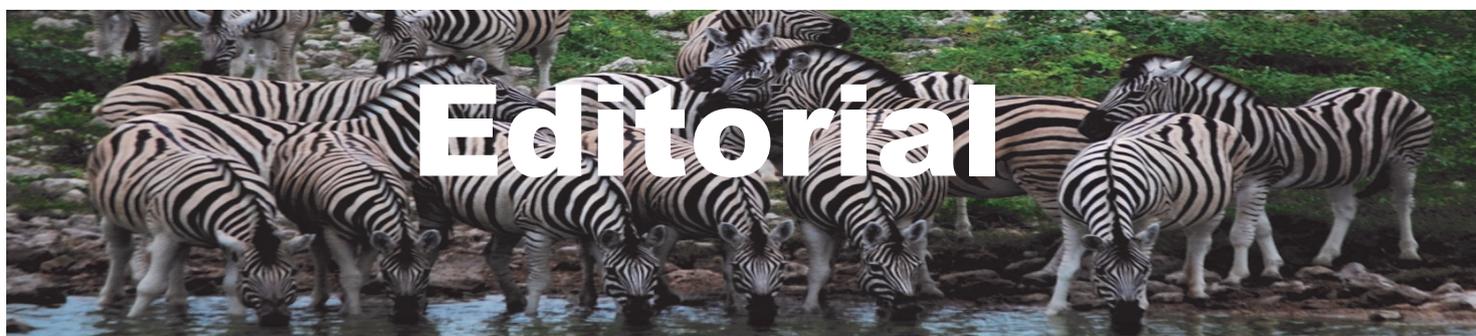


Vol. 2, Issue 2 (July 2012)

Pamwe

Together: A Public Health Newsmagazine Published by CDC Namibia

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Welcome to Namibia



Dr. David Lowrance

CDC Namibia has a new country director. David Lowrance, MD, MPH, DTM&H, arrived in Namibia in August 2011. He replaces Jeff Hanson, PhD, who led the CDC program in Namibia from 2007-2011. Dr. Lowrance is a medical epidemiologist and internal medicine specialist. He comes to Namibia from Rwanda where he had served as CDC's Associate Director for Science since 2008. He began his federal service as a Peace Corps Volunteer in the Czech Republic from 1991-1993. After completing his medical residency in internal medicine at the University of Colorado, he worked in the Northern Marianas Islands, for the Indian Health Service in Shiprock, New Mexico, and with Doctors of the World establishing HIV care and treatment and TB programs in Burma. From 2005-2007 he was a fellow in the CDC Epidemic Intelligence Service, during which time he worked in Malawi, Rwanda, Kenya, and Mozambique. He obtained a bachelor of science, medical degree, and masters in public health from Tufts University, Boston, MA. He also holds a diploma in tropical medicine from the London School of Tropical Medicine and Hygiene.

Looking ahead, Dr. Lowrance hopes to build on Namibia's long tradition of data collection. Like Sir Timo-

thy Berners-Lee, the inventor of the World Wide Web, he believes that "data is a precious thing and will last longer than the systems themselves." But what are the implications of this statement for public health in Namibia? For Dr. Lowrance, public health workers are surrounded by information systems that generate oceans of health-related data. But how well do policy makers, program managers, technical advisors, and scientists use these data? Health information can have a tremendous impact on our highest public health priority – reducing morbidity and mortality of Namibians. However, too often programs are more intent on collecting and reporting data than on the effective analysis, interpretation, and use of data. Some would argue that spending limited resources on the collection of data that are not used is wasteful, and diverts resources that could potentially have positive consequences elsewhere. But the effective use of health information is essential to ensure public health impact at the national, regional, district, or constituency level. In Namibia, we have rich sources of data — from routine clinical data to the recently-completed 2012 census, to Namibia's first behavioral surveillance survey among at-risk populations and the planned demographic and health survey with an HIV biomarker. With all of these sources of information, 2012 can be a banner year for the use of data.

