NAMIBIA RED CROSS SOCIETY

INTEGRATED HIV and AIDS PROGRAMME

2006 - 2010

November 2006

International Federation
of Red Cross and Red Crescent Societies

Executive Summary

Namibian Red Cross Society (NRCS) is currently offering home-based care (HBC) support to 17,730 orphans and vulnerable children (OVC) as well as 2,196 people living with HIV (PLHIV) of which 1,010 are on anti-retroviral therapy (ARVs) in six provinces. NRCS has 320 counsellors placed in all public health facilities. In 2005, the National Society had trained and was utilizing 1,551 volunteer care providers, 362 volunteer care facilitators and 61 supervisors in its HBC programmes. The National Society is supporting 20 PLHIV support groups. HBC clients, particularly people on ARVs are being provided with food parcels for a minimum of six months while more sustainable food security programmes are being developed. Over the 17,730 OVC registered in the HBC programmes, 150 OVC are benefiting from a 'drop-in centre' in Kavango region and 4,000 are being provided with school uniforms. HIV prevention and anti-stigma and discrimination interventions are integrated in all the core programmes.

NRCS is planning to scale up its response under the new Integrated ***HIV and AIDS Programme 2006-2010*****.** The HIV and AIDS programme is part of the ***Southern Africa Regional HIV and AIDS programme*** which is a component of the International ***Federation Global HIV and AIDS Alliance.***

The ***Southern Africa: Regional HIV and AIDS Programme Appeal*** number (MAA63003) was launched on 1 November 2006. The International Federation is scaling-up its response to HIV and is committed to reducing vulnerability to HIV and its impact through:

- Preventing further infections;
- Expanding care, treatment, and support;
- Reducing stigma and discrimination.

In order to achieve these three outputs, the NRCS' capacity will be strengthened to enable more effective, expanded, direct outreach to served communities. The new HIV and AIDS programme 2006 to 2010 will target to reach 450,000 people (general population, youth and high-risk groups), 7,600 PLHIV and 8,500 OVC by 2010. NRCS will consolidate existing and forge new partnerships in scaling up its response.

The integrated HIV and AIDS programme seeks **CHF 22,172,547** towards the total budget of **CHF 32,132,229** for the five year implementation period (2006-2007).

1. Background

Namibia has an estimated total population of 2,031,000 with an annual growth rate of 1.4%. The population is spread unevenly across the country; approximately one third of it lives in urban areas while the remaining 67% live in rural areas. Namibia is classified as a "lower middle-income country". Ironically, this reduces the amount of aid that the country receives. It is a country whose gap between the rich and the poor is wide; with 7,000 rich Namibians spending as much as what 800,000 poor people spend United Nations Children's Funds (*UNICEF).* Almost 56% of the population in Namibia lives on less than USD 2 per day. Life expectancy at birth is 55 years for women and 52 years for men.

1.1. HIV situation

According to the UNAIDS estimates, 28,500 people were living with HIV in 2005. Women account for about 62% of all the adults aged 15-49 years living with HIV in the country. The pandemic has led to a decline in life expectancy and an increase in under-five mortality. Over 50% of the beds in the hospitals are occupied by patients with HIV and AIDS related illnesses. AIDS is the leading cause of adult mortality in the country.

The last HIV sentinel surveillance survey among pregnant women attending antenatal care clinics (ANC attendees) in 2004, found that 19.7% were living with HIV. Young pregnant women aged 29 years and below, have relatively high HIV prevalence rates, suggesting high incidence of HIV in the country. In 2004, ANC attendees aged 25-29 years had the highest HIV prevalence rate of 26%, while those aged 20-24 years had a prevalence rate of 18%. HIV infection trends among ANC attendees in Namibia appear to be stabilizing, (at a high prevalence rate of about 20%) unlike in the early 1990s when the rates were rising exponentially.

Table 1 - Statistics on HIV and AIDS as at the end of 2005 in Namibia

Number of people living with HIV	28,500
Adult (aged 15-49 years) HIV prevalence rate	19.6%
Adults aged 15 years and over living with HIV	210,000
Women aged 15 years and over living with HIV	18,500
Children aged 0-14 years living with HIV	17,000
Deaths to AIDS (children and adults)	17,000
Orphans (0-17 years) due to AIDS	85,000
Percentage of pregnant women receiving treatment to reduce mother to child transmission	25%
Percentage of HIV infected women and men receiving antiretroviral therapy	35%

Source: UNAIDS 2006 report on the global AIDS pandemic

1.2. Determinants of the pandemic

There are multiple factors fuelling the pandemic in Namibia namely socio-cultural practices, gender inequalities, gender-based violence, poverty, food insecurity and migration. Gender inequality arising from the social-cultural biases leads to sexual violence, coerced sex and early sexual initiation. It further keeps women ignorant about information to do with HIV prevention as well as their rights, thus making them more vulnerable to HIV infection than men. Various cultural factors such as widow inheritance, unsafe male circumcision, and practice of dry sex exacerbate the spread of HIV. Discussion on sexuality

and sexual education is still a taboo, where as the "culture of silence" is still observed in many households.

