purchase is a perfect example of the broad

impact PEPFAR investments can have on health care systems beyond HIV/AIDS programs. We look forward to working with MOHSS to find innovative new ways to promote this kind of cross-cutting impact in everything we do."

*Photos by M. Hamatwi & K. Gerndt*

### PEPFAR Fast Facts

- *This vehicle procurement was supported by PEPFAR funds from COPs 2008 and 2009.*
- *Funds were budgeted across three program areas: Pediatric Care & Support, Pediatric Treatment & Adult Treatment.*



Ella Shihepo, director of the MOHSS Directorate for Special Programmes, opens the handover ceremony with U.S. Ambassador Wanda L. Nesbitt — as CDC Office Manager Wally Strauss (rear) works the sound system. Thirty-three vehicles were donated to the MOHSS.



(Left to Right) CDC's Gram Mutandi, DSP director Ella Shihepo, Minister of Health and Social Services Richard Kamwi, CDC's Souleymane Sawadogo and Zebaldine Kandjou-Parakae.



## Special Deliveries

### How will the 33 vehicles be used?

- 24** Toyota Hilux "bakkies" will transport supplies, staff, and patients between clinics and referral hospitals.
- 6** heavy duty Toyota Land Cruisers will move supplies and staff to remote clinics.
- 1** refrigerated 18-wheeler will carry laboratory supplies and medicines from Central Medical Stores to health care facilities nationwide.
- 1** 10 ton truck will deliver heavy equipment, medical supplies and other materials to facilities in all 13 regions of Namibia.
- 1** Toyota Corolla sedan will support administrative and quality assurance programs.



U.S. Ambassador Wanda L. Nesbitt ceremonially hands over the keys to a refrigerated 18-wheeler to Namibian Minister of Health and Social Services, Dr. Richard Kamwi.

# Namibia Brings H1N1 Testing Home

Windhoek — Newspaper headlines announced the return of epidemic H1N1 to Namibia in November 2010. “H1N1 flu hits Keetmanshoop.”

“H1N1 Outbreak: No Need to Panic.”

“Swine Flu Hits Namibia.”

For the second time in two years, Namibian newspapers carried stories about school closings and public reminders to “cover your cough” and increase hand-washing. Hundreds of suspected cases were reported to the Ministry of Health and Social Services (MOHSS), which managed the national outbreak response. Between August and November 2010, 132 specimens were tested, with 77 confirmed positive cases, according to the MOHSS.

In August, WHO re-categorized H1N1 from a pandemic strain to another member of the seasonal strains circulating in southern Africa and other parts of the world. But while the seasonal outbreak of H1N1 in 2010 was similar to the pandemic outbreak in 2009, Namibia’s response was different in one very important, yet under-reported, way: All of the H1N1 tests were performed in Namibia by technologists working in a labora-

tory at the Namibia Institute of Pathology (NIP).

“In 2009, all of Namibia’s specimens were sent to laboratories in South Africa,” said Souleymane Sawadogo, the laboratory advisor at CDC Namibia. “Turn-around time on those specimens was at least a week, and sometimes

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*“We can’t revert back to [sending specimens] to South Africa.”*

*- Dr. Jack Vries*

*Director, National Health  
Emergency Management  
Committee*

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as much as three weeks. This year NIP was able to process specimens and return results to doctors and patients in as little as 48 hours.”

This change was made possible through a combination of investments by PEPFAR and the World Health Organization (WHO), said Sawadogo. “For the H1N1 test, we’re using an RT-PCR machine that was originally purchased for HIV, TB and STI screening.” CDC Namibia provided on-the-ground technical assistance to opti-

mize the machine for H1N1 testing; a starter pack of H1N1 test kits and reagents was donated by CDC’s influenza branch in Atlanta. The WHO office in Namibia funded training for NIP laboratory scientists at South Africa’s National Institute for Communicable Diseases (NICD). This training in H1N1 techniques built on earlier training in laboratory surveillance for pandemic influenza provided by CDC Atlanta to Namibian laboratory scientists at the Central Veterinary Laboratory.

“CDC and WHO have really helped expand our capacity,” said Dr. Andreas Shiningavamwe, NIP’s lead laboratory scientist. “The exposure to H1N1 testing has been very valuable,” he added.