Pamwe is published by CDC Namibia

A PEPFAR Implementing Agency

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Cover Photos: I-TECH, Rashon Lane, Sekai-Emilia Katedza

Transitioning Donor Support for Human Resources for Health

How UNAM and MOHSS successfully absorbed key training staff from I-TECH, 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,” says 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 strategy from the beginning. “When I first arrived in Namibia, I-TECH had 20 tutors embedded in the NHTC,”



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)

says Ali. “All of the staff were paid by PEPFAR.” For NHTC and UNAM, the arrival of PEPFAR support came at a

“We’ve been able to work with NHTC to create new positions within the NHTC structure and absorb most of these positions.”

- Deqa Ali, I-TECH

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 overwhelmed 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 coop-

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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 Ella Shihepo 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 following pages, three recent graduates spoke to Pamwe about what motivated them to become a healthcare worker — and how funding through the bursary program helped them achieve their goals.

Doctor 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. There was a school program to encourage students to get interested in health-care and to contribute artwork showing patients how to do



Dr. Sikuvi Kaveto explains the importance of specialized units such as casualty and intensive care at major hospitals.

basic things like wash their hands. I used to take the drawings to Rundu General Hospital and then 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." Like many students, Kaveto's path to achieving his dream was dream was long and occasionally difficult.

"Initially, I wanted to study medicine in South Africa but could not get funding so I studied nursing at UNAM for four years." But his real passion was medicine, so he tried again, and received a MOHSS/

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Ester 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 Emvula looks and feels right at home with in the pharmacy rooms, surrounded by medicine bottles and prescription books.



Ester Emvula in the Oncology Pharmacy at Windhoek Central Hospital.

Like all pharmacy interns, Emvula was assigned to Windhoek Central as her first duty station.

"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 Emvula, who returned to Namibia in 2011 after four years of study. The bursary she received from MOHSS and PEPFAR covered her tuition and living expenses in Kenya. As a returned bursary recipient, she is required to work for the MOHSS for four years. But she says this is a commitment she's happy to keep.

"I enjoy interacting with patients and getting them to understand how to take their medications." As for her next steps, she's looking forward to any challenge her new profession might deliver.

Reported by Sekai-Emilia Katedza

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



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

Justus Ekanjio 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.” Ekanjio 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



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

(Continued from page 3)

erative 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 about 75 per cent of the trainers and curriculum experts previously supported by PEPFAR and I-TECH. Ali notes that it’s a multi-step process, and that she and her staff learned a lot about the Namibian government’s HR systems in the process.

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 and present it to their managements and requested funds,” a process that can take months, if not years, in good economic times. With the onset of the global eco-

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Field Report

Sensitizing and Preparing the regions for IBBS

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

“In February, I set off from Windhoek to Katima Mulilo, 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 (IBBS). My travel companions were Frieda Katuta, the Ministry of Health and Social Service’s National HIV Prevention Coordinator, and Nikanor Nakaleke, the CDC driver.

Katima Mulilo has Namibia’s highest HIV prevalence, with an estimate of 33% among pregnant women. The town is located at the end of the Caprivi Strip. The Silozi speaking population in Caprivi translate Katima Mulilo as “*quenches the fire,*” a reference to the nearby rapids of the Zambezi River.

We chewed on biltong as we drove 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. The purpose of our trip was to meet and discuss the IBBS, one of a series of surveys commissioned by MOHSS to obtain a better understanding of the HIV epidemic in marginalized populations. The cross-sectional survey aims to collect and link biological and behavioral data

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

Behind the Wheel:

Nikanor Nakaleke tackles the Caprivi Strip

The elephants appeared out of nowhere. **CDC driver Nikanor Nakaleke** remembers driving the long, straight road between Rundu and Katima Mulilo with the Integrated Biological and Behavioral Surveillance Study team when he saw motion on the grassy roadside. He recently told Pamwe his story.

“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.

“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 10 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.

“On the way back, everything was smooth, no flat tires, nothing.”

As told to Sekai-Emilia Katedza

Ask Dr. Dave!