Studies conducted in several countries in the African region have shown a linkage between poverty and HIV transmission. This is likely to be the case in Namibia. Poverty coupled with high unemployment rate in the country may force, especially women and young girls into commercial sex or transactional sex as a means of survival. Such behaviours increase the vulnerability to HIV infection.

Namibia is one of the driest countries in sub-Saharan Africa. In the past years, the country has experienced a series of droughts. This coupled with poverty and the AIDS pandemic makes food security an issue. Many of the people living in semi-arable areas that are dry rely on food handouts. PLHIV as well as women and OVC's in the rural areas are forced to move into urban centres in search of food. Lack of food makes people vulnerable to HIV infection, particularly women, young girls and OVC's who are forced to engage in high risky sexual behaviours such as commercial sex or transactional sex as a means of survival. Some parents are forced to marry off their young daughters to get money to buy food. More often, these girls are married to older men, who in most cases are already HIV infected.

Cross border and local movement of the population within the country increases the vulnerability to HIV infection. Due to the high levels of unemployment, food shortage and poor infrastructure in the rural areas, many people migrate to the cities and major towns in search of better opportunities. The separation of families and lack of parental supervision among the migrating youths make people more likely to engage in high-risk behaviours that expose them to HIV infection. Mobile populations such as security forces and truck drivers are at a greater risk as well.

1.3. The impact of the AIDS pandemic

Approximately 17,000 Namibians were estimated to have died from AIDS in 2005 the United Nations Joint Programme on HIV and AIDS *(UNAIDS) (2006).* The pandemic is reversing the developmental gains made during the past 50 years. Life expectancy has dropped from 60 years in 1990 to about 44 years in 2003 (*UNICEF, State of the World's Children*). AIDS ranks as number one cause of hospitalization and hospital deaths in Namibia, accounting for 47% of all hospital deaths in the country. It is the fifth most common cause of deaths in children aged less than 13 years (5.6%) and the sixth cause of death in children under one year (4.3%). As a result of increased adult deaths, the number OVC is on the increase. There are currently an estimated 85,000 orphans due to AIDS in the country. HIV and AIDS related illness and deaths have decreased the size and efficiency of the labour force, eroded savings income, through healthcare and treatment costs annual loss in GDP growth per capita is estimated to be 1.5% by 2010. Agriculture is expected to experience a 25% loss of production time in rural areas, which depend mainly on subsistence farming.

HIV and AIDS affected households are more likely to suffer severe poverty than non-affected households *(UNAIDS Global Report July 2004)*. While AIDS affects all socio-economic groups, severity of poverty increases among the poorest people as they lose productive members of their households. The impact is more severe, if the sick family member or the one who dies is the sole breadwinner. In such cases, AIDS creates extraordinary care needs that must be met, such as the health care of a family member who is chronically ill, the funeral and memorial expenses.

Namibia HIV surveillance system reported that AIDS was the leading cause of hospital admissions among adults in the 1990s (*World Health Organization* (*WHO/AFRO), September 2003)* and the situation is getting worse, as the pandemic matures. The pandemic is affecting health care providers as well. Some are dying of AIDS while others are going on early retirement on medical grounds. In instances like this, HBC programmes, involvement of other stakeholders such as the Red Cross in the care of and support of patients with HIV and AIDS related illnesses are highly relevant. In 2004, the WHO Global Tuberculosis (TB) reported Namibia as having the third highest TB cases. The HIV pandemic has fuelled the TB pandemic and vice versa in Namibia (*Republic of Namibia, National Strategic Plan on TB 2004-2009).*

1.4. National HIV and AIDS response

There are various key stakeholders involved in the national and HIV response in the country. These include the government, United Nations (UN) Agencies, bilateral and multi-lateral donors, non-governmental organizions (NGOs), faith-based organizations, (FBOs) and embassies.

The country has developed and implemented a series of national plans on HIV and AIDS since 1990. Currently the country is implementing a multi-sectoral national HIV and AIDS strategy MTP-III 2004-2009. National AIDS Coordination Programme (NACOP), a multi-scrotal body is providing overall oversight and coordination for its implementation. Namibia formulated a number of policies and guidelines including National Policy on OVC, guidelines on management of sexual transmitted infections (STI) and HIV related illnesses, HBC, prevention of parent-to-child transmission (PPTCT) and the HIV and AIDS charter of rights, which was launched in 2000.

