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# PAMWE

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## Celebrating Health Care Workers in Northern Namibia: *Supporting an AIDS-Free Generation*



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# Editorial

## Farewell to a Brave Public Health Warrior



**I** am honored to dedicate this piece to Ms. Ella Shihepo, who served as the Director of the Directorate of Special Programs (DSP) at the Ministry of Health and Social Services (MoHSS) from October 2003 to June 2013. As the head of DSP, Ms. Shihepo has led the national response to the HIV/AIDS epidemic for the past ten years. In this time she has helped

Care. Along with staff at the regional, district and facility levels, they have developed, implemented, monitored and evaluated a remarkable set of interventions to combat the scourge of HIV.

Ms. Shihepo has been a good friend to the U.S. Government, and to the Centers for Disease Control and Prevention (CDC) in particular, over the past ten years and we will miss her greatly. Like any strong friendship there have been difficult times, with hard truths and painful compromise. But underlying the relationship has been a deep and abiding respect for the shared values of public health science, impact, and accountability. Ms. Shihepo has a reputation as a fearsome advocate for the needs of those who need help the most. She speaks truth to power as readily as she does to junior program managers and she does so with honesty, conviction, and the will to change things for the better.

to harness of the resources of the Government of the Republic of Namibia and donors to ensure a rapid scale-up of the most effective HIV/AIDS clinical services. This scale-up has created one of the most impressive reductions in HIV incidence in the world, while dramatically reducing the number of AIDS-related deaths.

Ms. Shihepo has seen many lives lost to AIDS. She speaks passionately about the early days of the response, working with the first CDC-Namibia Country Director, Dr. Tom Kenyon. Together they would travel hundreds of kilometers across Namibia to establish HIV prevention, care and treatment services, even in the most remote corners of the country. She recalls the days of abundant coffin stores and never-ending funerals. These are searing, painful memories for many in the Namibian community, including Ms. Shihepo. And these are images that will never again be seen in Namibia due to the extraordinary work of and DSP and colleagues from the Directorate of Primary Health



care. Although a brave public health warrior, and certainly one of the hardest working officials in public service, she is also a person of heartfelt warmth and compassion. She cares about the wellbeing of your family and will call or text to follow up on an illness during a time of burden, providing warm words of support. Like any good leader she is concerned with issues of morale and motivation, and always looking to find ways to keep people focused on the things that matter most. She is a role model for her team and mine, an exemplary public health leader.

As she enters the most interesting chapter of her life, the CDC family and I wish her a healthy, happy, and fulfilling future.

*David Lowrance, CDC-Namibia Country Director*

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# Ambassador Wanda Nesbitt Says Goodbye and Thank You to Namibia

**I** am delighted to have this opportunity to honor and celebrate health care workers throughout Namibia. At a time when there seems to be so many negative stories of neglect and carelessness, it is appropriate to highlight the positive stories about the men and women who work tirelessly for their patients; to champion and draw attention to those who go the extra mile. Whether they are on the front line or behind the scenes, there are an untold number of healthcare workers who are the unsung heroes of Namibia. In its broadest sense, the term “health care worker” can include doctors, nurses, midwives, community counselors, data clerks, pharmacists, and anyone else who interacts with or provides a service to a patient. All are essential to a fully functional health care system and there are thousands who deserve recognition. I therefore salute the U.S. Centers for Disease Control and Prevention (CDC) for the initiative they have taken with this issue of *Pamwe*.

Although HIV/AIDS remains the central focus for programs funded in Namibia by the President’s Emergency Plan for AIDS Relief, as we move further along the transition continuum, the U.S. Mission has increasingly broadened the scope of its activities to ensure that we are contributing the maximum possible – not just in terms of funding, but also in terms of capacity building – to sustainability. CDC’s Field Epidemiology and Laboratory

Training Program jumps to mind as one of the best examples of how we are building capacity and reaching beyond a single disease focus without compromising our commitment to move steadily towards an AIDS-free generation.

The CDC team in Namibia is doing a fantastic job! As I expect to depart Namibia before the next issue of *Pamwe* is published, let me take this opportunity to say thank you to every member of the CDC team for your dedication and outstanding professionalism. It has been a pleasure to work with you, support you, and view firsthand the results of your excellent work.



Wanda L. Nesbitt, U.S. Ambassador to Namibia

## Family Healthy Tips

### High Blood Pressure: The silent killer

Blood pressure is the force of blood against your artery walls as it circulates through your body. Blood pressure normally rises and falls throughout the day, but it can cause health problems if it stays high for a long time. Having high blood pressure raises your risk for heart disease and stroke. High blood pressure often has no warning signs or symptoms.

The good news is that you can take steps to prevent high blood pressure, or to treat it if it is already high.

#### What can you do to keep your blood pressure down?

High blood pressure increases your risk for heart disease. People at any age can take steps to keep blood pressure levels normal, including:

- Eating a healthy diet, with lots of fresh fruits and vegetables.
- Maintaining a healthy weight, as measured by an appropriate body mass index.
- Being physically active, aiming for two hours and 30 minutes of moderate-intensity exercise every week.
- Not smoking, as smoking injures blood vessels and speeds up the hardening of arteries.
- Limiting alcohol use, so if you drink do so in moderation.

### Blood Pressure Levels

Normal	Systolic: less than 120 mmHg Diastolic: less than 80 mmHg
At risk (pre-hypertension)	Systolic: 120–139 mmHg Diastolic: 80–89mmHg
High	Systolic: 140 mmHg or higher Diastolic: 90mmHg or higher

[http://www.cdc.gov/bloodpressure/what\\_you\\_can\\_do.htm](http://www.cdc.gov/bloodpressure/what_you_can_do.htm)

## Deputy Chief of Mission Celebrates Health Care Workers

**I** first visited northern Namibia in 1999, long before I came to work in this beautiful country. The occasion was the wedding of an American friend of mine to a woman from the village of Oshigambo, in Oshikoto region. That was a unique opportunity to learn about the people of the region and their traditions. When I returned in May of this year, it was for a very different purpose: to learn about the partnership between the governments of the United States and Namibia in combating HIV/AIDS.

I expected that this would be a sobering experience. And indeed it was, in many respects, given the toll that this disease has taken on the people of the Namibia in general and the northern regions in particular. The challenges that health care workers and their patients face every day were sobering. But it was an inspiring visit as well. I met many people who are committed to ensuring an AIDS-free generation in Namibia. I

talked with a community counselor who has been living with HIV for two decades and has served as a role model many others, promoting the values of living positively. I met doctors and nurses who provide treatment to hundreds of patients, often under difficult conditions. I visited laboratory technicians, data clerks, and outreach workers, each of them playing an important part in the fight against HIV/AIDS. I witnessed the dedication of our own U.S. government team from the Oshakati Field Office of the Centers for Disease Control and Prevention, who provide training, support, and mentoring to health care workers all over northern Namibia. You will meet many of these people in the pages that follow. I hope their stories will inspire you as they inspired me.

*Mary Grace McGeehan*



*Mary Grace McGeehan, Deputy Chief of Mission, and Willem Shimamndo, Data Clerk at Engela Hospital, looking at a health database  
(Photo: Elizabeth Etherton)*



*Mary Grace McGeehan, Deputy Chief of Mission, taking a picture of the sandy road to Epinga Clinic  
(Photo: Zara Ahmed)*

## Mukarelipo-gona gosiron-go saAmerika moNamibia kunakuhamberera kumwe no-varugani woukanguki

**A**mekwayadingwire Namibia rukuho va melima 1999, komeho zokuwizwa niyarugane omu mosirongo sosiwa. Konda kwakere nonkwara damukwetu gatutindilirekoAmerika nomukadi gatutindilira koOshigambo, momukundahorowero gwaOshikoto. Oso kwakere siruwo sokuho va sosiwa mokudiva vantu womomukunda nonompo dawo. Apa Nakatengwire mwaKudumo Nkuru namuvho, sitambo kwakere sapeke; mokulironga yokuhamena ukwawo we pangero lyaAmerika naNamibia mokuka ndanapo HIV/AIDS.

Ame kwandindilire asi ngani kamona yoyipe. Nahena yimo ya-horokere, momaruha gokulisiga-siga, mokutwara moyireterapo owu uvera kovantu uwovanzi moNamibia, uneneko monomukunda dokomuzogo. Maudigu vanakuligwanekera varugani woko-ukanguki nova veli vawo kunakara siruganasosipe. Nahena kwakere mudigu goku gava mukumo. Nagwanekerere novantu wovanzi owo valituramo mokutulisapo Namibia gokupira HIV. Nasimwitilire nomurugani gomo nkarapamwe ogo anakuparuka no HIV ure wono mvhura norombali ogo gakara silikido kovamwe mokuparuka nawa nomo kutwara komeho eparu lyewa. Nagwanekere nova ndokotora nova nesa owo avahakura vaveli, ruveze rorunzi rorunzi moukaro, wowudigu. Nagwanekerere novarugani avaruganene monzugo zomakono-kono, varugani womo nomberwa nava avaruganene ponze zonkarapamwe, nkenyogu kwarugana sirugana somulyo mokuruanesapo HIV. Ame nambangitire elituramo lyosipani, sovarugani vepangero lya US wokomberewa zomo Oshakati zokukandana po mahamba, owo ava gava deura, nekwaeseko lyokuvatera, kugendesa varugani woukanguki nkenye komuzogo gwanaNamibia. Nogwanekera novantu ava momapenuno aga ganakukwamako. Nahuguvara asi yisimwitira yawo nayikupa mukumo ngwendi mooomu yaperenge mukumo.