CDC and USAID Team Up with NBC Radio for World Aids Day

On December 1, the U.S. Embassy hit the streets with NBC Radio to produce “Ask the Experts!” Using a mobile broadcast van, CDC Namibia



Director Dr. Dave Lowrance and USAID Namibia Director Elzadia Washington took questions from young people at three sites in Windhoek. Hosted by DJs from the network’s “Young and Cool” program, Lowrance and Washington each fielded questions for two hours in different locations. Young people lined up to fire questions at the two experts: “Can you get HIV from sports?” asked a girl in the Katutura neighborhood. “Where does HIV come from?” asked a boy in Otjomuise.



CDC Namibia Director Dr. David Lowrance answers young listeners’ questions about HIV/AIDS at the Shoprite Centre in Katutura on World AIDS Day 2011. Inset: The NBC Radio mobile van in Windhoek’s Otjomuise neighborhood.

(Photo: Roger Lyners, US Embassy)

The World AIDS Day broadcasts were promoted by the Embassy’s Public Affairs section and by NBC, which donated air-

time leading up to the event. A second NBC Radio road show with CDC is planned for northern Namibia. “It’s a phenomenal way to reach young people all over Namibia,” says Public Affairs Officer Tony Deaton.

MOHSS Launches Resource Mobilization TAC

MOHSS launched a Resource Mobilization Technical Advisory Committee (TAC) on February 12, 2012. The committee will work on sustainability issues relevant to the Multi-Sectoral HIV/AIDS Response.

TAC Guidelines

- Provide technical advice to the National AIDS Executive Committee (NAEC) on resource mobilization strategies
- Develop a **national resource mobilization strategy**
- Facilitate annual **resource mapping and gap analyses**
- Develop a **financial resource sustainability strategy**

The TAC will seek innovative mechanisms to encourage private sector participation.

Drug Awareness in Keetmanshoop

The 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, coordinator of the Drug Awareness Group in Keetmanshoop, Namibia

The DAG program in Keetmanshoop is coordinated by Jan Haubab. At the workshop, Haubab 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.”

Reported by Sekai-Emilia Katedza

Maher

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from Men Who Have Sex with Men (MSM) and Female Sex Workers (FSW). Because of the higher risk of HIV infection associated with these populations, scientists refer to them as ‘most at risk populations’, or MARPs. The study will interview MSM and FSW in Walvis Bay, Windhoek, Oshakati, Keetmanshoop, Oshikango and Katima Mulilo.

The Regional Director of Health welcomed the delegation in Rundu, the capital of Kavango. Frieda Katuta introduced the IBBS and presented the rationale, objectives, and methods

of the formative assessment and survey. Following her presentation, she asked the Regional Director for his support and assistance with implementation during the formative assessment and survey. The Director thanked the delegation and offered his support. However, he also expressed concern that the survey would face a number of challenges, especially in reaching female sex workers. He said the research team could find that only the most economically disadvantaged sex workers would be willing to come forward and speak to the study team. But cultural norms, he said, could prevent most

women from participating.

The director’s concerns are shared by the study team: Conducting the IBBS will be complex and politically sensitive. Both sex work and homosexuality are illegal in Namibia, and members of each group tend to be hidden and highly stigmatized.

“Accessing these groups will take time and tact,” says Krysta Gerndt, the IBBS study coordinator in Windhoek. “Part of our job is to learn how to speak to these groups and make them feel comfortable with participating.”

Andrew Maher received his Master’s in Public Health degree from SUNY Downstate University in 2011.

World AIDS Day Spoken Word Event

Celebrating Life Through Poetry

Spoken word is a safe place. Writers can express themselves, complain, reminisce, and teach through the lyrical art of poetry. But poetry can be a solitary art, and few poets have the opportunity to present their work to a live audience. That wasn’t the case in Windhoek on December 1, 2011.

At the Playhouse Theatre, the U.S. Embassy’s Public Affairs Section hosted a Spoken Word festival to mark World AIDS Day. The event, titled “Poetry, a Celebration of Life!” gave the floor to 11 young Namibian poets for the evening.