Anti-Retroviral (ARVs) are available in both public and private health institutions. Currently, the government has 15 sites that are providing ARVs and PMTCT nation wide. NRCS complements the government's efforts in the ART delivery services, particularly in community mobilization for voluntary counselling and testing (VCT), psychological support, ART adherence, and counselling and food security. In 2005, 35% of the women and men infected with HIV were receiving ARVs, and 25% of the pregnant women were receiving treatment to reduce mother to child transmission.

2.0 Namibia Red Cross Society: Track Records and Lesson Learned

After the adoption of the Strategy 2010 at the Federation General Assembly in 1999, the International Federation Africa team developed an African Red Cross and Red Crescent Health Initiative (ARCHI 2010) to implement ten public health priorities on the Africa continent aiming at reducing the mortality by 5% in 2010. All African National Societies including Malawi signed the Ouagadougou Declaration during the 5th Pan African Conference in September 2000 engaging all societies to focus on health and care issues, particularly HIV and AIDS, food security and volunteer management. Four years later in September 2004, at the 6th Pan African Conference, African Red Cross Societies reiterated this commitment and priorities in the Algiers Plan of Action.

Following this, NRCS scaled its HIV and AIDS response in HIV prevention; care, treatment and support, OVC support and advocacy to reduce AIDS associated stigma and discrimination. Currently, the NS has HIV and AIDS projects in six provinces. The HIV prevention activities are integrated in all health and care programmes such as HBC, water and sanitation (WatSan). NRCS is currently offering HBC support to 17,730 OVC and 2,196 PLHIV of which 1,010 are on ARVs. The HBC clients represent 5% of the 17,000 people who are currently on ARVs in the country.

In partnership with the Ministry of Health and Social Services (MOHSS), NRCS is managing a community counsellor's programme with 320 counsellors placed in all public health facilities. In collaboration with Ministry of Agriculture and Rural development, the NRCS is educating the population on food security and nutrition and supporting communities to develop appropriate technologies to increase food production and storage. A water and sanitation, and health promotion programme targeting one of the marginalized and nomadic communities has been operational in Kunene region for the past 12 years.

In 2005, the National Society had trained and was utilizing 1,551 volunteer care providers, 362 volunteer care facilitators and 61 supervisors in its HBC programmes in the six provinces. The National Society initiated and is supporting 20 PLHIV groups. Selected beneficiaries, particularly people on ARVs receive food parcels for a minimum of six months while more sustainable food security initiated programmes are being explored for the beneficiaries. In order to improve effectiveness of food security activities, the NRCS in partnership with the Ministry of Agriculture and Forestry, is developing a manual on income generating activity (IGA) to guide the implementation and management of these activities within the communities.

Of the 17,730 OVC registered with the National Society in its HBC programmes, 150 OVC are benefiting from a 'drop-in centre' in Kavango region and 4,000 are being provided with school uniforms. NRCS assists to refer some of the OVC to the relevant departments, such as Social Welfare for further assistance. NRCS with support and through a joint agreement with World Food Programme (WFP) plans to support 32,000 OVC with food security activities over the next two years.

2.1. Impact of the HIV and AIDS programme

The programme registered the following impacts:

- The internal project reviews conducted in the Ohangwena and Caprivi regions indicated that there was improvement in nursing care and hygiene of PLHIV at home, both of which have impacted positively on the lives of on their lives.
- There were reported increases in the numbers of OVC attending school, as a result of directly receiving school fees from the NRCS and other institutions such as Social Welfare.
- The number of people attending VCT centre had increased, especially in the Caprivi region, where volunteers educate communities on the importance of being tested before accessing ART.

2.2. Lessons learned

There have been a number of lessons learnt and challenges encountered by the NRC in its HIV and AIDS response.

- HIV and AIDS is an emergency which require massive investment in human, technical and financial resources.
- The governance of the NRCS at all levels needs to be better oriented and aware of the wide spectrum of activities, which the National Society is engaged in, so as to facilitate advocacy and support to the management, staff and volunteers.
- OVC programme requires urgent scaling up and integration into HBC projects activities.
- Supervision, monitoring and evaluation at all levels of the National Society need to be implemented to ensure quality control of standards.

2.3. Challenges

The following are challenges to the interventions of the NRCS:

- Resource mobilization to sustain the programmes was limited.
- Volunteer's drop-out rate is high in urban areas.
- Poverty and unemployment, making communities unable to sustain the initiated programmes.
- Lack of stronger monitoring tools to assess programme impact.
- Learning and sharing within the NRCR, nationally and regionally is very limited.
- Great distance of areas being covered by volunteers and staff to reach the beneficiaries.
- High rates of stigma and discrimination.
- Food security is a main problem especially for the beneficiaries on ARV.
- The involvement of males as carers and violence against women and children are challenges that need priority intervention
- There are big gaps in terms of implementation related to basic infrastructure, systems and access to affordable drugs and equipment.

