

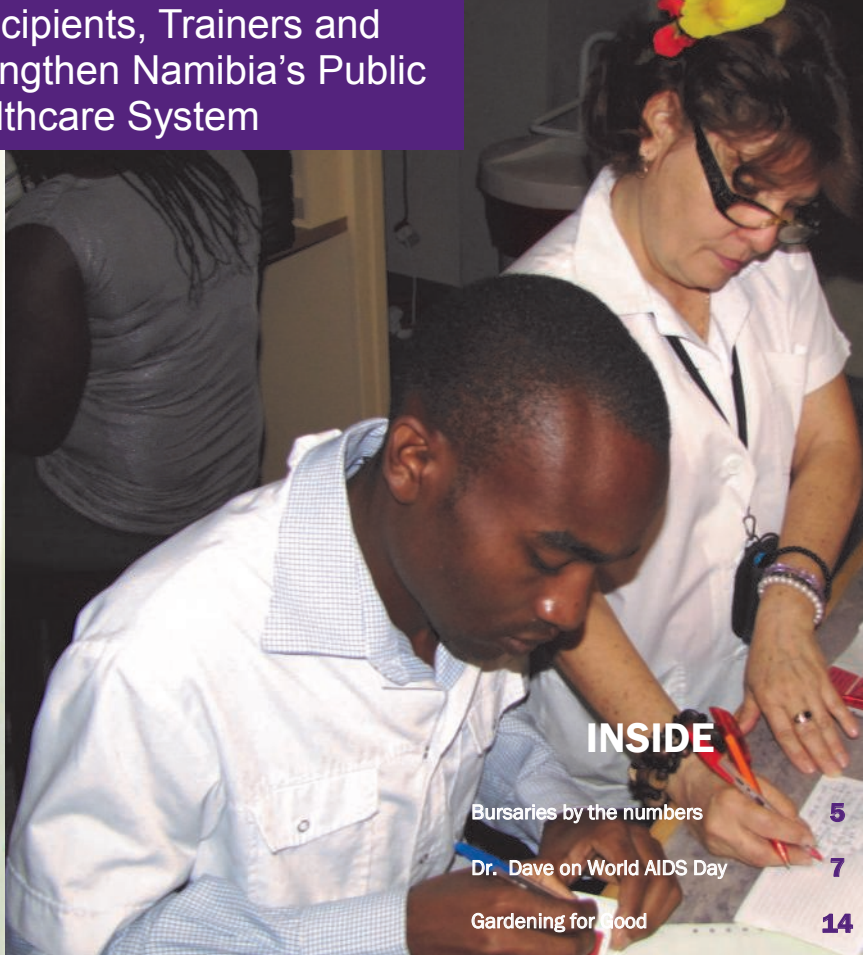
# Pamwe

Together: A Public Health Newsmagazine Published by CDC Namibia



## Helping Hands

Bursary Recipients, Trainers and Students Strengthen Namibia's Public Healthcare System



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# Transitioning Donor Support for Human Resources for Health

## How UNAM and MOHSS successfully absorbed key training staff from ITECH, an International Implementing Partner

Students lie in the sun on the main lawn at the University of Namibia (UNAM). Exams are coming up and students are taking advantage of the time outside to prepare. Inside the red brick building that houses the UNAM School of Nursing and Public Health, Dr. Lischen Haoses-Gorases is also thinking about the future — particularly, how to transition UNAM from a recipient of technical and financial assistance from PEPFAR, to an institution that recruits and finances its own faculty, and has the capacity to continue expanding its nursing and public health curricula.

“[PEPFAR has helped us with] additional instructors in clinical practice, and to review our curriculum,” said Dr. Haoses-Gorases, referring to the support UNAM has received since 2004 from the International Training and Education Center for Health, or I-TECH, a program based at the University of Washington in the United States. “But I believe in sustainability, not a parasite’s approach.”

Achieving sustainability is also a goal for the Ministry of Health and Social Services’ National Health Training Centre (NHTC), which, like UNAM, has received technical assistance from I-TECH since 2005.

### Process

For Deqa Ali, I-TECH’s country director, the transition process had to be integrated into the program’s



Sister Taimi Nauseb (seated), a Nurse Lecturer, leads an in-service training class with nurses at the National Health Training Centre. Sister Nauseb is part of a vanguard of expert nursing lecturers who formerly worked for I-TECH, a PEPFAR-funded implementing partner, but who now work for the MOHSS. (Photo: I-TECH)

strategy from the beginning. “When I first arrived in Namibia, I-TECH had

**“Within 3-4 years, NHTC has been able to successfully create new positions to absorb most of these positions.”**

**- Deqa Ali, I-TECH**

20 tutors embedded in the NHTC,” said Ali. “All of the staff were paid by PEPFAR.” For NHTC and UNAM, the

arrival of PEPFAR support came at a critical time. Looking back, Dr. Haoses-Gorases remembers the time before the I-TECH project started. It was a time of rapid expansion, not only at the University and NHTC, but across the whole HIV/AIDS response.