The writers had one assignment: Create poetry that recognizes the positive contributions that people living with HIV/AIDS can make to Namibian society.

Writers chose a range of styles from rap to formal rhymed verse and love poems. Some poets sought to empower women to resist unwanted sexual advances; others wrote movingly in



Group picture (above): U.S. Ambassador Wanda Nesbitt with spoken word participants. Photo (left): Ambassador Nesbitt welcomes poets to the World AIDS Day event.

Sibongile Tshabalala reciting her poem, “There is Nothing Like.”

the first person about living with HIV or losing a loved one to the virus. Throughout the evening, the local *a cappella* sensation Vocal Motion 6 lifted the more than 250 audience members with their energetic and life-affirming harmonies.

Stand Up! Findings on Alcohol Abuse 2010 - 2011

The Stand Up! Campaign is a national advocacy initiative to raise awareness about alcohol misuse. The campaign also aims to serve as a platform for Namibians to express their concerns about the negative influence of alcohol in their communities. As part of the outreach and awareness campaigns, the Stand Up! team, led by MOHSS/CORD and NawaLife Trust, a local NGO held community consultations in 11 sites around Namibia. These consultations were supported by PEPFAR through a USAID agreement with NawaLife. Some of the findings from the consultations included:

- Alcoholism is rampant in lower-income neighbourhoods
- Alcohol misuse is linked to violent crimes, including sexual and gender-based violence.
- While sale of alcohol is a source of income for some, the consumption of alcohol can lead to the breakdown of functioning family units, poor education outcomes and malnutrition.
- The ubiquity of alcohol outlets in some communities and poor enforcement of the Liquor Act are key problems nationwide.
- *Shebeens**, or local bars, operate freely in the vicinity of schools and often sell alcohol to children. Adults also admitted to buying alcohol for children.

For a copy of the full report:
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,” says one the CORD members who helped deliver the petition.



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

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

Strengthening Namibia’s Alcohol Policy Thinking Globally, Acting Locally

MOHSS Staff Learn New Ideas at Bangkok Conference

Namibian social workers attended the Global Alcohol Policy Conference in February 2012 in Bangkok. MOHSS social worker Rané Adams was a panelist for a discussion on the relationship between alcohol, HIV/AIDS and other communicable diseases. Social worker Manny Kandjii says the experience strengthened her commitment to community action. “That’s where it all happens,” she says. “Government can’t address this issue on its own.” Adams and Kandjii say they will apply lessons learned from other countries here in Namibia.



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

By Pamwe Staff

US Ambassador Visits Northern Namibia

Oshakati — The US Ambassador to Namibia, Wanda Nesbitt, traveled to the Oshana Region in February and March 2012. These trips included visits to CDC, USAID, Peace Corps and Public Affairs-supported sites. In February, Ambassador Nesbitt spent a couple of hours with CDC and MOHSS staff at the Oshakati Intermediate Hospital and the Ongwediva Health Centre. Her site visit in Oshakati was hosted by Dr. Shannon Kakungulu, the hospital’s Medical Superintendent, and Naemi Shoopala, CDC Namibia’s senior nurse mentor. The tour included stops at the antiretroviral therapy (ART) and TB clinics.

The CDC team in Oshakati also accompanied the ambassador to the Ogwediva Health Centre where PEPFAR-supported quality assurance and PMTCT activities have been integrated into the primary healthcare delivery model. Over lunch at the CDC office, the team briefed the ambassador on their work, the history and background of the CDC field station in Oshakati, and their coordination with the MOHSS.

Ambassador Nesbitt was generally impressed with the level of service delivery, but noted several challenges.

“Customer service is a big challenge,” she said, referring to long queues and wait times at ART pharmacies. She also noted that training Namibian healthcare workers to replace



U.S. Embassy Outreach in Northern Namibia Namibian Minister of Justice Pendukeni Iivula-Ithana (left) greets U.S. Ambassador to Namibia Wanda Nesbitt at the Pendukeni Iivula-Ithana Combined School in Oshakati. (Photo: James Stejskal)

expatriate staff currently providing services should be a continued priority for PEPFAR and the MOHSS.