2.4. Recommendations

Based on the lessons and challenges faced, the following recommendations have been identified-:

- NRCS will consolidate and forge new partnerships to mobilize resources both financial and technical, in scaling up its response under the new integrated HIV and AIDS programme 2006-2010.
- NRCS will ensure that volunteer and staff retention strategies and policies will be implemented under the new HIV and AIDS programme; including motivation and mutually agreed upon and affordable incentives.

- NRCS will work hand-in-hand with the government and its other partners to advocate against stigma and discrimination including promoting the rights of children, especially orphans and women.
- NRCS will improve communication between the National headquarters, the provinces and also within the provinces including improving infrastructure of the project offices where necessary.
- NRCS will ensure that its governance leadership and management are oriented on HIV and AIDS and HIV and AIDS will be part of induction of the new members and governance of the National Society.
- NRCS will develop and implement a monitoring and evaluation system under the new programme and all the staff and volunteers will be trained on it including the tools that will be developed.

3.0 The New HIV and AIDS Programme 2006-2010

NRCS' Integrated HIV and AIDS Programme 2006-2010 is part of the Southern Africa regional HIV and AIDS programme, which is a component of the International Federation Global HIV and AIDS Alliance. The activities under this programme are within the context of the country's national HIV and AIDS policies and programmes and will be in line with the Fundamental Principles of the International Red Cross and Red Crescent Movement. Specific scope of the activities in the programme has been developed based on the National Strategic Plan and harmonized with tasks agreed under the international assistance arrangements in Namibia including UNAIDS, and other United Nations agencies, NGOs and civil society groups and donors.

The **purpose** of the HIV and AIDS programme 2006-2010 is to reduce vulnerability to HIV and its impact in Namibia through achieving the following **outputs**:

- HIV infections are prevented
- Care, treatment, and support are expanded
- Stigma and discrimination associated with HIV and AIDS are reduced.

These will be bolstered by a fourth output:

- The society's capacity is strengthened to enable more effective, expanded, direct outreach to served communities.

The new HIV and AIDS programme 2006 to 2010 will target 450,000 people (general population, youth, high- risk groups), 7,600 PLHIV and 8,500 OVC by 2010.

Output 1: *HIV infections are prevented among 450,000 people in the project sites by 2010.*

Strategy 1: Promote safer sexual behaviours using culturally and sensitive Information Educational and Communication (IEC) materials on HIV and AIDS among the general population, youth and high-risk groups, peer education and mass media approaches.

Activities

- Conducting six peer educations 'training of trainers' workshops on TB, HIV and AIDS, and use of VCT and PPTCT services.
- Conducting 180 peer educators' workshops in the targeted population groups per year in all the regions (900 workshops over a period of five years).
- Supporting the trained peers to carry out targeted peer education.
- Sensitizing communities on HIV and AIDS, TB, sexual reproductive health, gender and gender based violence issues, hygiene and sanitation using discussion forums on radio, television and print media.
- Integrating HIV prevention messages and promotion activities in commemoration of World AIDS, Women's day, Children's day, Human rights day and TB day.
- Establishing and supporting drama groups on HIV and AIDS.

- Conducting life-skills, sexual and reproductive health, HIV and AIDS and first aid training for all the prevention volunteers and youth in all the project areas.
- Designing producing and distributed targeted cultural and sensitive IEC materials.

Strategy 2: Improve condom promotion, provision and distribution in all NRCS project sites

Activities

- Training volunteers on condom distribution and practices.
- Establishing 100 condom distribution networks and outlets.
- Procuring condoms.
- Conducting sensitization and mobilization of the communities and also of targeted populations (sex workers, military among others) on correct and consistent use of condoms.

Strategy 3: Promote increased uptake of VCT, PPTCT and ART services among the general population, youth and high-risk groups using peer-to-peer information and community mobilization approaches

Activities

- Mobilizing and sensitizing communities to utilize VCT, PPTCT and ART services including sexual reproductive health, STI, TB control services' including anti-malaria services.
- Developing and supporting drama, radio, TV programmes and educational materials informing people about VCT, PPTCT, ART and other related services.