“We had more students that we could handle,” she remembers. “The numbers were putting a strain on the lecturers and the clinical instructors. Even patients were being over-

*(Continued on page 4)*

# Keeping the promise

## Homecoming for CDC/MOHSS Bursary Holders

Since 2005, CDC has provided full and partial funding to students in medicine, nursing, radiology, social work, psychology, bio medical and dentistry studies, through an MOHSS program. To date, more than US\$10 million has supported 1,145 students. The return of bursary recipients to Namibia to work fulfils a pledge students make when they accept financial assistance from the government: To return to Namibia to practice their new skills in public healthcare facilities. The length of the bonding agreement varies depending on the amount of funding the student receives. The MOHSS tracks bursary alumni to ensure the commitment is fulfilled. "It's a two part process," says TK of the MOHSS. "We recognize that students need support to complete their studies — and students need to recognize that Namibia needs them to come home to work once they graduate." While not all bursary students return home as promised, the majority do. But challenges remain, even for those who do come home. Joseph Rushubiza, the head of pharmacy at Windhoek Central Hospital says returning bursary recipients are essential, but that "after internship, our professionals want to stay and work in Windhoek and not the areas of placement." Filling vacancies in rural areas is an issue of special concern. One way to address this challenge, says Rushubiza, could be to offer post-graduate training opportunities in other parts of the country. "Mentally, you need to be prepared to relocate," he says. "Starting your career in an underserved location could help ease that transition."

In the boxes that follow, three recently graduated bursary alumni shared their stories with Pamwe.

**D**octor Sikuvi Kaveto remembers the day he decided he wanted to be a doctor. "I was in grade 7 (about 12 years old) and I used to do primary health care drawings for the Ministry of Health. I used to take the drawings to Rundu General Hospital and then



*Dr Sikuvi Kaveto explains the importance of organized speccialized units at major hospitals*

one day, there was this big white doctor. I think he was a military doctor. He had a white coat and his military uniform and I said 'Wow!' I knew from that moment that I wanted to do what he was doing." Kaveto's dream was made possible when he received funding from CDC/MOHSS to study medicine in Ghana.

"Initially, I wanted to study medicine in South Africa but could not get funding so I studied nursing at

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**E**ster Emvula comes forward, beaming in her pharmacist's jacket. I am a bit late for our meeting because I got lost and ended up in the hospital basement. Windhoek Central Hospital feels like a maze for a first time visitor but she looks and feels right at home with all the pharmacy rooms, medicine bottles and prescriptions around her.



*Ester Emvula in the Oncology Pharmacy at Windhoek Central Hospital.*

Ester returned to Namibia in 2011. The bursary covered her tuition and living expenses in Kenya.

"I was originally studying pre-medicine at UNAM when the offer to study pharmacy at the University of Nairobi was advertised through the faculty at the school of medicine. I thought it was a good opportunity to go to Kenya," says Ester. She is required to work for the MoHSS for four years as repayment for her studies. She says studying pharmacy was not the plan but everything fell into place. "I enjoy interacting with patients and getting them to understand health and how to take their medications. It helps to clarify the unknown about dosage of medication."

## Keeping the Promise: Namibian Bursary Alumni Return Home to Make a Difference



Justus Ekandjo takes pride in going to work at Oshakati Central Hospital Pharmacy.

Justus Ekandjo attended the pre-medicine course at UNAM and then, on a full MOHSS bursary, he graduated from the University of Nairobi with a Bachelor’s degree in Pharmacy. “When I told my family about the bursary, my mother was not sure what

pharmacy was,” he says. “But she was happy that I was going to study something and after that I would bring something back.” Ekandjo now works in the Oshakati Central Pharmacy, where he says he enjoys interaction with patients. “I want to remain in public health care. I enjoy clinical pharmacy, it’s patient centered and best practiced in the public health sector.” he says. Serving patients in northern Namibia gives him an extra sense of pride. “It’s where I come from,” he smiles. “Now I’m giving something back.”

CDC has managed a PEPFAR-funded grant to the MOHSS bursary program since 2005. Since then, more than US\$10 million has been disbursed to 1,145 students in seven different fields of medicine and science.