In addition to her visit to the hospital in February, Ambassador Nesbitt also met with Namibian Minister of Justice Pendukeni Iivula-Ithana on March 2 at the Pendukeni Iivula-Ithana Combined School in Oshakati. The school has benefitted from a PEPFAR/Public Affairs grant to renovate sports facilities and support HIV/AIDS awareness programs.

Vaarwel, Sue & Natasha

After nearly two years on the job, CDC’s Deputy Director, Sue Gerber, left Namibia in February 2012 to take a job with the Gates Foundation’s immunization program in Seattle, Washington. “Sue’s enthusiasm, ever-present smile, and creativity will be missed,” says Wally Strauss, CDC’s Office Manager. “Sue was one the most energetic supervisors I’ve ever worked with,” he says. “Every morning she would ask: ‘So, guys, what we are looking at today?’ I strangely miss that.”



Sue Gerber CDC Namibia’s Deputy Director from 2010-2012.

CDC also said farewell to Natasja Routh in February 2012 when she took a new post with the Peace Corps.

“I’ll miss everything about Natasja,” says Zebaldine Parakae-Kandjou, CDC Namibia’s Finance Officer. “Her efficiency, her cooperativeness and approachability and her gentle nature.”

“I will miss seeing this group of people every day,” said Routh in her tearful farewell remarks. “It has been an honor working to fight disease in this country.”



Natasja Routh had anchored CDC Namibia’s administrative team since 2008.

Keeping the Promise: Sikuvi Kaveto

(Continued from page 4)

PEPFAR bursary in 2006. The loan paid his living expenses in Accra.

“The cost of living in Ghana was very high. I couldn’t have stayed on without the bursary.”

Kaveto returned to Namibia in April 2008 and began his internship in the emergency department at Katutura State Hospital. His experience there and in his current job in the ICU at Windhoek Central Hospital strengthened his resolve to specialize in emergency medicine.

“There are no ER specialists in Namibia, so I really want to specialize and practice that.”

National HIV Testing Day 2011

Working to De-stigmatize HIV Counseling and Testing

Rehoboth — Last September, the Minister of Health joined thousands of Namibians who extended a finger to receive an HIV test at the 2011 National HIV Testing Day (NTD). The 2011 event attracted 35,000 Namibians to temporary HIV counseling and testing clinics set up around the country. In a keynote speech at the national launch in Rehoboth, south of Windhoek, Dr. Kamwi noted that NTDs were an opportunity to reflect on the epidemic and how communities have responded to it. “It reminds us to be responsible and accountable to ourselves and to the family at large,” he said. This was Namibia’s fourth annual NTD.



Minister of Health Dr. Richard Kamwi receives a finger prick from Sister Hodson at the 2011 National HIV Testing Day (NTD) Launch in Rehoboth.

“NTDs are a great way to de-stigmatize testing,” says CDC HIV Counseling and Testing Advisor Edington Dzinotywei.

“Over the last couple of years we’ve seen more first-time testers coming out to the events. That’s a

positive sign, but we need to keep the pressure on to get more first-timers to realize that HIV testing isn’t something to fear.”

Sixty percent of NTD testers were women, a trend that continues from previous year. “Getting more men to test is a huge priority,” says Sarah Fuller, the MOHSS program manager for HCT. The 2012 NTD is scheduled to coincide with World AIDS Day on December 1, 2012.



Presidential Support Ministry of Health and Social Services (MOHSS) Counseling and Testing program officers Ismelda Pietersen (left) and Sarah Fuller (right) with Namibian President Hifikepunye Pohamba.

HRH Transition at UNAM and NHTC

(Continued from page 5)

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 informed 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 I-TECH used to support have now been absorbed.