Output 2: C***are, treatment and support services expanded and reached 7,600 PLHIV 8,500 OVC by 2010.***

Strategy 1: Provide care, treatment and support through home-based care

Activities

- Conducting one situational analysis on HBC clients.
- Develop and print of 5,000 community-based first aid (CBFA) manuals.
- Revising HBC training syllabus.
- Designing, producing and distributing IEC materials on care, treatment and support of PLHIV.
- Conducting 26 trainings for 1,692 volunteers (supervisors and facilitators) on home care, adherence, counselling on ART and nutrition, positive living and TB in the 13 regions per year for the first two years.
- Procuring and distributing 2,000 HBC kits and refill once every three months.
- Conducting home visits to HBC clients (procure 3,100 bicycles and 3,100 uniforms for volunteers), each client visited at least twice in week.
- Procuring and distributing blankets to clients.
- Conducting two trainings of 30 support groups in gender, advocacy, positive living and entrepreneur development in all the regions (60 workshops for 5 years).
- Providing support to PLHIV groups (at least 2 per district) over the period of five years.
- Procuring and distributing 8,500 insecticides treated mosquito nets (ITNs) for HBC clients (three regions which are malaria prone).
- Documenting at least one good practice by region per year.

Strategy 2: Establish systems to improve food security and nutrition measures for households affected by HIV and AIDS in the project areas.

Activities

- Conducting one research on traditional food and nutrition.
- Initiating and supporting the implementation of 30 livelihood and income generating activities (IGA) projects for support PLHIV and OVC groups.

- Conducting two trainings of 30 support groups in gender, advocacy, positive living and entrepreneur development in all the regions (60 workshops for five years).
- Conducting 15 training of support groups in business management over five years in all the regions (30 participants).
- Providing people on ART and TB with monthly food aid for six months from the time they are put on treatment through the HBC system in ten regions by 2010.

Strategy 3: Provision of material assistance including school materials and psychosocial-economic support to OVC by 2010.

Activities

- Conducting a situational analysis on OVC.
- Conducting 40 training workshops for 1,200 volunteers in psychosocial support to OVC over the five years period for all the 13 regions.
- Procuring and distributing food packs monthly to 8,500 OVC over the period of five years in 10 regions.
- Providing material, educational and psycho-social support to 8,500 OVC over the period of five years in ten regions.
- Providing psycho-social support to carers of OVC.

Strategy 4: Encourage HBC clients; OVC and HIV affected households to adopt hygienic and safe sanitation practices.

Activities

- Collaborating with water and sanitation project to rehabilitate 25 water-points per year per region (750 water points in six regions).
- Procuring and distributing 360,000 water purification satchels per year for clients in acute need of safe water provision.
- Sensitizing and educating communities on good hygienic and safe sanitation practices.
- Training volunteers on good hygienic and safe sanitation practices.

Output 3: ***Stigma and discrimination associated with HIV and AIDS reduced***

Strategy 1: Intensify awareness on the rights of PLHIV, children, OVC and women in the area of HIV and AIDS

Activities

- Developing anti-stigma and discrimination advocacy strategy.
- Recruiting, training and supporting 60 members and support mission of Ambassador of Hope to advocate against stigma and discrimination associated with HIV and AIDS and also advocate for rights of PLHIV, OVC, children and women.
- Conducting 13 trainings of church leaders and other community leaders per year on the rights of PLHIV, OVC, women and children, and also on anti-stigma as well as discrimination attitudes and practices.
- Training staff, volunteers and communities on the rights of PLHIV, OVC, women and children.
- Including advocacy messages to promote rights of infected and affected people, and against stigma and discrimination in the National events-: commemoration of Red Cross day, world AIDS, Women's day, Children's day, Human rights day and Tuberculosis day.
- Organizing two discussion forums per year through radio, television and print programmes on issues affecting children, PLHIV and women.
- Organizing national discussion forums with PLHIV to set national advocacy agenda.

Strategy 2: Incorporate HIV and AIDS concerns with the human resource management policy in the National Society

Activities

- Reviewing and amending NRCS HIV and AIDS Work Place Policy.
- Orienting staff and volunteers on workplace policy.
- Implementing the HIV and AIDS workplace policy in programmes.

Output 4: C*apacity strengthened to enable more effective, expanded, direct outreach to served communities*

Strategy 1: Strengthen staff and volunteer management systems

Activities

- Developing and review relevant policies including human resource, volunteer, and disaster management twice over a period five years.
- Organizing governance and management workshops and seminars to improve HIV and AIDS competence twice per year.

Strategy 2: Strengthen the capacity of staff and volunteers to plan, implement, monitor and evaluate HIV and AIDS activities and programmes.

Activities

- Establishing a training department within NRCS.
- Developing and share guidelines related to HBC, prevention, counselling so as to guide the National Society in implementing effective and consistent programmes in the regions.
- Training volunteers and staff on monitoring, evaluation and reporting on HIV and AIDS activities.

Strategy 3: Provide logistical and administrative support to the NS for effective running of the HIV and AIDS programme.

Activities

- Improving office infrastructure though renovations and major improvements at regional level- Khomas, Ohangwena, Kunene, Otjozondjupa and Caprivi.