Study Field	2005	2006	2007	2008	2009	2010	2011	Total
Medicine	20	50	50	75	46	17	10	258
Nursing	54	54	130	195	85		6	518
Pharmacy	11		30	45	10			96
Lab Science	6	6	15	35	11			73
Social Work	8	4	40	60	26		6	138
Pre-medicine/ Pre-Pharmacy	3				8		3	11
Allied Health	1			55	12		1	68
Total	103	114	265	465	198	17	26	1145
Budget per year	\$145,000	\$242,500	\$454,308	\$733,888	\$1,068,496	\$2,614,644	\$5,258,836	\$10,517,672

## Transitioning HRH

(Continued from page 3)

whelmed by student nurses during their clinic visits.” Without an increase in the size of the UNAM faculty, the strain started to show in the quality of teaching. The I-TECH project, which is funded through a cooperative



UNAM nursing students follow a lecture. (Photo: I-TECH)

agreement managed by the Health Resources and Services Administration (a sister-agency to CDC), hit the ground in Namibia in 2004. “Our initial goal was to strengthen our partners’ capacity to implement their own programs,” says Ali. I-TECH initially recruited and placed nine expert educators at UNAM, and as many as 20 at a time at NHTC. “NHTC and UNAM both determined their staffing needs and worked with us from the start to make a plan to take these positions over,” she adds. “From the start, we always had the idea that these staff would eventually transition from our payroll to the UNAM and NHTC payroll.”

That transition took four years to complete, but by 2010, UNAM and NHTC had both absorbed TK of the trainers and curriculum experts previously supported by PEPFAR and I-TECH. It’s a multi-step process, says Ali, who says she and her staff learned a lot about the Namibian government’s HR systems in the process.

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# Field Report

## Sensitizing and Preparing the regions for IBBSS

Namibia is a country of few people and great distances in between. CDC/ASPH Fellow Andrew Maher experienced ‘the few and far between’ first hand.

“In February, I set off from Windhoek to Katima Mulio, capital of the Caprivi Region in north eastern Namibia, as part of a national delegation charged with conducting regional sensitization visits for the upcoming Integrated Biological and Behavioral Surveillance Survey. (IBBSS) My travel companions were Mrs. Frieda Katuta, National HIV Prevention Coordinator with the Ministry of Health and Social Services, Directorate for Special Programs, and Nikanor the CDC driver.

Katima Mulio has Namibia’s highest HIV prevalence, with an estimate of 33% among pregnant women. This is based on ante-natal care National HIV sentinel sero-survey in 2012. The town is located at the end of the Caprivi Strip and Silozi speaking people who compose the majority of the population in the Caprivi Strip, translate Katima Mulilo as *quenches the fire*, a reference to the nearby rapids of the Zambezi River.

We chewed on biltong\* through Khomas and Otjozondjupa regions. On crossing the border into Kavango region, we stopped at a Ministry of Agriculture and Forestry check point and were asked to get out of the car and wipe the bottoms of our shoes on a chemically treated mat laid out on the pavement. We were told that there was a suspected outbreak of foot and mouth disease in the region. Shoe wiping was an infection control measure. As mentioned earlier, the purpose of our trip was to meet and discuss the IBBSS, which is to be conducted by the Ministry of Health and Social Ser-

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CDC/ASPH Fellow, Andrew Maher (left) with MoHSS National HIV Prevention coordinator, Mrs Frieda Katuta (centre) and CDC Driver Nikanor Nakaleke at ‘Rundu Beach’ on the Kavango

### Behind the Wheel:

#### Nikanor Nakaleke tackles the Caprivi Strip

CDC driver, Nikanor Nakaleke was on the road to Katima Mulilo and Oshakati with Andrew Maher and a CDC team that presented the Integrated Biological and Behavioural Surveillance Study to regional authorities

“The trip to Katima Mulilo is normally long and boring but this time was different. So, between Ngoma and Divundu we came face to face with a herd of elephants.” he relates

“We had a good trip with Andrew and Mee\* Frieda Katuta. We shared a lot of interesting stories until they both got tired and took a nap. The route was very beautiful because we drove through a national park. Normally this time of year, which we call Othinge\*, you don’t see much because of the trees and bushes but suddenly we saw elephants.

The leader of the herd was coming towards the car and flapped his

ears as if telling us to move away. We had to reverse and let them through because they were already coming onto the road. There were ten and all them very big ones.

The road was easy and there was not much traffic but it rained the whole time throughout the journey. When we arrived in Oshakati, which is my hometown, I wanted to show Andrew some places but we had to work. I managed to show him the mahangu\* fields. I showed him how people work differently in community and commercial fields

*Nikanor Nakaleke ...*

- ◆ Joined CDC in 2003
- ◆ Estimates he has driven +/- 500,000 kms with CDC
- ◆ Is a former police officer

# Ask Dr Dave!

## CDC-USAID and NBC Radio team up for World Aids Day

On December 1, the U.S. Embassy teamed up and set off with NBC Radio to produce “Ask the Experts!”, a live, mobile radio broadcast during the “Young and Cool” time-slot. The NBC van was met with enthusiasm by the public who asked questions about HIV/AIDS.