“Within 3-4 years, we’ve been able to work with NHTC successfully to create new positions within the NHTC structure and absorbed most of these positions.”

A similar story has played out at UNAM, where the I-

TECH provided clinical instructors and a curriculum developer at the beginning of the project in 2003. Eight 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. Haoses-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."



Julie Parent (PWP study coordinator), Valeria Shikalepo (study interviewer), Frieda Katuta (MOHSS HIV Prevention Coordinator and co-Principal Investigator), and Karen Banda (regional PWP study coordinator) during a study close-out session at the Outapi ART clinic.

After two years, 3,283 patient questionnaires, some 10,000 study forms, tens of thousands of kilometers and thousands of juice boxes, the HIV Prevention for People Living with HIV/AIDS (PWP) study has officially completed data collection and data entry. A total of 1,191 patients were enrolled and interviewed over the course of the

nearlly four-year study. Each patient was interviewed once at enrollment, and again at six and 12 months after enrollment. Since 2009, 60 health care providers and 20 community counselors in three study sites were trained in the intervention, through which healthcare workers ask HIV-positive patients detailed questions about their sexual health and behavior. "The project aims to increase patients' knowledge about HIV risk factors, and to get healthcare providers more actively involved in HIV prevention," says Amy Medley, the study's principal investigator.

Julie Parent, the study's Namibia coordinator is excited about Namibia's

contribution to a multi-country study (Tanzania and Kenya also conducted PWP studies). A diverse team of epidemiologists, program managers, and data experts organized counseling sessions for HIV-positive patients who were enrolled in the national antiretroviral therapy (ART) program. "It was a team effort that paid dividends beyond the study", says Parent. For instance, in Oshakati, the national HIV Counseling and Testing team helped to install an HIV testing room in the ART clinic for the partners of enrolled patients. "We're looking forward to seeing the results," she adds, gesturing to the last bits of paperwork associated with data collection. "I'm really proud of the study staff who helped make this study happen."

PWP Study Completes Data Collection *Data Analysis Underway*

Learning Marketing, Management ... and German Bus Schedules in Saarbrücken

An MOHSS Staffer's Journey

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

"Excitement" competes with "How did I get myself here?" **Sirka Amaambo**, a former community liaison officer with the MOHSS Directorate for Special Programmes (DSP) encountered this phenomenon first hand on a recent study exchange to Germany.

I was heavily reliant on hand gestures to get me through the day. In fact I had to adapt to this new 'language' as soon as I arrived at the Frankfurt airport just in time for the morning rush. Even though there were signs telling me where to go, I felt a little lost in a sea of strangers who all seemed to know exactly where they were going and how to get there. It was hard to approach people at first, especially since my German wasn't very good.

And so my first challenge was finding out where the bus stop was and how to get to my new home for the next twelve weeks. I had come to Frankfurt as part of a German development agency (GIZ) funded course in Marketing and Management for young professionals in Southern Africa.

After a stressful morning of hand

signals and a long bus ride, I arrived in the beautiful small town of Saarbrücken, near Germany's borders with France, Luxembourg, and Switzerland. The people were friendly, which improved my confidence considerably! But still, the language barrier emerged with every bus I tried to board. "Nein, das ist für einen anderen bus" (that is for another bus) was a refrain I heard again and again during those first days. Once I even asked a driver if "I had arrived" ...not the bus.

Class officially started on October 17. We had modules such as Project Management, Marketing, Personnel Management, Leadership and German language. We looked at ideas and projects, as well as innovations within different organizations. With students from several different countries and German teachers, I was exposed to different ways of brain storming and learned valuable lessons in intercultural communication. One of my favorite modules focused on identifying a Unique Selling Point (UPS) when pitching an idea. Although these subjects sounded alien at times, they were all relevant to my professional environment as a communications and liaison officer, and were thus easily understood and related.

We also met with various companies that produce technical equipment, and were assigned to a company for our internship. The internships started on the November 14.

As an employee of the Ministry of Health and Social Services, I was placed with a company called Nanopool



Sirka Amaambo, a former 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.