Strategy 4: Improve information sharing and knowledge management

Activities

- Increasing publicity on National Society activities and its principles through electronic and print (website design, weekly updates, produce five television shows per year and weekly radio programmes).
- Facilitating two per year learning exchange visits between national societies in Southern Africa and one in country learning exchange visits.
- Conducting operational research.
- Documenting good practices.

Strategy 5: Resource mobilization and develop strategic partnerships and alliances with relevant organizations.

Activities

- Conducting fundraising activities.
- Developing a marketing and resource mobilization strategy document.
- Conducting partnership meetings twice every year with partners of NRCS.
- Developing and creating relevant and effective strategic partnerships with key stakeholders.

4.0 Implementation and Management

The programme will be implemented by the NRCS, as part of an operational alliance on HIV and AIDS in Namibia with support of the Federation Secretariat. It is hoped that NRCS will continue to work with its current collaborating (technical and financial) partners under this new programme, which include embassies and development agencies of Netherlands, Ireland, Sweden, British government's Department for International Development (DFID)/Federation, partner national societies namely Belgian and Netherlands, and other organization such as Soul City South Africa, Bristol squib Meyers International and local pharmacies, Lironga Eparu (PLHIV association), Verelst (private sector), MoHSS and other government department of Agriculture and Rural Water Development. New partnerships will also be created.

The secretary general will have overall responsibility for the management and coordination of the programme. The Secretary General will also coordinate linkages with the major donors and implementing partners. The National HIV and AIDS programme manager will carry out the day-to-day coordination and monitoring of the programme.

The national HIV and AIDS programmes manager will also design mechanisms through which the management and governance of NRCS will regularly be updated and appraised on the running of the project, through the office of the secretary general. District project officers through trained care facilitators and volunteers at the branch level, will be responsible for running the projects at community level. The supervisors will supervise the care facilitators and care providers.

The financial management of the programme will be the ultimate responsibility of the office of the secretary general. The existing financial guidelines and procedures will be utilized. The finance department is headed by the finance manager and has two accountants responsible for all the financial issues including procurement. An interim audit will be conducted every six months, while Price Water House Coopers handles the annual audits.

5.0 Monitoring, Evaluation and Reporting Arrangements

Monitoring and evaluation M and E of this programme will be very crucial to gather accurate information that will guide planning, implementation, assessment of the performance and impact of the programme. NRCS will develop M and E system that will ensure feedback into the programme. Feasible and simple process indicators have been developed and are in the log frame to assess the implementation and outcomes of the programme. Data for assessing some of the outcome and the impact indicators will be generated from surveys such as HIV sentinel surveillance, demographic and health surveys conducted by other partners. Key recipients under this programme will be trained on M & E of the programme, indicators, use of data collection and reporting formats. NRCS will develop simple data collection and reporting formats for the various levels.

Database for OVC and programme activity for each project area will be developed and confidentially maintained. All databases will then be compiled, collated and consolidated into a quarterly report at provincial level. The provincial coordinators will be responsible for compiling, making the quarterly reports on the projects under their respective provinces. At national level, the national HIV and AIDS programme manager together with staff in his/her unit will compile, collate analyse and make national quarterly and annual programme reports. At the community level, volunteers will produce monthly reports and hold monthly debriefing meetings with their supervisors.

The latter will also produce monthly reports and hold debriefing meetings with the provincial coordinators. The national HIV and AIDS programme manager will give a feedback to the provincial coordinators who will in turn provide the same to the volunteers and the community. All national and annual programme progress reports will be distributed to the partners and the Federation regional office.

There will be three project reviews; the baseline assessment and review in each of the project areas, output review at mid-term and towards the end of the project. These reviews will be conducted internally by NRCS as evaluation tools to measure progress of implementation and any issues related to implementation of the programme. Participatory methods will be used in the reviews. There will be an external evaluation using participatory method, at mid-term that is after the first two years to measure progress towards the set objectives, and then plan the next project phase accordingly. A final evaluation will be conducted at the end of the five-year period. To complement data from programme monitoring and evaluation, operational research will be conducted to provide information for consolidating and improving service delivery and the operations of the National Society.