Centers for Disease Control (CDC) Country Director Dr. David Lowrance and USAID Country Director Ms. Elzadia Washington appeared individually for Q & A sessions at different sites around Windhoek with the NBC mobile broadcasting units.

This was an opportunity for the public to ask questions of American experts working on HIV/AIDS issues in the areas of public health and development. Participants who asked questions live on the air received a free gift.



CDC Namibia Director, Dr. David Lowrance and the NBC Radio host with some curious young minds at the Shoprite Centre in Katutura. Inset: The NBC van at one of the sites (Photo By Roger Lyners)

## MoHSS Launches Resource Mobilization TAC

MOHSS launched a Resource Mobilization Technical Advisory Committee (TAC) on 21 February 2012. The committee will support the Multi-Sectoral HIV/AIDS Response.

### Guidelines of the TAC

- Provide technical advice to NAEC on resource mobilization strategies.
- Develop a **national resource mobilization strategy**.
- Facilitate annual **resource mapping and gap analysis**
- Develop a **financial resource sustainability strategy**

The strategy will include innovative mechanisms that involve and encourage private sector participation.

## Keetmanshoop Drug Awareness Workshop

Drug Awareness Group (DAG) is a national organization with offices in at least seven regions. DAG works with the MOHSS to raise community awareness about alcohol and drugs, especially among youth. In February, the DAG in Keetmanshoop held an awareness workshop with youth and police officers from the Nampol Drug Unit. The officers brought samples of drugs and lectured the group on how to identify and report them. They also illustrated the dangers and effects of commonly used drugs, especially dagga, or marijuana. Church leaders were also invited to give motivational talks.



Jan Haubab, co-ordinator of DAG

The DAG program in Keetmanshoop is coordinated by Jan Haubab. At the workshop, Jan also gave a testimonial on his own battle with drugs and staying clean. He appealed to the youth to stay off drugs and emphasized the importance of staying in touch with communities. “This isn’t a job you can do from an office,” he says. “You have to go out and meet people where they live.” MOHSS senior social worker René Adams adds: “Local representatives like Jan are what make our national programs work.”

(Continued from page 6)

vices with technical assistance from the CDC and University of California, San Francisco.

The IBBSS is one of a series of surveys commissioned by MoHSS to obtain a better insight into the dynamics of the HIV epidemic and collect updated information on factors that influence service delivery in Namibia. A cross-sectional survey aims to collect and link both biological and behavioral data for public health actions will focus on Men Having Sex with Men (MSM) and Female Sex Workers

FSW) because of the high risk of HIV infection typically associated with these populations are often referred to as 'most at risk populations' (MARPs) or 'key effected populations' (KAPs).

The Regional Director at the Regional Ministry of Health welcomed our delegation and we presented an overview of the IBBSS to those in attendance. Frieda Katuta introduced the IBBSS and presented the rationale, objectives, and methods of the formative assessment and survey. Following her presentation, she asked the Regional Director for his blessing, political sup-

port, and assistance with implementation during the upcoming formative assessment and survey. The Director thanked the delegation for the presentation and asked the constituency to share their opinions

Key stakeholders at the meeting showed their appreciation for the IBBSS, welcomed the work, and offered the support of the Caprivi Region MOHSS. However, he expressed concern that it would be a very challenging survey, indicating that it will be especially difficult to reach most of the FSW population. He says that only the most economically disadvantaged

## Spoken Word

*Celebrating life through Poetry*

**S**poken word is a safe place. Poets can express, complain, learn, reminisce, teach and enjoy immunity to ridicule or being booed off stage.

At the Playhouse Theatre in Windhoek, Spoken Word used this platform to join the U.S. Embassy for an evening of: Poetry, a Celebration of Life! The event used poetry to commemorate and recognize that after 30 years of struggle against HIV/AIDS, more people are living productive lives despite being HIV positive. In 2003, when PEPFAR was launched, only 50,000 people in Sub-Saharan Africa were receiving the antiretroviral drugs that would keep them alive. Now, more than five million do.



**Group picture Above: Ambassador Wanda Nesbitt with spoken word participants. Below Left....Ambassador Nesbitt makes opening remarks**



**Sibongile Tshabalala reciting her poem, "There is Nothing Like."**



## Stand Up! Findings on Alcohol Abuse 2010 - 2011

*Stand Up! Is a national campaign initiative, against alcohol abuse. These findings are from a series of community consultations held at 11 sites and supported by PEPFAR through USAID and NawaLife Trust. (A Namibian centre for communication programs*

- Alcoholism is rampant in lower-income neighbourhoods
- Alcohol misuse is linked to most violent crimes, including sexual and gender-based violence.
- While sale of alcohol is a source of income for some, it has the opposite effect on its consumers.
- Alcohol Abuse leads to the breakdown of functioning family units, poor education outcomes of children and malnutrition.
- The ubiquity of alcohol outlets in and poor enforcement of the provisions made in the Liquor Act are key problems in most communities,
- *Shebeens\** operate freely in the vicinity of schools and often sell alcohol to children. Adults also admitted to buying alcohol for children.