*Mary Grace McGeehan*

## Mubakweli ku dumeleti wa USA mwa Namibia u lumba babeleki ba likolo la makete ni pabalelo ya sichaba

**M**usipili waka wapili ku potela mutulo wanaha Namibia neli ka silimo sa 1999, kale inge ni sika kala kele ku sebeza mwa naha yende ye. Ne ni tile kwa mukiti wa linyalo la mulikanaka ya zwa mwa America yana nyala musali wa mwa munzi wa Oshigambo, mwa sikiliti sa Oshikoto. Yeo neli nako ye ketehani yaku ituta za batu baba pila mwa mutulo wa naha Namibia ni sizo sa bona. Ha niyo kuta mwa kweli ya Kandao sona silomo se neni tela kuto ituta za swalisano yeli mwahala naha Namibia ni mibuso wa United States mwa ku lwanisa butuku bwa HIV/AIDS.

Ne ni iteekezi kuli ikaba poto ye bulutu. Mi kamaniti neli cwalo mwa lizila ze nata, ku hupulisisa butuku bo mobu taselelize batu ba Namibia sihulu batu bamwa mutulo wa naha. Ni itutile matata tuna ao madokota, baoki ni bakuli ba bona ba fumana kazazi ni zazi. Kono neili poto ye tabisa hape. Ni katani ni batu baba sebeza katata ku lika ku lwanisa butuku bwa HIV/AIDS ku lika ku panga Namibia yesina HIV/AIDS. Ni kandekile

ni Muezezi wa HIV/AIDS (community counselor) ya pila ni kakokwani ka HIV ka lilimo ze fitelela mashumi a mabeli yo ali mutala o munde ku babamwi hanza eleza mwaku pilela mutu hana ni kakokwani ka HIV. Ni katani ni Madokota ni Baoki ba banze ba fa likalafu kwa bakuli mwa maemo a tata. Ni potezi baba sebeza mo ku tatubelwa gazi (malambolatoli), banoli ni baba alafela bakuli mwa libaka mo kusina lipatela kapa lipatelanyana ili mwa minzi ya bona. Yo mumwi ni yo mumwi ku bona anza eza kalulo ya hae mwa ku lwanisa butuku bwa HIV/AIDS.

Ni iponezi buitomboli bwa bahabona, sikwata sa Mubuso wa USA se sili mwa ofisi ya kwa Oshakati ye okamezi musebezi wa silielezo, baba sweli musebezi wa ku luta, ku susuweza ni ku eleza madokota ni Baoki mwa mutulo wa naha kaufela. Muka bala za batu baba nata ha munze mu zelapili mwa makepe a latelela. Ni kolwa ni ku lumela kuli makande a bona a ka mifa susumezo sina mo a ni fezi susumezo nina.

Mary Grace McGeehan



## Omupeha kalelipo gwoshilongo shaAmerika mo Namibia okwanyanyulikwa iilonga yaagandji wuu ndjolowele

**O**nda talepo muumbangalantu waNamibia lwotango momvo 1999, nale manga inandi ya ndi longele moshilongo shika oshiwana, Namibia. Ondali nee ndeya kohango ya kuume kandje omu Amerika ngoka a hokana omuholike gwe ngoka aza kOshigambo, moshitopolwa sha Shikoto. Ndjoka oya li ompito ombwanawa kungame okutseya nokwiilonga oohendhi nomithigululwa kalo dhaantu mboka ya kala muumbangalantu wa Namibia. Sho nda galukile koNamibia mu Meyi gwo nuumvo, ondeya nelalakano limwe lyiili: lyoku tseya nokulonga shinasha neuvathano pokati kepangelo lya Namibia nepangelo lya Amerika mekondjitho lyombuto yo HIV nomukithi wo AIDS.

Onda kala ndi na etegameno, kutya ota shi ka kodha, ndele osho tuu shili ndamono moompito odhindji okutala nkene omukithi nguka gwa hepeke aantu ooyendji moNamibia na unene miitopolwa yokuumbangalantu. Metalelopo muka onda mona nkene aayakuli moshikondo shuundjolowele nosho woo aayakulwa yawo yena omashongo meyakulo esiku kehe. Ashike etalelopo ndika olya li woo lya tsundje omukumo. Onda tsakaneke aantu oyendji mboka yena omukumo nondjungu oku

ninga Namibia oshilongo moka omapipi gokomeho itagaa kakala we no AIDS. Onda popi nomuhungi mwenyo gumwe ngoka naye ta lumbu nombuto yo HIV, na okwa ninga ngashingeyi omivo dhuuka pomilongo mbali nombuto yo HIV, na okuli oye oshiholelwa oshiwana kooyakwawo, na ota tsitsimidha onkalo yo kulumba nawa no HIV. Onda tsakaneke wo oondohotola, aapan-gi mboka taya gandja epango lyokulelepeka kaavu omathele nomathele, olundji taye shi ninga moonkalo odhiigu lela. Onda talepo wo oongulu dhomakonaakoneno gopaundjolowele, ohamushanga, aagandji yuundjolowele momikunda, kehe gumwe womuyo okuli ta dhana onkandangala onene mekondjitho lyo HIV/AIDS. Onda mono nekwashilipaleko iilonga yaanilonga yo mbelewa yetu koShakati, mboka taya gandja omadheulo, tay ambidhidha, nota ya ngongosheke ogaandji yuundjolowele miitopolwa yokuumbangalantu. Oyendji yomuyo otamu keya mona momapandja taga landula ko moshifo shika. Ondiwete omahokolo gawo otage kutsu omukumo ngaashi ga tsandje omukumo.

Mary Grace McGeehan



*Young women waiting to be seen at the antenatal care clinic at Sambyu Health Center  
(Photo: Veronica Davison)*

## Nurses Bring HIV/AIDS Services Closer to Communities

### Expanding PMTCT in Antenatal Care Services

**O**ne of the key strategies to achieving an AIDS-free generation is the prevention of mother-to-child transmission (PMTCT) of HIV. Namibia has made significant progress towards universal PMTCT coverage, with over 88% of pregnant women receiving treatment. One day, maybe within the next few years, no baby will be born HIV-positive in Namibia.

In the heart of Kavango region in Nkurenkuru Health Center. Although built decades ago, the interior is spotless and every staff member is hard at work. Ms. Elina Angula, the nurse manager, explains that it was the first hospital in Kavango, built in 1927 by Finnish missionaries. There are plans for the Ministry of Health and Social Services (MoHSS) to construct a new hospital in Nkurenkuru, Elina says. At the antenatal care (ANC) clinic just off the main entrance a group of young women between the ages of 17 and 26 years old, are receiving counseling. As an Integrated Management of Adults and Adolescents Illnesses (IMAI) facility, Nkurenkuru offers primary health care, tuberculosis, HIV care and treatment, and ANC/PMTCT services to over 200 patients per day.

Being an ANC site on the border with Angola, the center treats many pregnant women, including women who come in daily from nearby villages in Angola for services. Patients are provided group counseling followed by individual counseling and HIV testing. Ms. Selma Haingura, a registered nurse who manages programs at the clinic, explains that “during group discussions, we focus on the importance of HIV disclosure to families and partners. This allows the women to get support from others and to adhere to their treatment better.” Given that all of the young women at the clinic there alone, Selma worries that they may not receive the necessary emotional support from their partners necessary to stay healthy. She is also concerned that male partners are not accessing services until they get very sick. “I don’t know whether it’s cultural or something else. Many men say the ANC clinic is for women and not for them, or that they don’t have time to come in. But they should know that we offer HIV couples counseling and testing, along with other primary care services they may need.”

Women who test positive for HIV are referred to PMTCT counseling, where nurses address a number of issues in groups or

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# Scaling up Voluntary Medical Male Circumcision in Priority Regions

**I**n a small office in Katima Mulilo State Hospital there is a chart on the wall showing monthly program results. The chart details the number of men who have come in for voluntary medical male circumcision (VMMC) services, explains the resident of the office, Dr. Bitoma Amisi.

“We have conducted over 1,000 procedures since 2010 due to high demand in Caprivi region,” he says. “Traditionally men in Caprivi do not get circumcised but thanks to our demand creation activities and the engagement of the community people are now coming in great numbers.”



*Dr. Bitoma Amisi, Medical Officer, Katima Mulilo State Hospital, showing the facility's waiting list for VMMC services.  
(Photo: Veronica Davison)*

VMMC is one of the most effective HIV prevention tools available today. Usually a one-time intervention, VMMC reduces the risk that a man will acquire HIV from an HIV-positive female partner by up to 60%. In addition, it lowers the risk of other sexually-transmitted infections (STIs) and penile cancer. Female partners of circumcised men have a reduced risk of cervical cancer and STIs. As such, the Government of the Republic of Namibia (GRN) has adopted a policy to provide VMMC services to all men, free of charge.

Physicians like Bitoma carry out the procedure, which



*Ananias Shongolo, Male Circumcision Nurse, Oshakati Intermediate Hospital, preparing his operating theater.  
(Photo: Elizabeth Etherton)*

takes 20 to 30 minutes. To ensure sufficient demand for services, throughout 2011 Bitoma, another medical officer, and two community counselors traveled to dozens of schools and towns in the region. At each stop they held events to raise awareness about the benefits of VMMC and met with indunas [traditional leaders]. “We need indunas because they are trusted by communities and can advocate for VMMC. If they accept the program, they tell people to go for services and people go for services. Many of them have also gotten circumcised,” Bitoma explains. To complement these efforts, the Silozi Namibia Broadcasting Corporation (NBC) aired information on radio about the advantages of VMMC and how to access services at local facilities.