6.0 Important Assumptions and Risks

The successful implementation of this programme will depend on multiple factors. The NRCS assumes that;

- There will be adequate and continuous flow of funds for all the intervention programmes planned to be implemented.
- The government and other partners will sustain their commitment to HIV and AIDS. More so, the National Society assumes that government will help to put more emphasis on the protection of the rights of PLHIV and children, especially the OVC and women. This will only be possible if government formulates favourable policies.
- All the partners concerned will adhere to the agreed upon role(s): funding, and partnership in the implementation of the activities. Its assumption is that the communities will be receptive and willing to use the services availed to them under the programme.
- HIV and AIDS stigma and discrimination will be reduced through the advocacy campaigns, and that the effects of stigma and discrimination on the uptake of programmes and individuals will be greatly minimized.
- The government will remain committed to expanding VCT, PPTCT and ART services.
- Some of the outcome and impact indicators are to be generated by some of the partners. The partners will conduct the surveys to generate the information to construct the necessary indicators. The indicators will be valuable in assessing whether the new Integrated HIV and AIDS programme 2006 - 2010 will have achieved its overall goal in contributing to the reduction of HIV transmission and improving the quality of life of people infected and affected by HIV and AIDS.
- At the moment, there are no visible threats to the implementation of the programme.

7.0 Programme Budget

The estimated budget for the integrated HIV and AIDS programme for the five years is **CHF 32,132,229.** The programme is **31%** covered and is seeking **CHF 22,172,547** to support implementation, needs of the National Society and Federation Secretariat's programme support cost.

Summary Budget for 2006 - 2010

Activity	2006	2007	2008	2009	2010	TOTAL
PREVENTION ACTIVITIES	**50,720**	**114,864**	**184,982**	**184,982**	**92,491**	**628,039**
CARE SUPPORT AND TREATMENT	**640,394**	**2,303,399**	**6,099,446**	**2,530,880**	**2,572,041**	**14,146,160**
REDUCING STIGMA AND DISCRIMINATION	**176,750**	**164,128**	**533,879**	**128,331**	**128,331**	**1,131,419**
INSTITUTIONAL STRENGTHENING	**765,919**	**2,397,639**	**3,703,005**	**3,544,571**	**3,429,419**	**13,840,553**

FEDERATION SECRETARIAT SUPPORT	**131,052**	**399,468**	**843,956**	**512,468**	**499,114**	**2,386,058**
Activities Total in CHF	**1,764,835**	**5,379,498**	**11,365,268**	**6,901,232**	**6,721,396**	**32,132,229**
COMMITTED FUNDING						**9,959,682**
FUNDING GAP IN CHF						**22,172,547**
% GAP						**69.00%**

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Appendix 2: *Logframe*

Namibia Red Cross Society HIV and AIDS Programme 2006-2010 Logframe

Narrative summary	Objectively verifiable indicators (OVI)	Means of verification (MOV)	Important assumptions
Goal: To reduce vulnerability to HIV and its impact in Southern Africa	• Declining HIV prevalence rates for the general population. • Declining HIV prevalence rates among pregnant women aged 15-24 years. • Survival and improved quality of life.	• UNAIDS Global HIV and AIDS pandemic reports	
Purpose: To reduce vulnerability to HIV and its impact in Namibia	• Reduced incidence of HIV among target population (450,000). • Percentage of pregnant women aged 15-24 years who are HIV positive. • Survival and improved quality of life for 7,600 PLHIV and 8,500 OVC.	• Population surveys • Programme review and assessment reports.	• Sufficient national budgetary allocations, and international donor assistance resources provided, and access to targeted populations achieved.
Output	**Objectively verifiable indicators (OVI)**	**Means of verification (MOV)**	**Important assumptions**
1. HIV infections are prevented among 450,000 people in project sites by 2010.	1.1 Percentage of women and men aged 15-24 years who correctly identify ways to prevent HIV infection. 1.2 Percentage of women and men aged 15-24 years reporting use of a condom at last sex with a non-regular partner 'casual sex'. 1.3 Delayed sexual debut among youths in target population.	• Population surveys. • National demographic health surveys. • Health facility reports. • National Society reports. • Interviews with target groups	• Willingness of target population to modify their cultural beliefs about sexual behaviour • Availability of donor support to implement the programme.
2. Care, treatment, and support services are expanded and reached 7,600 PLHIV and 8,500 OVC by 2010.	2.1 100% PLHIV receive care, treatment and support by 2010. 2.2 90% of PLHIV on ART from government health facilities are adequately supported with adherence, treatment literacy and preparedness 2.3 1,000 households affected by HIV receive food assistance (quarterly) and involved in livelihood approaches. 2.4 100% of OVC receive material, psychosocial,	• Programme reports. • Health facility records. • Key informant Interviews. • Focus group discussions.	• Willingness of government to support expansion of care treatment and support interventions. • Availability of programme resources to implement the activities.