**For full report:**  
[Abigail.Solomons@nawalife.org](mailto:Abigail.Solomons@nawalife.org)

## Rehoboth Coalition on Responsible Drinking (CORD)

### A success Story

**Rehoboth** - On March 8, 2011 members of the Coalition on Responsible Drinking, or CORD, marched to the regional office of the Ministry of Justice to deliver a petition calling for the repeal of a local merchant’s liquor license. The petition had 300 signatures and called for the repeal based on the merchant’s repeated violations of residential zoning codes.

“It was the first time citizens had stood up against a shop that was flagrantly violating local laws,” recalled Rene Adams, a Ministry of Health and Social Services social worker who manages the national network of CORD groups.

The petition worked. Within weeks of its delivery, the liquor license had been revoked and the illegal sale of alcohol had stopped.

“I realized that by standing together you can achieve a lot,” said one the CORD members who helped deliver the petition.

The group has continued to build on the

partnerships that led to that initial success. Relations with local police continue to improve enforcement of alcohol laws, and local radio station 90.3 FM has chipped in airtime for alcohol awareness programming. “Local residents now have a place to go with their concerns,” says Adams. “They have an advocate.”

*Reported by Rashon Lane*



Community members protest the violation of alcohol laws in front of a local store.

## Strengthening Namibia’s Alcohol Policy Thinking Globally, Acting Locally

Namibian social workers attended the Global Alcohol Policy Conference in February 2012 in Bangkok. MOHSS social worker Rene Adams was a panelist for a discussion on the relationship between alcohol, HIV/AIDS and other communicable diseases. Social worker Manny Kandjii said the experience strengthened his commitment to community action. “That’s where it all happens,” she said. “Government can’t address this issue on its own.”



MOHSS Social workers Rene Adams (right) and Manny Kandjii (left) at the conference.

# US ambassador visits CDC in Oshakati

US Ambassador to Namibia, Wanda Nesbitt arrived in Oshana Region on..... on a site visit to CDC, the TB ward at Oshakati Hospital, the Ongwediva Health Centre and several sites in the Ondangwa area. She was met by members of the regional and district hospital management team. The group was led by Dr Shannon Kakungulu, the Medical superintendent at Oshakati State Hospital.

The CDC team in Oshakati also accompanied the ambassador to the Ogwediva Health Centre where they demonstrated an actual site visit. Over lunch at the CDC office, the team briefed her on their work, background of the field station and their co-ordination with the Windhoek CDC team. The Oshakati team was very happy with the visit and the Ambassador was very supportive in her understanding of the team's work concepts.

Pamwe spoke to the ambassador as she cited several challenges at the Oshakati Central hospital such as poor customer care. She noticed that there were patients who spent most of the day at just one station while some waited several hours to receive their medicines from the pharmacy. "Customer service is a big challenge," she said.



*From left: Sr. Ipawa Shikulo, SHPA for Family Health Division, Ambassador Wanda Nesbitt, Sr. Lidwina Kornelius the District Primary Health Care Supervisor and Andrienne. Photo taken during a visit to Ongwediva Health Center,*

Although she was impressed with the staff and maintenance at the hospital, she noticed that many staff were expatriates. "Training Namibians to take up these positions must a priority," she said. On this note she encouraged the recruitment of young men as nurses.



## Vaarwel\*, Natasja Routh

CDC will miss Natasja. She been a valuable asset to the CDC team since December 2008. Natasja leaves the CDC office to join the Peace Corps in Finance and Administration.

In her tearful farewell remarks Natasja thanked the CDC and remembered how supportive everyone was when she arrived at CDC in Windhoek

### *Parting Words:*

***"It's bitter sweet. I will miss it here and I will always cherish the commitment I see. I will miss seeing this group of people and their partners working together to fight disease in our country."***

# National HIV Testing Day 2011

## “De-stigmatizing Counseling and Testing”

Rehoboth - The Minister of Health stepped ahead of everyone, sat down and received a prick his on finger to symbolize his commitment to HIV testing. This gesture was a classic illustration for the National HIV Testing Day (NTD) theme: “We did It, so can you; Make the difference, get tested”. The September 7 2011 commemorations were officiated by Hardap’s Regional Health Director, Ms Christencia Thataone and attended by Embassy and Peace CORPS representatives, members of the Hardap Regional Council and Schools.

Since its inception in 2008, NTD has managed to increase interest and acceptability of HIV Testing. “We use NTD as an event to de-stigmatize and testing and it’s working. In future, we need to reach out to those who have never been tested” says HCT Technical Advisor Eddington Dzinotywei

An innovation of this particular NTD were the testimonial pictures taken by those who had tested at the event.