Namibia’s capacity to mount a vigorous public health response has also been strengthened.

Dr. Jack Vries, director of the National Health Emergency Management Committee, said the country’s response to the 2010 outbreak was faster and better coordinated due to the availability of local testing. CDC and PEPFAR support have “very much” helped Namibia to confirm infected cases quickly and begin mobilizing

the response, he said recently.

“We can’t revert back to [sending specimens] to South Africa,” he said. The public health benefit has been too great. But Dr. Vries added, “We do need to find a way to sustain this program after the donated test kits are used up.”

To date the MOHSS has only been reimbursing NIP for the labor associated with the testing. Once the CDC-donated kits are gone, the MOHSS will also have to identify a commercial vendor and cover the cost of procuring a new supply.

Addressing this kind of sustainability issue will be a major focus for the PEPFAR Namibia team in the coming years. Still, CDC director Jeff Hanson welcomes the challenge. “This is a great example of how PEPFAR investments and partnerships can help strengthen broader healthcare systems,” he said.

“We didn’t specifically plan to strengthen the H1N1 response when we invested in NIP’s HIV, TB and STI laboratory capacity. But in the end, all of the pieces came together: Infrastructure, equipment, training for lab workers and epidemiologists. We’ll be keeping a very close eye on this project; not only to make it sustainable, but to apply what we’ve learned to other areas of PEPFAR Namibia’s evolving HIV/AIDS and Global Health Initiative portfolio.”

*Reported by John Pitman*

*Souleymane Sawadogo  
contributed to this report.*

## H1N1 ... What Next?

10 AUGUST 2010 | GENEVA -- The world is now in the post-pandemic period. Based on knowledge about past pandemics, the H1N1 (2009) virus is expected to continue to circulate as a seasonal virus for some years to come. While the level of concern is now greatly dimin-

*(Continued on page 5)*



## PMTCT in Namibia: Integrated, Efficient, Here to Stay

Oshakati — All day, pregnant women move in and out of the Oshakati Health Center's antenatal clinic waiting area, pausing at the registration counter, congregating for group counseling sessions, and passing time on rows of wooden benches before being called in for individual consultations with nurses and community counselors. Some women talk in low voices. Others wait quietly. Many have children or babies with them. Small arms and legs wiggle; an occasional squeal or laugh breaks the silence.

This scene in Oshakati, a large city near Namibia's northern border with Angola, is repeated hundreds of times in the 256 antenatal care (ANC) facilities across Namibia and is reminiscent of waiting rooms in hospitals and clinics across sub-Saharan Africa. What sets the Oshakati Health Center and other Namibian ANC sites apart from other facilities in Africa is the integra-

tion of prevention of mother-to-child transmission, or PMTCT, services in the routine ANC package. PMTCT is now offered in 95% of Namibia's ANC facilities, with more sites scheduled to adopt the integrated approach in the coming years. In a country where 95% of

*"With all of these services in one place, there are fewer missed opportunities when women come to the clinic ...*

*And it lets us build much stronger relationships between patients and nurses since nurses see the same patients on a more regular basis."*

pregnant women attend at least one ANC session during each pregnancy, and where 'opt-out' HIV testing is included in the standard package of ANC services, the integration of PMTCT services within ANC sites has dramatically increased the number of HIV-positive women who receive PMTCT, and has

strengthened ANC services in general.

"We've seen a dramatic increase in ANC services since the start of PEPFAR," said Naemi Shoopala, a nurse with CDC Namibia's Oshakati office and a former clinician with the Ministry of Health and Social Services. "While ANC services have always

been available in Namibia, it's safe to say the integration of PMTCT has really allowed the Ministry of Health to expand those services, especially in remote areas." Data from the early infant diagnosis program suggest these investments have had a positive impact on reducing

*(Continued on page 6)*



CDC Nurse Mentor Naemi Shoopala greets women at one of Namibia's 256 public ANC facilities. This rural clinic is near Eenhana, Namibia. (Photo: J. Pitman)

## WHO Tracks Post-Pandemic H1N1

*(Continued from page 4)*

ished, vigilance on the part of national health authorities remains important. Such vigilance is especially critical in the immediate post-pandemic period, when the behaviour of the H1N1 (2009) virus as a seasonal virus cannot be reliably predicted.