Specially trained nurses like Mr. Anania Shongolo can also perform VMMC procedures. Anania, who works at the Intermediate Hospital of Oshakati, has circumcised over 600 men, mostly between the ages of 20 and 40 years old. He is a passionate advocate for VMMC and takes pride in his work. “I work carefully and methodically so there are no complications,” he explains. Being able to provide a life-changing service and enhance his nursing skills appeal to him. “I really enjoy surgery,” he says. “If I was a doctor, I would be a surgeon.”

Both Bitoma and Anania are encouraged to see so many men come in for circumcision. “I’m proud of those who step up and come for services. It shows that they are committed to change and to protecting their health,” Bitoma states. In fact, so many men want to be circumcised that providers have lengthy waiting lists, although this will change soon. The U.S. government, with resources from the President’s Emergency Plan for AIDS Relief (PEPFAR), will support both Caprivi and Oshana region to scale-up VMMC services over the next three years, while the Global Fund to Fight AIDS, Tuberculosis, and Malaria will support an additional five regions. Donor and national resources are being

*Continued on page 19*

## An Exceptional HIV Counseling and Testing Provider and Advocate for Living Positively with HIV

**I**n 1992, Ms. Sarafina Kafungu received news that would change her life: she was HIV positive. However, it took her a while to accept that fact. “I was in denial for eight years. I told people lies, told them I had skin problems, not HIV,” she remembers. “When someone would come on the TV talking about HIV I would leave the room. If a program came on the radio about HIV, I would turn it off. I suffered because I didn’t have information about HIV, but honestly, I did not want any information.” Then, one day, a woman from her church approached her. “I was very sick at that point. She told me to get up from my bed, to ask for forgiveness, to tell the truth. That day I told my mother, who was taking care of me, and I began telling people who would come visit me about my HIV status.” Since then Sarafina has not stopped sharing her story.

In 2002, Sarafina moved to Ohangwena to join a support group for people living with HIV/AIDS, even though she did not know anyone else in town. “This is where I became free,” she says smiling. The following year she started treatment for HIV, all the while raising her two children, now ages 23 and 27, who are both HIV negative. “I’ve changed since I started treatment,” she explains. “It was difficult for me to adhere to the medicine when I first started, when the side effects began altering my body. Now it’s easy, part of my daily routine. I’m my own treatment supporter.”

Given her own experiences with HIV, in 2005 Sarafina decided she wanted to help others living with the disease. Today she works as a community counselor at Ohangwena Clinic, a position she has held for eight years. With her bright eyes and warm smile, she welcomes up to 200 clients per month to her small testing room. She uses her story as a model for others, particularly those who receive positive test results. “I have the ability and desire to help people understand their status, to explain to them that even though you may be HIV positive your life is not over. I tell people that getting a positive result is not the end of the world but rather something you must accept, something good which it allows you to get the treatment you need.”

As someone who suffered for years due to a lack of information, Sarafina works hard to educate her clients. “Many people died because of fear, shame, or ignorance. Even those who discriminate against people living with HIV do so because of ignorance. The more I talk with people, the more they understand about HIV.” During her awareness raising rounds in the community Sarafina is frequently called upon to meet with



*Sarafina Kafund, Community Counselor, Ohangwena Clinic, speaking to a client  
(Photo: Elizabeth Etherton)*

people who deny their HIV status. “I tell them ‘if you accept that you are HIV positive and you speak about it openly, a fresh air will come to you and you will feel free.’”

One of the reasons Sarafina encourages her clients to disclose their HIV status is because it no longer carries the same negative association. “Our community is 99% free of stigma and discrimination,” she declares proudly. “When we used to feel discriminated against we would explain to people that ‘HIV may be with me today but it could be with you tomorrow’ and that made people stop and think.” Sarafina also credits the Government of the Republic of Namibia (GRN) for reducing stigma, since the GRN made a concerted effort to mobilize people for testing, care, and treatment early in the epidemic.

Today Sarafina’s focus is on the country’s children. “My heart aches for the babies born with HIV whose parents aren’t getting them treatment. We need to explain that children are important people, they have rights, and they cannot be replaced. Some people give up on their children, thinking they will not grow up well. But I know children born with HIV who are graduating from the University of Namibia and taking care of their parents. I tell women not to abuse or neglect their children but instead bring them to the hospital for treatment, give them food and their medicine on time. If you do that they will grow up to be smart and strong.”

Looking back on her life, Sarafina sums it up simply, “I have saved lives and souls, with my story and my work.” It is hard to deny that fact.

Sarafina is getting married this December. Her colleagues and community wish her congratulations and best wishes for this new chapter of her life!



# Field Epidemiologists Enhance National Capacity to Investigate Outbreaks

**E**very day, around the world, there are outbreaks of infectious disease—Ebola, anthrax, dengue, polio, cholera, measles, and meningitis, to name a few. Leading the response to these outbreaks are epidemiologists, public health professionals who understand how diseases spread and how to contain them. Alongside them are laboratory technicians, health information officers, and clinical providers—all working together to address outbreaks.

To ensure that Namibia has sufficient in-country capacity in epidemiology and response management, in 2012 the Ministry of Health and Social Services (MoHSS), with support from the U.S. Centers for Disease Control and Prevention (CDC), launched the Namibia Field Epidemiology and Laboratory Training Program (FELTP). Over 80 surveillance officers, veterinarians, and laboratory technicians, from the MoHSS, Ministry of Agriculture, and private sector have completed



*Johanna Haimene, Toubed Mbwale, Zara Ahmed from CDC-Namibia with Mary Grace McGeehan, Deputy Chief of Mission, US Embassy, with Festus Kuushomwa, Health Information Officer, Ohangwena Regional Management Office, looking at a database (Photo: Elizabeth Etherton)*

the three-month short course. Comprised of an interactive three-week classroom-based course and an on-the-job applied research project, FELTP emphasizes practical, technical skills and knowledge.

One of the most impressive graduates from the first short course is Mr. Festus Kuushomwa. The senior health program administrator for health information systems (HIS) for Ohangwena region, Festus is responsible for gathering, reviewing, and analyzing regularly-reported data from all of the health facilities in the region. In addition, Festus manages the region's integrated disease surveillance and response (IDSR) system, which for he

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*Laboratory staff, Oshakati Intermediate Hospital, conducting tests and entering data (Photo: Elizabeth Etherton)*

## Laboratory Staff Provide High Quality Services

**T**he laboratory at the Intermediate Hospital of Oshakati (IHO) is an impressive site. Immaculately clean, filled with high-tech equipment and staff in white coats hunched over work stations, even a lay person can appreciate the facility. Offering services in chemistry, biochemistry, microbiology, hematology, immunochemistry and flow cytometry, Namibia's second largest laboratory is staffed by 38 technologists, technicians, assistants, and students. According to Mr. Matthew Amunyela, Area Manager, and Mr. Josephat Nghiitele, Chief Medical Technologist, the laboratory at IHO is responsible for overseeing 12 other facilities in the region, with a 13th being established at Omuthiya District Hospital. In this role, the IHO lab performs tests that cannot be conducted at smaller labs, supports quality assurance activities, and builds the capacity of laboratory and clinical staff in the region. Results of tests conducted at IHO for other facilities are sent via the MediTech system, which is supported by the U.S. Centers for Disease Control and Prevention. This electronic system has helped improve turnaround times, allowing patients to get results within a few days, rather than a few weeks. The IHO lab, as part of the national laboratory network, has also placed a greater emphasis on customer care and quality assurance, so patients can be confident that they are getting accurate, complete results, delivered with professionalism and a smile.

## Field Epidemiologists

*Continued from page 9*

designed the database, and leads responses to disease outbreaks, including the one for measles in 2012. Dr. Simon Antara, FELTP

Resident Advisor for Namibia, said Festus's FELTP research project on meningitis was one of the best he has seen during his long career with the program. "The course and my research project taught me how to examine the data and establish links to other potential cases," says Festus. "FELTP has given me the skills to detect outbreaks before they spread, write up official reports, and effectively share data with those who need it. I want to people to say 'if you need information, he is the right man to help you.' FELTP is helping me achieve that goal."

Festus works closely with another FELTP graduate, Ms. Josephine Hango. She serves as a district-level HIS officer at Engela Hospital, within Ohangwena region. Her research project examined cases of diarrhea in the district over the last six years and provided insights into issues of cross-border migration and clinical approaches to the treatment of diarrhea. Josephine says, "FELTP has improved my ability to analyze data, which is my favorite part of my job, and has helped us set up systems to prevent future outbreaks. I'm extremely thankful for the support of CDC and know that the people of this district appreciate what we are doing to protect their health."



*Josephine Hango, FELTP Nurse, Engela Hospital, reviewing a map of health facilities (Photo: Elizabeth Etherton)*

detailed surveys," she explains. The team has worked with nurses in the district to establish a system for weekly reporting of epidemic diseases so that they can quickly respond to potential cases and contain their spread.

Another short course is scheduled for 2014, a year that will also see the launch of the post-graduate long course at the University of Namibia. This two-year program will balance classwork and field work the same way the short course does, and all students will graduate with a master's degree in Applied Epidemiology. These epidemiologists, along with the graduates of the short course, will continue to monitor, respond to, contain, and report on outbreaks to protect the health and welfare of the Namibian people.