*Sister Hodson administers an HIV test on The Minister of Health, Dr Richard Kamwi at the Fourth National HIV Testing Day (NTD) in Rehoboth*



*One of the participants with the testimonial card*

## HRH Transition at UNAM and NHTC

*(Continued from page 5)*

Political will is an essential first step. “We had that from day one at both institutions,” says Ali. “After that UNAM and NHCT had to “motivate for” [request] funds from the Ministry of Finance,” a process that can take months, if not years, in good economic times. With the onset of the global economic crisis in 2008, this step required more than one motivation to ensure all of the funds were in place. And once funding is secured, the government still has to confirm that the job description exists on the national Staff Establishment. In the case of some of the expert tutors, new positions had to be created within the government’s civil service. “It all takes time,” says Ali. “But we told NHTC and UNAM that this transition was essential. We knew that PEPFAR was transitioning and that we wouldn’t be able to support all of these positions forever.”

After years of meetings and proposals, 20 new positions were created at the NHTC and staff started to make the switch in 2009. Ali says more than 75 percent of the staff her project used to support have now been absorbed.

“Within 3-4 years, we’ve been able to successfully create

new positions within the NHTC structure and to absorb most of these positions.”

A similar story has played out at UNAM, where the I-TECH provided nine clinical instructors and curriculum developers at the beginning of the project in 2005. Six years later, UNAM managed to absorb six of the nine positions into the university’s personnel system. “We negotiated to absorb clinical instructors into UNAM because we are benefiting from their expertise. Student numbers increased and the university is obliged to provide staff. It will make it easier to manage our curriculum now that I-TECH cannot fund salaries,” says Dr. Hoases-Gorases.

Everyone involved in the process agrees that planning, documentation and transparency were essential to the process. “You need everyone to be clear about their priorities,” says Ali. “Once you know where you’re going, then you can stay focused on the necessary steps. It’s all about creating dialogue and solution-oriented relationships.”

Looking forward, I-TECH, UNAM and NHTC have developed a bridging program to link the university’s experience and expertise in pre-service education to the NHTC’s need to train instructors to provide in-service training to health-care workers who are already on the job.

*Reported by Sekai-Emilia Katedza*

# Implementation Science



## Hemovigilance Study

### Evaluating Namibia's System to Track Adverse Transfusion Events

An evaluation of the Namibian hemovigilance program, supported by a cooperative Agreement with the CDC and the Blood Service of Namibia (NAMBTS), is assessing blood transfusion reactions at seven major health centers in Windhoek. The bulk of the records under review are from the Katutura and Windhoek Central hospitals. Using CDC criteria, the study focuses on assessing the frequency of adverse transfusion reactions in the Windhoek area. Ben Meza is a fourth-year medical student at the University of Pittsburgh (in the US state of Pennsylvania) and Applied Epidemiology Fellow at CDC. Ben has been leading the data collection effort and says he's excited by the initial findings. "We had expected to see about 1% of all transfusion events ending in an adverse reaction," he says. "But our initial observations indicate the rate in Windhoek's hospitals is much higher." Analysis of the data will commence in April, with a publication planned later in 2012. "This is the first time an adverse transfusion event reporting system has been evaluated in Africa," he adds. "It's very exciting because these data will also contribute to a better understanding of the occurrence of adverse events worldwide."

The NAMBTS hemovigilance system was also the subject of a presentation by NAMBTS medical officer (and hemovigilance study co-principal investigator) Britta Lohrke at the African Society for Laboratory Medicine Congress in September 2011. Dr. Lohrke's presentation highlighted the system's ability to help the blood service monitor the appropriate use of blood by clinicians on hospital wards. "The data we get from hospitals lets us compare blood use patterns and provide feedback on ways to improve transfusion practices," says Dr. Lohrke. "The evaluation we're doing now is opening our eyes to the number of adverse events that are still not being reported by clinicians. It's a great opportunity for us to learn and pass on."

## Reverse Cold Chain



## GIZ funds course for Marketing and Management for Young Professionals in Southern Africa

The thoughts that go through your mind as you enter a foreign country are usually all jumbled.

“Excitement” vs “How did I get my self here?” **Sirka Aambambo**, a community liaison officer from the MOHSS Directorate for Special Programmes found this out first hand on a recent study exchange to Germany.

“You are most likely reliant on hand gestures to get you through the day. I lived through all this when I arrived at the Frankfurt airport at 07h00 in the morning, just in time for a European morning rush. Apart from the fact that people on that side of the world don't really have time to stand around directing a lost African, (because there are clear signs telling you where to go) you feel lost immediately in a sea of unapproachable looking folks. I was fortunate enough to attend a German development agency GIZ funded course in Marketing and Management for young professionals in Southern Africa. The first challenge was finding out where the bus stop was and how to get to my home for the next twelve weeks.