For example, it is likely that the virus will continue to disproportionately affect a younger age group, at least in the immediate post-pandemic period. Groups identified during the pandemic as at higher risk of severe or fatal illness will probably remain at heightened risk, though the number of such cases could di-

minish. In addition, a small proportion of people infected during the pandemic developed a severe form of primary viral pneumonia that is not commonly seen during seasonal epidemics and is especially difficult to treat. It is not known whether this pattern will continue during the post-pandemic period,

further emphasizing the need for vigilance.

WHO Pandemic (H1N1) 2009 briefing note 23: [http://www.who.int/csr/disease/swineflu/notes/briefing\\_20100810/en/index.html](http://www.who.int/csr/disease/swineflu/notes/briefing_20100810/en/index.html), accessed 13 December 2010.

## Farewell and Thanks to **David Kelly**



*CDC Namibia bade a fond farewell to IETA Fellow David Kelly in October. David returned to his permanent post at the Food and Drug Administration in Washington, but left behind a legacy of good humor, the findings from a research project into laboratory orders at the Namibia Institute of Pathology, accreditation recommendations for the Polytechnic of Namibia's laboratory training program, and a draft analysis of Namibia's Upper Middle Income status. Many thanks, David!*

## PMTCT: Integrated for Life

*(Continued from page 5)*

new infections among newborns. Between 2006/07 and 2009/10, the proportion of women bringing their babies in for HIV testing at six weeks of age increased from 10% to 58%. During the same period, the proportion of babies testing positive at six weeks declined from 10% to 5%. The Ministry of Health and Social Services credits these encouraging results to the expansion of integrated PMTCT services, including the roll-out of combination prophylaxis regimens.

Beyond the immediate positive impact on PMTCT enrollment, nurses working in the ANC sites say the move to integrate HIV services into ANC has made the system more efficient and more affordable for patients, many of whom travel long distances from their homes to the clinic.

"It saves time for the pregnant

women," said Sister Hendrina Nabot, a nurse at the Oshakati Health Center.

"Having all of the services in one place also encourages women to keep coming back for appointments." Sister Nabot rattled off the list of services available at her ANC site: Well-baby check-ups, CD4 monitoring for those who need it, HIV counseling and testing, couples counseling, mother-baby follow-up, and PMTCT.

"With all of these services in one place, there are fewer missed opportunities when women come to the clinic," she added. "And it lets us build much stronger relationships between patients and nurses since nurses see the same patients on a more regular basis." The integration of PMTCT and other HIV services also fits well with the Ministry of Health and Social Service's implementation of the WHO-recommended Integrated Management of Adolescent and Adult Illness strategy.

For Dr. Gram Mutandi, a CDC technical advisor for ART quality assurance and a former primary care provider in Namibian hospitals, the integration of PMTCT and other services has helped reduce some of the burden on clinicians.

"By reducing the amount of time patients spend in the clinic and shifting some of the clinical tasks to nurses, doctors are able to spend more time focusing on individual patients' needs," said Dr. Mutandi. "Integrated services are an important piece in this effort."

The change has not been lost on patients in the Oshakati ANC clinic's waiting area. With the availability of integrated services, program data show a general increase in the number of women accessing ANC and PMTCT services, as well as better follow-up for mothers and babies after birth.

*Reported by John Pitman*



## Investing in Young Namibian Laboratory Scientists

*The evolution of CDC's support to the Polytechnic of Namibia*

Windhoek — Students work quietly in the hushed corridors of the Polytechnic of Namibia's life sciences building in Windhoek. End-of-term exams are days away. Normally active laboratories sit quiet as faculty and students prepare for the coming tests. This year's exams mark an historic milestone for the Polytechnic's medical laboratory program. Just two years ago, these students were the first class to enroll in Polytech's fledgling laboratory scientist bachelor's degree program. Now, as exams approach, the 21 students in the first enrollment are just 17 months away from becoming the program's first alumni. The April 2012 graduation ceremony will be a first for Polytechnic and for Namibia, which previously had to send all of its students abroad for advanced laboratory training.