## Field Promoters On the Front Lines of the Fight Against TB

**A**mong people living with HIV, tuberculosis (TB) is a leading cause of death globally. That is why Namibia's TB field promoters, like Ms. Hambeleleni Johannes, are so important.

Hambeleleni, along with approximately 120 other TB field promoters, works on the front lines of the fight against TB. Previously a TB lifestyle ambassador, Hambeleleni became a TB field promoter in 2009 and has worked at Ongwediva Health Center since then. At the facility she provides health education to patients on key topics including HIV, TB prevention, and treatment, and refers patients for additional services. At least two days a week she goes into the community, conducts follow-up visits with TB patients, finds those who have stopped taking their medicine and gets them back on treatment, and identifies new cases of TB. TB requires at least six months of treatment and continuous follow-up to ensure adherence and retention in care. As the only TB field promoter at the health center, Hambeleleni has a large workload but remains motivated by her passion for the job. "I like working with the community, helping educate them about TB," she says. Thanks to Hambeleleni and her colleagues, victory in the battle against TB in Namibia may be in sight.



*Hambeleleni Johannes, TB Field Promoter, Ongwediva Health Center, standing in her office (Photo: Elizabeth Etherton)*

# Nurses Take the Lead on HIV/AIDS Treatment

**I**n May 2013, Ms. Sophia Chirodaero, a nurse at Ongwediva Health Center in Oshana region, was on the verge of a major professional milestone: the 1,000th HIV-positive patient she has started on antiretroviral treatment (ART) by herself. Previously a responsibility held only by doctors, ART initiation requires a great deal of skill and expertise, as well as dedication. Changes in global and national policies have allowed specially-trained nurses to prescribe ART through a process called task-shifting. Sophie is one of those nurses and has been initiating patients since 2010.

Today, if she has a question or concern about a complicated case she calls a medical officer at a nearby hospital, although those cases are quite few. In addition to starting patients on ART, Sophie cares for 2,779 HIV-positive adults and 352 children, almost entirely on her own. She screens them for tuberculosis and opportunistic infections, provides counseling on the importance of adherence to their medication, and offers health education on a variety of topics.

Ms. Johanna Haimene and Mr. Toubed Mbware, field officers at the U.S. Centers for Disease Control and Prevention (CDC) office in Oshakati provide technical support to Sophia on a routine basis and name her one of the best ART nurses they have ever had the pleasure of working with. “All of her registers and patient booklets are complete and accurate, which is quite the feat given her many responsibilities,” says Toubed of Sophie’s data management. Johanna is impressed by her clinical skill and commitment. “Sophie is an expert on HIV, which is clear from the high quality of care

she provides and how well her patients have done.” For her part Sophie is humble about her achievements but will say that is she proud of learning the local language, Oshiwambo, so she can better communicate with her patients.

Johanna and Toubed work closely with three other exceptional ART nurses: Ms. Linea Hans, Ms. Ottilie Shailemo, and Ms. Mavis-Ann Chizyuka. Linea, who works at Omuthiya District Hospital in Oshikoto region, has supported HIV/AIDS programs since 2005 when she was deployed to Okongo Clinic. Although task-shifting policies had not yet been adopted she began prescribing ART and managing patients because there was no medical officer at the site and a high demand for services. “Although I did not have training the medical officer at the local hospital gave me authorization to initiate patients on treatment,”



*Sister Sophia P. Chirodaero, ART Nurse, Ongwediva Health Center (Photo: Elizabeth Etherton)*

she explains. “I studied the ART guidelines carefully and taught myself what needed to be done. It has been an extremely challenging but rewarding process.” At various times over the last eight years Linea has worked at facilities without a pharmacist, community counselor, or data clerk so has also learned how to dispense medicine, provide HIV counseling and testing, and manage patient databases. “Sometimes it is difficult to stay motivated with so much to do but when I feel overwhelmed I think about the patients. Many of them have been with me for years and I have developed friendships with them. They make me want to wake up early and work hard, so I can provide them with quality care and keep them healthy.”

At Ondobe Clinic in Ohangwena region, Ottilie shares this sentiment. With support from CDC and Engela District Hospital Ottilie led the revitalization of the facility’s HIV/AIDS program. In March 2013 Ottilie began initiating patients on ART, in consultation with the medical officers at Engela. “Apart from ART we see over 100 patients per day at this clinic but only have three nurses. We want to scale-up of our ART program slowly so we can maintain the quality of all of our services and give our clients the care they need,” she says. Thursdays at clinic are now dedicated to HIV/AIDS, with Johanna and Toubed frequently coming by to provide assistance.

Over in Kavango region, at Sambyu Health Center, Ms. Mavis-Anne Chizyuka, a Registered Nurse shares some of the benefits of task-shifting. “When we started offering ART services in 2010 we no longer had to transport patients to Rundu Hospital, 30 kilometers from here, on the back of a truck be seen by a doctor and get their medication. Some people had no money for transport to Rundu for follow up and ended up staying home and getting very sick. Now they only have to walk to their local clinic here at Sambyu. The health status of people living with HIV has improved a lot and we are no longer commonly seeing our clients with diarrhea, fever or coughing. They are much happier and adhering to their treatment,” she explains.

The introduction of task-shifting in Namibia has allowed skilled and dedicated nurses like Sophia, Linea, Ottilie, and Mavis to provide high quality treatment services to HIV-positive patients across the country. Thanks to these are extraordinary nurses and the adoption of task-shifting policies care has been brought closer to those in need. With dedicated nurses and the support of medical officers and other key cadres, Namibia is moving closer to an AIDS-free generation.



*Sister Linea Hans, ART Nurse, Omuthiya District Hospital (Photo: Elizabeth Etherton)*



*Mavis-Anne Chizyuka, ART Nurse, Sambyu Health Center (Photo: Veronica Davison)*

## Community Counselors Serve as the Backbone of the HIV/AIDS Program in Namibia

**C**ommunity counselors are regarded as the backbone of the HIV Counseling and Testing (HCT) program by the Ministry of Health and Social Services (MoHSS), as they are responsible for providing HCT services in public health facilities. A lay cadre, they are trained and certified by the MoHSS to offer HCT in various settings. This includes conducting rapid HIV testing, pre- and post- test counseling, and psychosocial and adherence support to those testing HIV positive. Mainly deployed in voluntary counseling and testing, prevention of mother-to-child transmission (PMTCT) and antiretroviral treatment (ART) delivery points, the over 600 community counselors work closely with nurses and doctors at health care facilities, providing necessary support services.

The Nkarapamwe Clinic is an Integrated Management of Adults and Adolescents Illnesses site in the Kavango region. “This facility provides antenatal care, PMTCT, rapid testing, and ART services, all of which require support from community counselors,” Ms. Selma



*Astrida Sainga, Community Counselor, Nkarapamwe Clinic, speaking with a client  
(Photo: Veronica Davison)*



*Festus Kamenye, Community Counselor, Oshakati Intermediate Hospital, reading results from his PIMA machine  
(Photo: Elizabeth Etherton)*

Baruck, a registered nurse explains. One of these counselors is Mr. Kantana Hendrick Manuere. A community counselor for the past seven years, he became interested in counseling when he realized that his community needed HIV education. Hendrick explains that he is proud and happy to be a community counselor because he knows that he is saving

lives. When he started doing his work, he saw a lot of stigma, discrimination and fear amongst people. “People were afraid to come for testing but now they are open to it. They used to cry when they learned they’re positive but now they don’t cry anymore. When I see partners hugging and kissing after getting their results, I feel proud that I’ve helped,” says Hendrick.

Hendrick is joined by his colleague, Ms. Astrida Sainga, whose passion to help her community started when she was at secondary school and participated in a training called My Future is My Choice. Her interest in community counseling was born out of her own experience with antenatal care counseling in 2006, during her first pregnancy. In 2009, she achieved her goal of becoming a community counselor. Beyond counseling and testing, Astrida opens client files, refers patients for HIV care and TB screening, conducts CD4 testing, provides information about voluntary medical male circumcision, and advises vulnerable children to speak with social workers. “Even though it’s not easy, I’m proud to be a community counselor. I enjoy supporting people in my community and feel proud when I’ve helped someone.” Her colleague at Nkarapamwe, Mr. Moses Sitareni, adds that he became a community counselor not only because he had an interest in HIV but because he wanted to help others gain access to information so they could avoid becoming infected.

Across the country, at the Intermediate Hospital of Oshakati, another community counselor, Mr. Festus Kamenye prepares his CD4 testing machine for the day.

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## Young Namibians Prepare to Become Biomedical Scientists



*Moses Sitareni, Community Counselor, Nkarapamwe Clinic, talking to Dr. David Lowrance, CDC-Namibia Country Director  
(Photo: Veronica Davison)*

Festus, who has been a community counselor since 2005, is one of 11 at the site but the only one trained to use the CD4 testing machine. In addition to dozens of HIV rapid tests, on average Festus conducts eight CD4 tests per day. Results are available in 20 minutes and based on the CD4 count, he is able to refer HIV positive patients either to ART services or pre-ART care. According to Festus, "Having community counselors conduct CD4 testing has a lot of benefits, including lower costs, faster results, and same day referral. Overall this has improved the quality of services and increased the number of people we see getting put on treatment without delay."

Ms. Mavis-Ann Chizyuka, a registered nurse at Sambyu Health Center, says that community counselors are the heart of the HIV program and their work goes beyond providing ordinary services. Many health care workers would not be able to manage without the support of community counselors like Hendrick, Astrida, Moses, and Festus. "Community counselors are a big asset to us because sometimes we see 40 to 45 patients on a busy day and they assist with many steps in the process. They're exceptional at talking to patients and connecting with them," says Selma, who is delighted with the support she receives from community counselors and how they complement her team.