Finally, I was in the beautiful small town of Saarbrücken, a town bordering France, Luxembourg, and Switzerland. The people were friendly it seemed and so my opinion of the Germans started changing. With a slightly confident and more improved attitude, I boarded buses and was met by the

usual “*Nein, das ist für einen anderen bus*” (that is for another bus) over and over. Eventually, I found the right buses and got a hang of the system.

Class officially started on 17<sup>th</sup> October. We had modules such as Project Management, Marketing, Personal Management, Leadership and an extra German course. We looked at ideas and projects, as well as innovations within an organization. I was exposed to different means of brain storming, considering the different cultural backgrounds when interacting with people outside your circle. An interesting component was defining the Unique Selling Point (UPS) when selling an idea. Although these subjects sounded alien at times, they were all relevant to my professional environment and were thus easily understood and related.

Meetings were then held with various companies that produce technical equipment. An overall presentation was prepared by the participants to highlight the main objectives of such a collaborative meeting. Internships started on the 14<sup>th</sup> of November and all participants were placed in companies that are in line with their scope of work.

As an employee of the Ministry of Health and Social Services, my focus was on health, so I was placed in a company called Nanopool ([www.nanopool.eu](http://www.nanopool.eu)). Nanopool produces Bacterlon+, a liquid glass solution for sanitizing surfaces in hospitals. The number of infections due to the MRSA- Pathogen (methicillin-resistant Staphylococcus) has increased in Germany. Bacterlon+ is a very innovative solution to this problem at it is an experienced and tested method for refining surfaces and children's toys.

The course components and my internship at Nanopool taught me a great



Sirka Aambambo, a Directorate for Special Programmes Community Liaison Officer (second row, center, wearing necklace), with program organizers and fellow participants in the 2011 Young Managers and Professionals training course hosted by the German development agency, GIZ, in Saarbrücken, Germany.

deal about personal work ethics and time management. I learnt more about how to lead a team without being too overbearing. I learnt a few tricks on applying these perspectives to new projects. I met fellow Namibians who had also attended the training and we reflected together on what we had learnt during the course. Intercultural communication had been of particular interest to all of us.

After many missed buses and wrong stops, it was a time well spent, an experience well lived and an education well received. At some point, I had plucked the courage to walk up to a driver and to tell me when and if I had arrived. Entertainingly, he shoed me away (mumbled something in German but I didn't bother using my dictionary anymore) It was a great way to get out of a comfort work zone and source new ideas.

The programme is suitably tailored, accommodating and it offers a great experience to young professionals worldwide. The course comes highly recommended and it's a great career boost. Time management was always the biggest lesson and it's something I will always carry with me.

Reported by Sirka Amaambo



Testing one of the Bacterlon+ surfaces at Nanopool.

# Gardening *For Good*



DSP employee **Veronika Nyjamba** puts unused garden plots to work at the Ministry of Health and Social Services.

Windhoek — The setting sun glows orange on the western horizon. It's after 6 p.m. — the lengthening days are a sign that Namibia's cold winter is ending and the spring planting season is approaching. Veronika Nyjamba, a cleaner who works for the Ministry of Health and Social Services, stands in the cleared dirt yard outside the Ministry's Directorate for Special Programmes (DSP). The land is dry and rocky, but Veronika sees opportunity. "I'll buy seeds next week," she says, "and start the garden."

Nyjamba, 50, has been gardening around the edges of the DSP building since 2004, when the Directorate was launched and CDC moved into one of the office wings. She was inspired to plant by some of the challenges she witnessed in the Maroela Location where she lives.

"I started planting vegetables here when I realized that people in my community weren't getting enough to eat," she says. "Every year since then I've planted cabbages, spinach, corn,

pumpkins, and beans."

Last year, Nyjamba, who is from Namibia's northern Ohangwena Region, but has lived in Windhoek since 1982, transformed the dusty front and side yards into an agricultural oasis. "It's so beautiful when the plants get huge and full of vegetables," says CDC receptionist Jakobina Kangombe. Beautiful — and plentiful. Nyjamba's

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**"I feel really happy when I see people getting well."**

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last harvest including 70 ears of corn — or *omanpungu*, in Oshiwambo — 10 plastic grocery bags full of black-eyed peas (*omakunde*), and five large pumpkins (*enyangwa*), all of which she distributed to neighbors in need.

"I wanted to do something to be a Samaritan," she says when asked why she started the garden. "Some of my neighbors are HIV-positive and were way down. But I've seen so many of them improve with advice and a little

food," she says. "I feel really happy when I see people getting well."