As the first of two health-related degrees to be offered by the Polytechnic, the laboratory scientist program was a work in progress during its early days. Faculty members concede that students in the first enrollment were "guinea pigs" as the School of Health and Applied Sciences scrambled to develop its curriculum and hire faculty.

"We're very proud that the majority of our faculty members are Namibians," said Elzabe van der Colf, deputy head of the department of biomedical sciences, noting that the country still faces a shortage of experienced laboratory scientists. Just three years old, the program is one of the most popular at the Polytechnic. "We can really select the best students from each year's graduating high school class," said van der Colf. The attrition rate is also low and four students have been selected for an exchange program with universities abroad.

Students are equally proud of what they and the Polytechnic have achieved

in such a short time.

"Polytechnic has opened doors for students with the relationship they have built with Americans," said Ludmilla Jafta, 21, a third-year student now com-

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*"We're really moving at a fast pace to become Namibia's first locally produced scientists."*

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— Ludmilla Jafta, 3rd year student

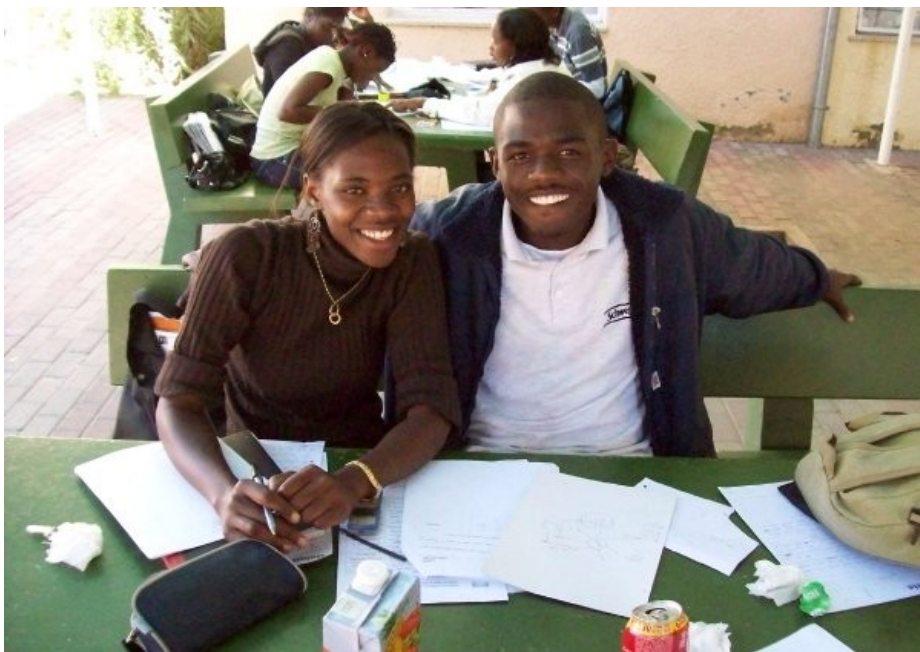
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pleting an internship with the Namibia Institute of Pathology. "With all of the training and teaching, plus the experience we gained through our practical assignments, we're really moving at a fast pace to become Namibia's first lo-

cally produced scientists."

Recognizing the critical role laboratorians play in Namibia's antiretroviral therapy program, PEPFAR has provided indirect support to Polytechnic since 2008. Between FY08 and FY10, PEPFAR supported the American International Health Alliance's Twinning Center (via a HRSA cooperative agreement) to match Polytechnic with U.S.-based universities and provide additional technical assistance for planning and building capacity building. For Jeff Hanson, the CDC country director in Namibia, the decision to support Polytechnic's laboratory scientist program made sense on several levels. "We knew bioclinical monitoring for ART patients would be part of the Namibian health care system for a long time," he said. "So supporting a Namibian university to produce laboratory scientist graduates *in Namibia* seemed an ideal way to not only build teaching ca-

*(Continued on page 8)*



Students enrolled in the first medical scientist degree program class at the Polytechnic of Namibia. Students and faculty have benefitted from an exchange program between Polytechnic and the University of Arkansas School for Medical Sciences. The first class will graduate in 2012. Photo: Don Simpson.