(www.nanopool.eu), which produces Bacterlon+, a liquid glass solution for sanitizing surfaces in hospitals. Bacterlon+ is used by hospital infection control programs to combat the spread of drug-resistant microbes such as MRSA—Methicillin-resistant Staphylococcus aureus.

At Nanopool, I learned a lot about personal work ethics and time management. I also learned leadership skills and a few tricks on applying what I had learned. During the course, I met often with fellow Namibians and we reflected together on what we had learned during the course. Intercultural communication had been of particular interest to all of us.

After many missed buses and wrong stops, I finished the program on a high note. It was an incredible learning experience professionally and culturally. I would recommend it to anyone who is interested in building their skills in time management and improving their understanding about how businesses actually work. I will always carry with me the lessons I learned in Germany.

Reported by Sirka Amaambo

Sirka left the MOHSS in March 2012. She now works for ARASA, a regional network of NGOs working on HIV/



Testing the Bacterlon+ surface cleaner during an internship with 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 said. "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, whose office looks out onto the boun-

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

tiful garden patch. Beautiful — and plentiful. Nyjamba's 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%," said DSP Director Ella Shihepo. "It's such a good example of the difference even one person can make."

Reported by John Pitman



PEPFAR Corner

Namibian Ministry of Defence Delegation Attends 2nd SADC Technical Committee Workshop on HIV

Luanda—The Angolan Armed Forces’ Military Health Service hosted a workshop of HIV in the military for armed services from SADC member states. The workshop, held September 27-29, 2011 was attended by 42 delegates, including representatives from Military Health Services of Namibia, Kenya, Rwanda, Uganda, Sao Tome Principe, and the United States. Civilian observers from Brazil and Portugal were also present.

SADC delegates presented recommendations on issues facing military health services in the region, including:

- Cross-Border medical issues, including HIV risk factors for Internally Displaced Populations and refugees.
- Sexual violence as a weapon of war.
- HIV orphans and vulnerable children.
- Gender disparities and HIV infection in Africa.
- Training on refugee health, especially Post-Traumatic Stress Disorder resulting from sexual violence.

Recommendations were submitted to the SADC HIV Coordinator for inclusion in the Strategic Minimum Standard Framework to be approved in 2012.

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

“The cost of replacing senior military personnel and providing them and sometimes their families has been crippling military budgets,” she said, adding that much has



Left to right: Col. Marianne Muvangua of the Namibian Defence Force, Dr. Aune Victor (U.S. DOD) and Col. Vickey Heita (NDF) attend a session at the workshop in Luanda in September 2011.

been achieved, particularly on the issue of sexual violence. General Siwiza recommended command-centred approaches to expanding awareness about HIV/AIDS, including a recommendation that SADC should develop regional standards for HIV/AIDS prevention, care and treatment. For example, antiretroviral treatment should be extended to all soldiers on UN peacekeeping assignments, and SADC members states should improve coordination on cross-border issues involving refugees and other mobile populations.

Reported by Aune Victor

A New Home for Polytechnic Labs Rises from a Hole in the Ground

Dust rises from the tires of construction trucks as they haul dirt and stones from the new School of Health and Applied Science building site on Beethoven Street in Windhoek West. Construction workers have laid a foundation and raised the first of what will be five floors of new facility which will include state of the art Biomedical Laboratories, Classrooms and Office space. The new building is expected to be completed in 2013. Equipment for the new laboratories will be procured through the CDC-Polytechnic cooperative agreement. “It’s an exciting development for the School and the Polytechnic,” says Professor Sylvester Moyo, Dean of the School of Health and Applied Sciences. “With these new laboratories and classrooms we’ll be able to expand our curricula, introduce new programs and offer Namibian students more opportunities to learn new skills, in line with vision 2030.”



Watching laboratories rise from the dust *From left: Elizabeth van der Colf (Program Coordinator), Cornelia de Waal Miller (Lecturer), Dean Sylvester Moyo, Bruce Noden (Lecturer).*