Nyjamba's church — St. Michael's Anglican Church in Katutura — has helped with seeds. And Catholic AIDS Action, a local NGO, has trained Nyjamba as a community health counselor. "We walk around from house to house looking for anyone who is sick and needs help."

The DSP garden can't feed the world, but it makes an enormous difference in the lives of those who benefit from "Meme Veronika's" bags of vegetables. "I support the garden 100%," says DSP Director Ella Shihepo. "It's such a good example of the difference even one person can make."

*Reported by John Pitman*



## PEPFAR Corner

### Namibia Ministry of Defence Delegation Attends 2nd SADC Sub-Sub Technical Committee Workshop

Luanda—The Angolan Armed Forces, under the coordination of the Military Health Service of General Headquarters hosted the **2nd Workshop of the Sub-Sub Technical Committee on HIV** in the SADC Militaries from 27-29 September 2011. The meeting was attended by 42 delegates from Military Health Services of SADC Member States. Guests from Military Health Services of Kenya, Rwanda, Uganda, Sao Tome Principe, Department of Defence of the United States and Civil participants from Brazil and Portugal were also present.

Three working group sessions were held where SADC delegates presented recommendations on issues of Military Health in the region. Workgroup discussions focused on the following

- Addressing cross-Border Medical Challenges; Internally Displaced Populations (IDPs), refugees and the increased risk of HIV;
- Sexual violence as a weapon of war and HIV/STDs Infections;
- HIV Orphans and vulnerable children;
- gender disparity in HIV infection in Africa;
- importance of training of African Militaries to provide advice to IDPs and Refugees; handle Post-Traumatic Stress Disorder the STPS as the result of sexual violence
- the Military's role in HIV prevention with IDPs and Refugees.

The recommendations will be submitted to the SADC HIV Coordinator for inclusion in the Strategic Minimum Standard Framework to be approved during the 2012 Sub-Workgroup meeting.

During the official opening ceremony, General Lulu Siwiza, SADC Military HIV/AIDS Coordinator highlighted the fact that HIV has been disastrous for military budgets. She



*From left to right: Col. Marianne Muvangua NDF, Dr. Aune Victor & Col. Vickey Heita attend one of the sessions at the workshop in Luanda in September 2011*

said, “The cost of replacing senior military personnel and providing them and sometimes their families has been crippling military budgets”. She added that a lot has been achieved but a lot still needs to be done, particularly in safety and security where sexual violence needs to be addressed. She recommended command-centred approaches entailing institutional and operational assessments on the impact of HIV/AIDS within security institutions is needed. She concluded that SADC should develop universal standards aligned with regional and international approaches. Treatment should be extended to UN peacekeepers as a matter of priority. Borders should focus on HIV prevention issues and bilateral, regional and multilateral exchanges and cooperation are vital. She reminded the participants of the adoption of UN Security Council Resolution on Women and their roles. Sadly after 30 years, the epidemic is still the face of women and children.

*Reported by Aune Victor*

#### Keeping the Promise: Sikuvu Kaveto

*(Continued from page 4)*

UNAM for four years.” Because his real passion was medicine, he tried again, was accepted and received a bursary. The loan paid for his living expenses in Accra, which were more than he could afford on his savings alone. “The cost of living [in Ghana] was very high,” he remembers. “I couldn’t have stayed on without the bursary.”

Kaveto returned to Namibia in April 2008 and accepted a position at Windhoek Central Hospital. After his internship, he settled in the Intensive Care unit because he is passionate about emergency medicine.

“The first hour of an accident is crucial. If there isn’t any professional help, people may die or become paralyzed “There are no specialists in emergency medicine in Namibia, so I really want to specialize and practice that.”



# Tukwathelathaneni

## In Memoriam

CDC remembers **John Mufwambi** who passed away in just over a year ago, in March of 2011. John worked with CDC from 2006 until the time of his death. Friends and colleagues remember John fondly. Armas Ndjodhi, his friend and colleague, recalls John’s positive attitude never wavered.

“Even when he got sick, he had a positive attitude. Sometimes he was booked off but he would make the effort to come to work,” says Ndjodhi. Other friends remember his love for football — and the Chelsea football club in particular. Everyone who worked with John will cherish the time they spent with him and his vast knowledge of nearly everything about anything. He loved his family and he especially talked about his girls with so much affection.



John Mufwambi with his wife and children in December 2010

Pamwe’s exploration of Namibia’s rich linguistic diversity continues in this issue with a selection of words about science, food, and saying good-bye. Thanks as always to everyone who helped fact-check our translations!

Word	Language	English Translation
Mahangu	Oshiwambo	Millet
Shebeen	Gaelic (Sibin)	Unlicensed Bar
Omakunde	Oshiwambo	Black Eyed Peas
Biltong	Afrikaans/Dutch	Dried meat (Jerky)
Vaarwel	Afrikaans	Farewell

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