## Supporting Young Namibian Laboratory Scientists

### *A new CDC cooperative agreement with the Polytechnic of Namibia*

*(Continued from page 7)*

capacity in Namibia, but to generate a sustainable supply of laboratory technicians for the health care system."

Working with faculty at the Polytechnic, CDC proposed the indirect technical assistance model offered by the Twinning Center. With CDC funds, AIHA helped Polytechnic to survey U.S. universities as potential "twinning" partners. The search ultimately identified the Uni-

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*"Having colleagues from other universities share study notes and PowerPoint presentations gave us a real jump start."*

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versity of Arkansas School for Medical Sciences (UAMS), which has hosted five exchange visits by Polytechnic faculty. In return, the Polytechnic has hosted seven exchange visits by UAMS faculty.

The exchanges have had a "tremendous" impact on both sides of the Atlantic, says Don Simpson, chair of the UAMS Department of Laboratory Sciences. "Putting the right people together at the right time provided traction for the Polytechnic faculty during the curriculum development phase. This approach has also benefited UAMS faculty by allowing them to be in a mentoring role and to gain an accurate perspective through immersion in Namibia's academic culture."

Polytechnic faculty members who participated in the exchanges say the opportunity to work with colleagues in Arkansas and to observe practical laboratory instruction in a U.S. university setting has been invaluable.

"After visiting UAMS, my colleagues and I were able to revise our laboratory manuals and make some creative changes to the way our students received practical instruction," said Poly-

technic's van der Colf. Those changes included the creation of a two week practicum for third year students.

"This was a collaboration with professors at UAMS and Cape Peninsula University of Technology (CPUT) in South Africa," van der Colf added. "It really addressed a gap in our program. Now our students are able to go into their internships with some practical experience beyond the classroom." Polytechnic lecturers have also benefitted from teaching tools and other materials shared by colleagues at UAMS and CPUT.

"It was very helpful in the early days," said Cornelia de Waal Miller, a Polytechnic lecturer. "Having colleagues from other universities share study notes and PowerPoint presentations gave us a real jump start."

In addition to facilitating the faculty exchanges between Polytechnic and UAMS, the Twinning Center supported an upgrade of Polytechnic's medical laboratory library, including new equipment and reference materials. UAMS also assisted Polytechnic to develop the four-year professional Bachelor's degree program (a first in Africa).

"One of the great things about the Twinning model is the volunteer component," said John Capati, the AIHA Twin-

ning Center's country director in South Africa. "UAMS experts donated many hours of their professional time. The results are an example of what can be accomplished through in-kind skills transfers."

The combination of technical assistance and the procurement of equipment and materials helped jump-start the new lab program, and cemented professional ties between Polytechnic and UAMS. By FY2010, this relationship appeared strong enough for PEPFAR Namibia to begin considering transitioning Polytechnic from a recipient of indirect support to a direct recipient of USG funding. This transition was formalized with the award of a five-year CDC cooperative agreement to Polytechnic in August 2010. For AIHA, the transition marked a familiar turning point.

"We're always proud to see a former Twinning Center partner move into prime partner status with the USG or other donors," said AIHA's John Capati.

"This is what Twinning Center support is all about: Getting the ball rolling and creating long-lasting professional relationships between universities in the U.S. and Africa."

*Reported by John Pitman*

### Male Circumcision in Namibia

#### *Program completes second year of national scale-up*

PEPFAR Namibia continues to support the Namibian Ministry of Health's roll-out of Male Circumcision services nationwide. With US\$915,000 budgeted in COP 2009, 1,842 adolescent and adult males were circumcised between October 2009 and November 2010. An additional US\$1.8 million was budgeted to expand MC services in COP 2010.

#### QUICK FACTS

1. First national MC policy was published in November 2010.
2. At least one hospital in all 13 of Namibia's regions provides MC services. PEPFAR supports 3 (soon to be 5) medical officers and 10 nurses.
3. Quality assessment in November 2010 identified demand creation as focus area.
4. Namibia hopes to circumcise 80% of the adolescent and adult male population by 2016. Number of males circumcised since 2009 will serve as baseline for annual targets.
5. Training and IEC materials disseminated to all regions in 2010.