**O**n April 17, 2013 Ms. Cara-Mia Dunaiski received a wonderful surprise. During the 18th Polytechnic of Namibia Graduation Ceremony she received the Rector's Medal for overall best student. The medal and her cum laude degree were the culmination of years of hard work as a student within the School of Health and Applied Sciences, Department of Biomedical Sciences. Thinking back on that day Mia reflects that "being awarded cum laude and receiving the Rector's Medal stirred up mixed emotions for me."

Growing up, Mia had her mind set on becoming a medical doctor. But due to various personal and financial obstacles, she decided to shift her focus to another field: laboratory science. Determined to contribute to improving public health and saving lives, she enrolled in the biomedical sciences program at Polytechnic in 2009. From that point, Mia embraced every stage of her studies. "I particularly enjoyed the theoretical components and the one-on-one attention that we received from our lecturers, which was excellent." Mia also welcomed the challenge of conducting public health research, a key element of her degree. Her study addressed the issue of hookah smoking among Polytechnic students, which her findings revealed to be common among 53% of the students. This experience has sparked her interest in pursuing a masters or PhD degree in neglected tropical diseases or public health, hopefully within the next few years.

Mia is currently completing a one year internship at Pathcare Namibia so that she can register as a Biomedical Scientist with the Health Professions Council of Namibia. Many of Mia's fellow graduates are completing internships at the Namibian Blood Transfusion Service and the Namibia Institute and Pathology. Both of these institutions, as



*Cara-Mia Dunaiski, Best Student, Health and Applied Sciences 2013, Polytechnic of Namibia  
(Photo: Veronica Davison)*

well as Polytechnic, receive assistance from the U.S. Centers for Disease Control and Prevention (CDC). Established in 2010, CDC's partnership with Polytechnic supports the Department of Biomedical Sciences to improve clinical and research laboratory facilities, strengthen faculty and student exchange, and enhance the quality of teaching provided.

Mia is thankful for the support from CDC and her education from Polytechnic. "I love studying. I love learning. And most of all, I love helping people. My biomedical sciences education made me competent in the testing and diagnosis of disease but it also gave me the foundation and inspiration to make positive impact on public health."

# Field Workers Strengthen Linkages between Health Facilities and Communities

## Couples HIV Counseling and Testing and Defaulter Tracing

**F**ar from the bustle of Windhoek, Ms. Anneli Haingura and Ms. Clothilde Mutjida, Development Aid from People to People (DAPP) field officers, walk through the small town of Sauyema, just outside Rundu. They pass a young girl pounding millet in the yard, a grandmother enjoying an afternoon nap, a couple of six-year old children playing a game. They greet each person with a warm smile and chat like old friends, but this is their first time here. Their bright red t-shirts and bags are their introduction—everyone knows they are DAPP field officers.

They are in Sauyema to provide home-based HIV counseling and testing to interested individuals and couples, part of a pilot project supported by the Ministry of Health and Social Services (MoHSS) and the U.S. Centers for Disease Control and Prevention (CDC). Today their clients are Mr. Johannes Sinoge, 32 years old, and Reginalda Liwaneuka, 26 years old, who are parents to two young children. They sit together, facing Anneli and Clothilde. The field officers introduce themselves and explain the value of couples HIV counseling and testing, speaking Rukwangali, one of the languages spoken in the Kavango region.

Once Clothilde clarifies the purpose of the visit and Johannes and Reginalda consent to be tested, Anneli takes out the testing kits and describes the process for obtaining a sample. The couple is shy and quiet, but experienced field officers, Anneli and Clothilde are patient and kind, putting them at ease.

Getting the blood sample for the test is easy—just a simple finger-prick. The results will be ready in 15 minutes. While they wait Anneli explains that the results could be both negative, both positive, or discordant, meaning that one might test positive

and the other negative. She discusses the importance of accepting the results and supporting each other, especially if they are discordant. Clothilde demonstrates how to use a male condom and reminds the couple of the importance of consistent and correct condom use. When they are ready, Clothilde shows Johannes his results, then Reginalda hers. Clothilde provides post-test counseling and answers their questions carefully. Once they have all the information necessary they are given a packet of condoms and a referral to a local health center.

What is most striking about the visit is how different it is from most visits to a health facility. The clients enjoy the comfort of being in their own home and the attention of skilled providers who are free from distractions. They have each other to lean on and two experts to confer with for as long as they want. Home-based HIV testing with DAPP field officers is a unique service, one that values privacy, convenience, and quality.

The field officers recognize these benefits and their value to clients, which is why they are willing to work on evenings, weekends, and holidays, whatever it takes to reach people.

“When we test people at their homes we can spend as much time as we need with a client,” says Ms. Alberthina Kasiki, a field officer in Oshakati. “We can reach people who do not usually go for services at health facilities, like men, and people who have never before been tested,” explains Ms. Natalia Lucas, also a field officer from Oshakati. But they also understand that home-based HIV testing would be impossible to implement, had they not worked so hard over the last eight years, since DAPP began its work on HIV/AIDS. Mr. Matheus Kaitungwa, a field officer

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*Anneli Haingura and Clothilde Mutjida, DAPP field officers, conducting pre-test counseling with a couple in Sauyema, Rundu (Photo: Veronica Davison)*



*Anneli Haingura conducting an HIV Test after the couple's pre-counseling session (Photo: Veronica Davison)*



*Anneli Haingura and Clothilde Mutjida, providing post-test counseling with the couple (Photo: Veronica Davison)*

# Medical Doctors Committed to Saving Lives

**T**he narrow corridors are full of patients, the majority of them young women, some carrying babies on their backs. They wait for their names to be called so they can be attended to by a doctor or a nurse. Sitting in her small office preparing to see patients, Dr. Margaret Chitemerere is full of energy and enthusiasm.

As an HIV/AIDS Medical Officer at the Rundu Hospital in Kavango region, she has full, busy days but she loves her job. Originally from Zimbabwe, she has spent the past seven years working at the HIV/AIDS clinic in Rundu, first supported by the U.S. Centers for Disease Control and Prevention (CDC) and now by the Ministry of Health and Social Services (MoHSS). “When I started, there was only one doctor here, along with two nurses. Now there are two medical officers, four nurses, four community counselors, one pharmacist, two data clerks and four volunteer expert patients. We still see a lot of patients every day, but as a team we are able to cope with the workload,” she says.

On average, the team provides services to 200 HIV-positive patients per day. On a monthly basis they offer outreach activities to seven primary health care centers and clinics in order to initiate patients on ART. “HIV is my passion, so I’m glad that I get to focus primarily on HIV care and treatment, unlike some



*Naemi Shoopala, CDC-Namibia Maternal Child Health Specialist, looking at patient data with Dr. Margaret Chitemerere, ART Medical Officer, Rundu State Hospital (Photo: Veronica Davison)*

doctors who get pulled in many different directions,” she explains.

According to Margaret, there has been a great reduction in the level of stigma and discrimination in the community. “I have seen how of people have changed. Our patients have done very well and are happy. I remember when I started, they wouldn’t even greet me in public. Now they’re so confident that the stigma is gone that they stop and say ‘Doctor, I will see you soon,’” she shares proudly.

One of the challenges Margaret and her team face is a



*Dr. Nhamo Benhura, Acting Principal Medical Officer, Engela Hospital, preparing to see patients (Photo Elizabeth Etherton)*

lack of space, particularly for adolescent and pediatric services, which makes it difficult to scale-up certain activities such as child disclosure. She is also concerned about the number of young HIV-positive children who do not have an adult ensuring that they are taking their medicine, which has resulted in them defaulting on their treatment. To address this challenge, the team is working with Development Aid from People to People (DAPP) field officers to locate these children and train their caregivers about the importance of supporting them to take their medication and bring them back to the hospital for routine visits.

Through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC funds clinical mentors who facilitate continuing education courses and workshops for healthcare workers. Expressing her gratitude for the support Margaret explains that “it can be difficult to address complicated cases without the assistance of clinical mentors, as we have to call Windhoek. Now, with a mentor on the ground, we can conduct ward rounds for these patients, get additional training, and discuss broader public health issues.”

Dr. Nhamo Benhura, Acting Principal Medical Officer at Engela Hospital, has a similar story. Trained in Zimbabwe, he started working at the hospital in 2008 and two years later took over as the head of the Communicable Diseases Clinic. As of May 2013, the clinic was actively caring for 12,061 HIV-positive patients, more than two-thirds of whom were on antiretroviral treatment. Staffed by three medical officers, eight nurses, two pharmacists, one pharmacy workhand, three data clerks, and two community counselors, the clinic sees up to 150 patients per day. Many of these patients are from Angola, which is just a short drive away.

Like Margaret, Nhamo has ben-

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## CDC Field Office Supports Health Facilities in Northern Regions

**F**rom Opuwo to Katima, from Oshikango to Tsumeb, everyone knows Ms. Naemi Shoopala, Ms. Johanna Haimene, and Mr. Toubed Mbwale, and they know everyone. Name someone and they will tell you a story about his or her wedding. Stop at a petrol station and they greet five people by name.

But where they truly shine is at the hospitals, health centers and clinics which dot the vast landscape of northern Namibia. There, chatting with staff and clients alike, the U.S. Centers for Disease Control and Prevention (CDC) field officers are in their element.

All registered nurses with specialized training in HIV/AIDS, the technical staff of CDC's Oshakati office spend more than 75% of their time visiting dozens of facilities in six northern regions. At each facility they provide clinical support for



*Naemi Shoopala, CDC-Namibia Field Officer, and Dr. David Lowrance, CDC-Namibia Country Director, speaking with a DAPP team in Rundu during a site visit  
(Photo: Veronica Davison)*

a wide range of services, from HIV/AIDS care and treatment to tuberculosis control to maternal health. Their passion and expertise are evident as they, along with the facility's health care providers and a representative from the Ministry of Health and Social Services (MoHSS) regional management team, comb through stacks of registers and booklets. Using structured data collection tools, the CDC team and the facility staff review recent client visits, identifying both successes and areas for improvement. "These visits inspire me to do better," says Ms. Otilie Shailemo, the nurse in charge at Ondobe clinic. "Knowing that they are coming on a routine basis encourages me to provide high-quality care and to keep proper records. I feel proud when I score 100% on the indicators."

Using a "see one, do one, teach one" approach to the support visits, the field officers build the capacity of staff at the facilities to collect, analyze and utilize their data for enhanced service delivery and program management. This allows facilities to conduct their own quality assurance activities, promoting a cycle of continuous feedback and improvement.

Beyond mentorship for facility-based clinical services, the field officers also support community-level interventions, the development and roll-out of new trainings, and the implementation of pilot activities. Each team member takes the lead on a particular topic, in line with his or her personal interests. Johanna is a strong advocate for voluntary medical male circumcision and door-to-door HIV counsel-



*Johanna Haimene and Toubed Mbwale, CDC-Namibia Field Officers, reviewing registers during a support visit to Ongwediva Health Center  
(Photo: Elizabeth Etherton)*

ing and testing so has worked closely with the MoHSS and Development Aid from People to People to launch those initiatives. Toubed supports the Oshana Regional Data Review and Planning Forum, as well as the Field Epidemiology and Laboratory Training Program, which he participated in last year. Naemi is a passionate advocate for maternal and child health and is actively involved in the scale-up and decentralization

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## CDC Field Office

of prevention of mother-to-child transmission (PMTCT) services, including the use of dried blood spots for early infant diagnosis.

The impact of this office cannot be underestimated. “When we started up, less than 10% of facilities in the north were providing any HIV services. Through the leadership of the MOHSS and support of CDC, now 100% of facilities are offering PMTCT, HIV counseling and testing, and early infant diagnosis services,” say Johanna, who has been with CDC since 2006. “I want to assist people who are suffering and through this work, I can see us bring about changes to help those people. That’s the most rewarding part of my job.”

Her colleague Toubed echoes these sentiments. “We are succeeding the battle against mother-to-child transmission of HIV and we have seen progress resulting from our work.” Naemi, who also serves as Field Coordinator for the office, says “It’s exciting to page through a facility’s ANC register and see improvement in the number of women who were counseled, tested, and given antiretroviral prophylaxis. I’m thrilled when we review a register and see that over 95% of HIV-exposed infants actually test negative for the virus. I know that these results are due in part to the work of our office and our dedication to improving the quality of care and treatment services.”

Of course, the team faces a number of challenges, including limited time to visit all facilities in need, long distances between sites, and changing clinical guidelines. But despite these issues, the field officers remains optimistic and motivated. “It was a great idea for CDC to open this office, as it has had such an impact on the quality of services being provided, but we need to do more,” explains Johanna. “We want to offer greater support in Kunene, Kavango, and Caprivi, and to integrate other health domains, like malaria, into our portfolio.” Perhaps with a few more hands coming on deck in the coming months, the team will be able to make these dreams a reality, bring their expertise to even more sites and programs.

## Building the Capacity of Health Care Workers through Regional Training Centers

Capacity building is critical to ensuring the sustainability of donor-funded programs. With resources from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the U.S. Centers for Disease Control and Prevention (CDC) funds the International Training and Education Center for Health (I-TECH), an organization that specializes in health systems strengthening. I-TECH works with the Ministry of Health and Social Services (MoHSS) to build the institutional capacity of National and Regional Health Training Centers, which are hubs for the in-service training of health care workers.

Ms. Magama Shingirai, a registered nurse and special nurse trainer at the Regional Health Training Center (RHTC) in Rundu, explains that they provide in-service training to health care workers from the Caprivi and Kavango regions. This training spans a variety of HIV-related issues, including testing and counseling, treatment, tuberculosis, prevention of mother-to-child transmission, and early infant diagnosis. The RHTC team also conducts follow-up visits at health facilities in the two regions to reinforce the quality of in-service training. In addition, the RHTC supports the establishment of HIV and AIDS clubs which referred people for care and support services. “We have seen the impact of our training since 2010, as there is a reduction in new infections and an increase in the number of women coming for services. Men are slowly trickling in but there is an improvement,” she explains.

The RHTC is equipped with Digital Video Conferencing (DVC) technology to facilitate trainings. Magama finds the use of the DVC for training purposes both cost effective and convenient in terms of reaching health care workers, who are often spread over vast distances. Although challenges remain in terms of logistics and attendance, she believes that the DVC can equally benefit patients if they can be brought together from different regions to share experiences. These events would further contribute to reducing stigma, motivating patients to disclose their status, and acknowledging that HIV is not something to hide.



*Ms. Magama Shingirai, Special Nurse Trainer, Regional Health Training Center, Rundu  
(Photo: Veronica Davison)*

# Program Officers Harness Human and Financial Resources



*Vicky Kambuto, Chief Health Program Administrator, Oshikoto Region  
(Photo: Elizabeth Etherton)*

**M**s. Vicky Kambuto declares “You have to be really strong to be a program administrator” and she should know. As the Chief Health Program Administrator (CHPA) for special programs in Oshikoto region, Vicky is responsible for coordinating and managing all activities related to HIV/AIDS, tuberculosis (TB), malaria, and leprosy. She and her fellow CHPAs must juggle competing programs and priorities, engage and appease numerous stakeholders, and ensure the quality and accessibility of clinical services.

Despite the challenges of limited staff and a large number of new projects, Vicky and her colleagues have helped their regions achieve some remarkable results. For example, Oshikoto has increased the rate of TB treatment success from 20% in 2008 to 96% in 2012 and ensured that all TB patients are tested for HIV.

Vicky’s colleague, Ms. Aini-Karin Toivo is the CHPA for family health in neighboring Oshana region. She manages a wide range of health programs, from safe



*Aini-Karin Toivo, Chief Health Program Administrator, Oshana Region  
(Photo: Elizabeth Etherton)*

motherhood to nutrition to adolescent health. The achievements of Karin and her team reflect their broad portfolio, as they have been able to train nurses in all facilities in the region on the provision of Pap smears, establish a system of quarterly integrated supervisory visits to address data quality issues, and develop relationships with local faith-based organizations and taxi drivers to promote facility-based deliveries. Most impressively, Oshana has reduced mother-to-child transmission of HIV so now only 1.6% of HIV-exposed babies are born with the virus.

Karin works closely with another CHPA for Oshana, Ms. Karolina Shiyogaya, who is in charge of special programs. To ensure that the 16,000 people



*Karolina Shiyagaya, Chief Health Program Administrator, Oshana Region  
(Photo: Elizabeth Etherton)*

in the region receiving antiretroviral treatment for HIV/AIDS have access to quality services, Karolina and her team have initiated several innovative projects. Chief among these is a monthly regional data review which examines the latest results and trends related to HIV/AIDS prevention, care, and treatment services. Through these reviews, health providers and managers are able to identify programmatic gaps, areas for improvement, and best practices. The U.S. Centers for Disease Control and Prevention (CDC) provides technical assistance for data collection, analysis, and interpretation at the forum, in collaboration with the Ministry of Health and Social Services (MoHSS). “I’m extremely thankful for the support of both CDC and the MoHSS to make this forum so successful,” Karolina says. “It’s helped our programs become stronger and our health workers to provide even better services to the people of this region.”



*Idah Mary Mendai, Chief Health Program Administrator, Kavango Region  
(Photo: Veronica Davison)*

On the other side of Oshikoto, in Kavango, Ms. Idah Mary Mendai, also a CHPA for special programs, has her own system for reviewing and using data. She looks for major trends in clinical results and then visits facilities to better understand the issues. During those visits she provides technical support and mentorship to health care workers in areas where there are challenges, and applauds them when they have done well. “I really enjoy working with the facilities,” Idah explains. “Together are able to determine what needs to be fixed, come up with a solution, and implement it. This is what I love about my job,” she concludes.

Neighboring Kavango Region, is Caprivi, where Ms. Agnes Mwilima works as the regional CHPA. She coordinates with a broad network of managers to harness the resources of a wide range of stakeholders. “Being a CHPA means bringing people together around a common cause: providing high quality care to the people of Namibia,” she explains.



*Agnes Mwilima, Chief Health Program Administrator, Caprivi Region  
(Photo: Veronica Davison)*

## Medical Officers

*Continued from page 15*

efited from PEPFAR support, in his case via the HIVQUAL program. As part of the national quality management system, HIVQUAL promotes the review and use of the data to identify areas for improvement. Already collecting 11 standard indicators, Nhamo and his team asked to add a 12th, on the provision of Pap smear services to HIV-positive women. In 2010 the clinic began providing Pap smears to eligible women during their routine visits in order to identify pre-cancerous growths on the cervix. Such growths, if left untreated, could lead to cervical cancer, especially in HIV-positive women. The team at Engela now has a dedicated room and nurse for Pap smears, which has helped get coverage over 52%, according to the latest analysis by HIVQUAL.