*Reported by Epafras Anyolo, National MC Coordinator*





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A PEPFAR Implementing Agency

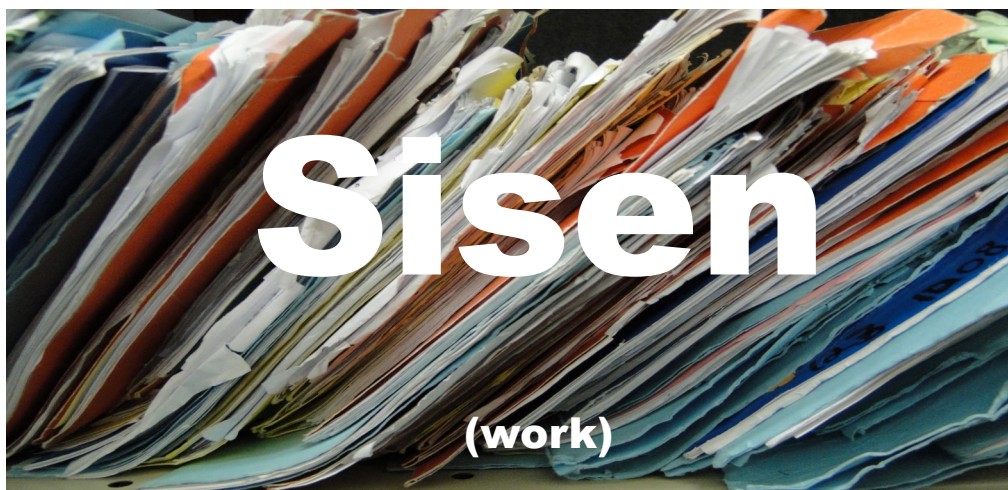
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## CDC Namibia Honored at U.S. Embassy Awards Ceremony, Dec. 6, 2010



CDC Namibia Locally Employed Staff were honored for spirit, teamwork and dedication during the recently completed 2010 Country Operational Plan (COP). (L to R, back row) Sue Gerber, Naemi Shoopala, Wally Strauss, Armas Ndjodhi (hidden), John Mufwambi, Nicanor Nakaleke, Lester Basson, Eliaser Shoombe (also hidden!). (Front row, L to R) Natasja Routh, Zebaldine Kandjou-Pakarae, Johanna Haimene, U.S. Ambassador Wanda L. Nesbitt

**Ehalelologo!  
Kudos!**



CDC Namibia technical staff honored for contributions to the 2010 COP. L-R: Sue Gerber, Nick Deluca, John Pitman, Sadhna Patel, Krysta Gerndt, U.S. Ambassador Wanda L. Nesbitt. Not pictured: Gram Mutandi, Edington Dzinotyiweyi, Souleymane Sawadogo.

**Nicanor Nakaleke**

Seven Years Safe Driving Award  
Extra Mile Award  
For security awareness

**John Mufwambi**

Three Years Safe Driving Award

**Lester Basson**

Extra Mile Award  
For assistance to the HIV prevention program



# Communicate

## Pamwe speaks your language!

Namibia is home to more than a dozen languages and a multitude of local dialects. Pamwe is published in English, but the editors will sprinkle each edition with words and phrases from Namibia's rich linguistic traditions. Special thanks to Jacobina Kangombe and Willem Körner for their Oshindonga and Damara-Nama contributions to this inaugural edition. Pamwe will be published quarterly, in January, April, July and October of each year. Please send suggestions to the editor: [pitmanj@na.cdc.gov](mailto:pitmanj@na.cdc.gov).

Word	Language	English Translation
Pamwe	Oshindonga	Together
Khaî-Mā	Damara-Nama	Wake up, or, stand up
Sisen	Damara-Nama	To work
Ehalelolago	Oshindonga	Congratulations
Pragtige	Afrikaans	Beautiful
Buruxa	Damara-Nama	Wonderful

**Pamwe Needs You!**

**Contribute to Pamwe**

**Submissions welcome from everyone**

**Send story ideas, drafts, photographs, art work, poetry to the editor at [pitmanj@na.cdc.gov](mailto:pitmanj@na.cdc.gov).**