Nhamo is proud of the staff of Engela for the movement they have made towards providing Pap smears to all women in need. “My favorite part of this job is making change happen,” he says. “When we assess our progress, develop tools, and implement together we can truly see the fruits of our labor.”

The hard work, leadership, and skill of Margaret and Nhamo, along with countless other medical officers across Namibia, have produced tremendous fruits over the last ten years. They have saved lives, prevented infections, and supported communities—real progress, made together.

## Voluntary Medical Male Circumcision

*Continued from page 7*

directed to VMMC because uptake has the ability to change the course of the epidemic in the country. If scaled up to reach 80% of men within the next five years, and coverage is thereafter maintained, VMMC has the potential to avert more than 18,400 new HIV infections in Namibia over the next fifteen years and save an estimated N\$158 million (US\$16.2 million) in care and treatment costs over that period. Providers like Bitoma and Anania will be essential to achieving this impact in Namibia.

## Nurses Take a New Role as Pharmacists



*Victoria Namgongo, ART Nurse, Ondangwa Health Center, reviewing stock in the facility's pharmacy  
(Photo: Elizabeth Etherton)*

**A** pharmacist visits Ondangwa Health Center once a month. The rest of the time responsibility for dispensing medicine and managing stock rests with the nurses of facility. But rather than see this additional task as a burden, the team has embraced the challenge and become a group of extremely competent in their new role. “We have taught ourselves to be pharmacists,” explains Ms. Magdalena Nakangola, a nurse at the facility. “This is one of our greatest successes,” says Ms. Semukelisiwe Musariri, another nurse. On an average day the team sees around HIV-positive patients, 90% of whom are treated by the nurses, as there is only one doctor at the facility. On a busy day they can see as many as 150 patients, but they always make time to conduct proper inventories of the pharmacy, package medicines, and order stock when necessary. The team is resourceful, dedicated, and committed to serving their patients. “Seeing them improve and walk out happy is what keeps us motivated,” Ms. Victoria Namgongo, also a nurse, says with a smile. Like many health care providers across Namibia, the staff members at Ondangwa Health Center are willing to go the extra kilometer for their patients, even if it means taking on new and unexpected roles.

## Exemplary Treatment Expert Patients Serve as Role Models to Others Living with HIV

**T**hirteen years ago, at the age of 27, Ms. Manga Muhongo was diagnosed with HIV and immediately put on treatment. Today Manga is an example of someone who truly lives positively. “I was afraid I’d die without seeing my children grow up, but now I’m happy. I’m healthy.”

At her neat, modest house she lives with her 18-year-old daughter and four-year-old granddaughter, whose mother works in Windhoek. Her garden is beautiful—an oasis of sorts—lush and green from the fruit trees and vegetables. Manga is proud to feed her family from this garden, explaining “they say fresh fruits and vegetables are good for you.” When not taking care of her family or tending to her garden, Manga serves as an expert patient at the Bukalo Health Center, helping other people living with HIV. She was trained as an expert patient in Windhoek but returned home to assist her community at Bukalo, where she works closely with the antiretroviral treatment (ART) nurses. Because ART services are offered at Bukalo, patients no longer have to wake up at 4:00 AM to travel to Katima Mulilo Hospital, 30 kilometers away, and wait in long queues for hours. Services at Bukalo Health Center are of high quality and she takes pride in helping at the facility. “The services are so good, so wonderful and we do not have to queue long. If somebody is HIV positive, they are referred to me to talk to them and I encourage them to live positively and to take their medication on time,” she explains.

Five hundred kilometers west of Bukalo, at the hospital in Rundu, is another dedicated expert patient, Ms. Loide Kamati. In 2003, she fell sick and was treated for herpes zoster and oesophageal candidiasis. A year later, she was diagnosed and treated for pulmonary tuberculosis and recovered after six months. Unfortunately she was never tested for HIV during this time. When Loide became pregnant in 2005 she had her first HIV test at an antenatal care visit. Her results were positive and she was devastated. “I felt like I was going to die. I couldn’t accept the result and thought ‘I just cannot be positive,’” she says in a soft voice. However, a community counselor encouraged Loide to accept her diagnosis and helped her move past her denial. With the desire to support her community in the fight against HIV/AIDS, Loide became an expert patient. Today she works at the Rundu ART Clinic, where she is proud to support other HIV-positive people to live full, positive lives. She is thankful for the assistance Namibia is receiving from through the U.S. President’s Emergency Plan for AIDS Relief. “I’m so happy that the U.S. government is supporting our government, which enables us to get tested and get treatment. This partnership has supported the services I needed to have my baby born HIV-free,” she says.

Manga and Loide are role models in their respective communities. In addition to spending most of their time at the

ART facilities mentoring HIV positive patients, they share their stories with others to give hope to those patients who are disillusioned. They counsel and provide information about the dangers of alcohol abuse, which is a barrier to adherence and is associated with increased risky behavior and potentially, HIV transmission. The work of expert patients like Manga and Loide is essential in the fight against HIV/AIDS, as they show others how to embrace life after a positive diagnosis.



*Manga Muhongo proudly showing off her ART medicine  
(Photo: Veronica Davison)*



Left to right: Kalina Kutuahupira, Andreas Kam-bonde, Isaac Tjaronda and Rachel Nakasole, Data Clerks, Oshakati Intermediate Hospital, in their office (Photo: Elizabeth Etherton)

## Data Clerks Provide Essential Information for Decision-Making

**A**t Engela Hospital, Mr. Willem Shimando sits at his computer, diligently taking paper files from a stack and entering data from the record into an electronic information system. “This is my favorite part of my job,” he explains. But Willem, a data clerk at Engela since June 2009, has much more to do. In addition to entering HIV care and treatment and HIV counseling and testing data into databases, he generates numerous program reports, develops lists of patients who require follow-up visits, and answers queries from clinical staff about patients’ records. On a monthly basis he visits two health centers sites and two outreach points to assist with their data collection, management, and analysis activities. Willem has spent much of the last year working to improve the support provided to these sites, helping ensure that files are ready when medical officers conduct outreach visits, records are not lost in transport, and data are sent to district, regional and national offices in a timely manner. “In order to better support the medical officers and nurses I work with, I’ve learned what the data mean. This collaboration with colleagues is one of the most important aspects of a data clerk’s job.”

Ms. Juliana Gawasnai, a data clerk at Ondangwa Health Center, shares this approach. Along with the clinical staff at the site, she participates in a weekly team meeting where data are shared and reviewed. “I enjoy seeing the importance of the data and how they are used by the team to improve services,” she says. At Ondangwa the team uses a number of tools and routine analyses to ensure that proper TB/HIV screening



Josephine Hango, Health Information Systems Nurse, Engela Hospital, entering and analyzing data (Photo: Elizabeth Etherton)

and treatment are conducted, regimes with fewer harmful side-effects are being prescribed, and patients are seen on schedule. Without efficient and accurate data collection, this analysis would be impossible. As Dr. Musa Sahana, the medical officer at the site, sums up “data are everything.”

*“Recognizing and preventing men’s health problems is not just a man’s issue. Because of its impact on wives, mothers, daughters, and sisters, men’s health is truly a family issue.”*

Representative Bill Richardson, Congressional Record, H3905-H3906, May 24, 1994

# Nurses Bring Services Closer

*Continued from page 6*

individually. “In the first visit we talk about family planning, which is a key pillar of an effective PMTCT program.

Avoiding multiple pregnancies through effective family planning allows the women to take better care of themselves and their children.” Selma says. During follow-up visits women receive information about proper nutrition, breast-feeding, and the importance of delivering their baby at a health facility. They also receive medication to prevent the transmission of the virus to their baby and guidance on how to properly take the pills. Thanks to an effective outreach program, over 95% of women, including those from Angola, come back for follow-up visits and prescription refills both before and after delivery.

To ensure that the PMTCT prophylaxis was successful and that HIV-exposed baby is not carrying the virus, Nkurenkuru offers early infant diagnosis services. Per the national PMTCT guidelines, when a pregnant mother delivers, nurses in the maternity unit give her an appointment for six days later for a routine check-up at the nearest facility. The major post-natal follow-up appointment is scheduled after six weeks. At this visit nurses examine the mother and baby pair, review adherence to infant’s treatment regime, initiate the mother on additional medication, and test the baby’s DNA for HIV using a dried blood spot. The results of this test are ready within a month and let the nurse know if the baby needs additional treatment or if they are HIV-free.

Programs like the one at Nkurenkuru are protecting the health of Namibia’s next generation and guaranteeing that women and men receive life-saving services. As Selma says, “it is our responsibility to take care of our people, before birth, after birth, and as adults. If we do this, we can ensure that no baby is born with HIV and that all those who need treatment receive it.” Such commitment is driving Namibia towards an AIDS-free generation.



*The staff of the ANC clinic at the Intermediate Hospital of Oshakati, who see over 70 patients per day (Photo: Zara Ahmed)*



*Selma Haingura, ANC/PMTCT Nurse, talking to young women at the ANC Clinic, Nkurenkuru Health Center (Photo: Veronica Davison)*



*An example of a health education poster for pregnant women, Intermediate Hospital of Oshakati (Photo: Elizabeth Etherton)*

# Field Workers Strengthen Linkages

*Continued from page 14*

for Oshana region offers a reason for their success. “We have worked with these communities since 2005. We have developed relationships with individuals and families. They know us and trust us. They know that we choose to be out there with them and they have welcomed us into their homes.”

Five hundred 500 kilometers east of Sauyema, at Ngweze Clinic in the Caprivi region, another pair of DAPP field officers is preparing to visit someone at home. Ms. Melody Chipadze and Ms. Charity Kabuba Ntema are reviewing a list of HIV-positive patients who have not been coming in to pick up their medication from the pharmacy. These people are known as defaulters. One of the people on the list is Ms. Carel Siambongo, a 33-year-old mother of two and someone well-known to the field officers. They walk to her homestead and find her busy cleaning her yard. She knows Melody and Charity, and feels comfortable talking to them, because they discovered that she was no longer taking her medication and encouraged her to restart. They are here to make sure that she has continued her treatment and is doing well. “They told me I have been on treatment for a long time and there was no need to stop,” she says. She was pregnant when she defaulted and they urged her to take her medicine to both care for herself and protect her baby from becoming infected with HIV.

Now she has a two month old son and an eight year old daughter, both of whom are HIV-negative. The field officers, along with Ms. Naemi Shoopala, Maternal and Child Health Specialist for CDC-Namibia, speak to Carel about the importance of being around to take care of her children. “Wouldn't you like to see your children finish school, get good jobs, and support you one day?” they ask. Carel gives her son, swaddled in her lap, a squeeze and kiss on the forehead. She acknowledges that she wants to see her children grow into adulthood and that she must lead a healthy life to do so. Melody encourages her to ask her partner, a taxi driver, to be tested as well. Part of positive living is being able to speak with your partner about your status and to take steps to protect him or her, the field officers explain.

As they pack their bags to go, Carel proudly declares that she will stick to her treatment and tell her HIV-positive friends to do the same. “Those people have families who need them too. If they die, who will take care of their children? There is no need for this country to be full of orphans,” she says.

DAPP field officers are proud of their work with Carel, and of their counseling and testing session with Reginalda and Johannes. They spend their days walking distances, often in extreme heat and through deep sand, to provide services to people in need. Through this work they have established strong links between health facilities and communities, and strengthened systems for follow-up care. Their compassion, dedication, and

determination are driven by a deep calling and commitment. Truly at the front line of the battle against HIV/AIDS, they are contributing to saving thousands of lives and to making Namibia a healthy nation.



*Matseliso Tukula-Chiwanza, Registered Nurse, Ngweze Clinic, sharing the names of patients who have defaulted on taking their medication with Melody Chipadze and Charity Kabuba Ntema, DAPP TCE Field Workers (Photo: Veronica Davison)*



*Carel Siambongo lets Annastacia Tizora, DAPP Project Coordinator, hold her young son (Photo: Veronica Davison)*

# Meet the CDC-Namibia Oshakati Field Office

## Johanna Haimene



1. What's your favorite part of your job?  
*Mentoring healthcare professionals at service delivery facilities. I'm a practical, hands-on person so I really enjoy this work. Within the area of mentorship my favorite topic is voluntary medical male circumcision.*
2. What professional achievements are you most proud of?

*Obtaining my MBA.*

3. What place in the world would you like to visit?  
*Hawaii!*
4. What is one place in Namibia that visitors should go before they leave?  
*Etosha National Park – see black rhinos and Africa's tallest elephants!*
5. What do you like to do in your free time?  
*Spending time with my sons, assisting them with their school activities, reading newspapers, and watching TV.*

## Martin Ashikoto



1. What's your favorite part of your job?  
*Driving across Namibia*
2. What professional achievements are you most proud of?  
*Having gained more knowledge in personnel administration and human resources.*
3. What is one place in the world you would like to visit?  
*Monaco*
4. What is one place in Namibia all visitors should go before they leave?  
*I would advise one to go to the beaches at Swakopmund and then head over to Dune 7, which exemplifies the beauty of Namibia. I'd also recommend exploring the cultural and historical sites in the north-western part of the country, in Opuwo with Ovahimba people.*
5. What do you like to do in your free time?  
*Browse on the internet.*

## Eliaser Shoombwe



1. What's your favorite part of your job?  
*Providing administrative support to the field officers, who are dedicated to improving health systems and saving lives.*
2. What professional achievements are you most proud of?  
*Gaining skills and experience in IT matters by working remotely with the CDC IT System Administrator.*
3. What place in the world would you like to visit?  
*The Middle East.*
4. What is one place in Namibia that visitors should go before they leave?  
*The stunning Ruacana waterfalls.*
5. What do you like to do in your free time?  
*Rest, but I'm always ready for emergency calls!*

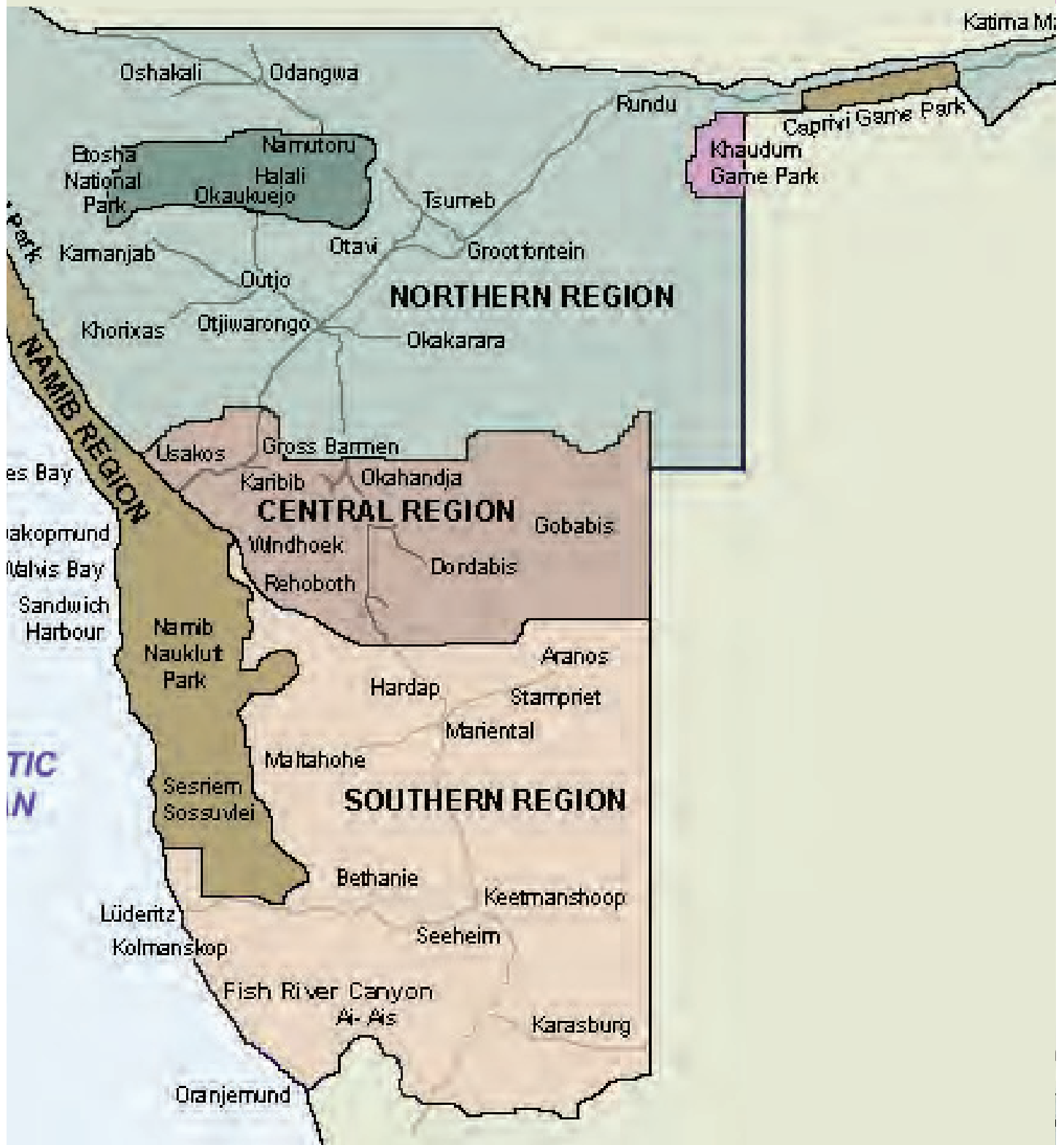
## Toubed Mbwale



1. What's your favorite part of your job?  
*Mentoring and supporting the implementation, monitoring and evaluation of HIV/AIDS programs.*
2. What professional achievements are you most proud of?  
*Assisting the MoHSS with decentralization of HIV/AIDS treatment services into clinics in six northern regions of Namibia.*
3. What place in the world would you like to visit?  
*United States of America, Europe, Asia.*
4. What is one place in Namibia that visitors should go before they leave?  
*The Skeleton Coast, although this is just one small corner of this beautiful country.*
5. What do you like to do in your free time?  
*I watch movies, documentaries and comedies. I also enjoy reading medical journals, magazines, and novels.*



# Our Beautiful Country, Namibia!



# Upcoming Events

- Health Information Systems (HIS) Technical Working Group HIS Strategy Meeting, September 2, 2013, Swakopmund
- Training for Phase II of the Integrated Bio-Behavioural Surveillance Survey, Sept 2-20, 2013, Windhoek
- Finalization of Revised ART Guidelines by the Treatment Advisory Committee, September 3-7, 2013, Swakopmund
- First International Symposium on TB/HIV Co-infection in Namibia, October 18-19, 2013, UNAM School of Medicine Auditorium, Windhoek
- World AIDS Day 2013, December 1, 2013



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