	and educational support annually.		
3. Stigma and discrimination associated with HIV and AIDS are reduced.	3.1 80% of households and communities expressing accepting attitudes towards PLHIV 3.2 100% of employers in the impact area not discriminating employees due to HIV. 3.3. Increased uptake of VCT, PPTCT, ART, TB and STI services in the impact area by 2010.	• Interviews with key informants. • Household and community surveys • Focus group discussions. • Records of the health facilities, VCT centres and employers.	• Willingness and commitment by government institutions and stakeholders including communities to reduce stigma and discrimination.
4. Capacity of NRCS is strengthened to enable more effective, expanded, direct outreach to served communities.	4.1 80% staff and volunteers recruited and retained in the programme throughout the period. 4.2 Volunteer management and human resource policies developed, reviewed and implemented. 4.3 Timely, quality and accurate reports are produced as required. 4.4 100% staff and volunteers trained in planning, reporting, monitoring and evaluation 4.5 100% of project offices are provided with administrative support, equipment and infrastructure. 4.6 Information sharing, operation research, documentation conducted. 4.7 Number of policies produced and implemented – Volunteer and human resources 4.8 Resource mobilization conducted and strategic partnerships and alliances established.	• Programme reports • Reviews and evaluations. • Interviews with staff and volunteers.	• National Society integrity and dignity issues may hamper implementation. • Willingness of National Society management to culture of work to fit into 21st century approaches to management.
Activities	**Objectively verifiable indicators (OVI)**	**Sources of information**	**Activity to output**
Output 1 • Conducting six peer educations training of trainers (Tot) workshops on TB, HIV and AIDS, and use of	• Number of baseline surveys conducted and peer education training conducted. • IEC materials developed and distributed and the number of people who have received	• Programme quarterly reports, reviews and evaluation. • Focus group discussions	• Willingness of the local governments to support the implementation of the projects at local level.

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VCT and VCT services • Conducting 180 peer educators' workshops in the targeted population groups per year in all the regions (900 workshops over a period of five years • Supporting the trained peers to carry out targeted peer education • Sensitizing communities on HIV and AIDS, TB, sexual reproductive health, gender and gender based violence issues, hygiene and sanitation using discussion forums on radio, television and print media. • Integrating HIV prevention messages and promotion activities in commemoration of World AIDS, Women's day, Children's day, human rights day and TB day. • Establishing and supporting drama groups on HIV and AIDS. • Conducting life-skills and first aid training for all the prevention volunteers and youth in all the project areas • Designing, producing and distributing targeted cultural and sensitive IEC materials. • Training volunteers on condom distribution, practices • Establishing 100 condom distribution networks and outlets. • Procuring condoms. • Conducting sensitization and mobilization of the communities and also of targeted populations (sex workers, military etc) on correct and consistent use of condoms. • Mobilizing and sensitizing communities to utilize VCT, PPTCT and ART services including sexual reproductive health, TB control services' including anti-malaria services. • Developing and supporting drama, radio, television programmes and educational materials informing people about VCT, PPTCT, ART and other related services.	materials. • Number of peer educators trained. • Number of mass media campaigns conducted. • Number of people attending VCT and receiving PPTCT and ART services • Number of youth groups/centres established. **Total budget: CHF628,039**	• Interviews and observations. • Health facility records. • Assessment reports.	• Availability of qualified staff at district and provincial level to manage the projects. • Availability of volunteers who are willing to participate in the programme.
Output 2 • Conducting one situational analysis on HBC clients • Developing and print of 5,000 CBFA manuals	• HBC materials procured and distributed • Number of volunteers trained on ART	• Programme reports • Training reports	

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• Revising HBC training syllabus • Designing, producing and distributing IEC materials on care, treatment and support of PLHIV. • Conducting 26 trainings of 1,692 volunteers (supervisors and facilitators) on home care, adherence counselling on ART and TB in the 13 regions per year for the first two years. • Procuring and distributing 2,000 HBC kits and refill once every three months. • Conducting home visits to HBC clients (procure 3,100 bicycles and 3,100 uniforms for volunteers), each client visited at least twice in week. • Procuring and distributing blankets to clients (two blankets per person per year). • To conducting two trainings of 30 support groups in gender, advocacy, positive living and entrepreneur development in all the regions (60 workshops for five years). • Providing support to PLHIV groups (at least two per district) over the period of five years. • Procuring and distributing 8,500 ITNs for HBC clients (three regions prone to malaria). • Documenting at least one good practice in the regions per year. • Conducting one research on traditional nutrition food • Initiate and support the implementation of 30 livelihood/IGA projects for support PLHIV and OVC groups. • To conducting two trainings of 30 support groups in gender, advocacy, positive living and entrepreneur development in all the regions (60 workshops for five years). • Conducting 15 training of support groups in business management over five years in all the regions (30 participants). • Providing people on ART and TB with monthly food aid for six months from the time they are put on treatment through the HBC system in ten regions by 2010.	training package. • Number of family members trained • Number of support groups established per province. • Number of coaches trained. • Number of food security and nutrition assessments conducted. • Number of volunteers trained on food security and livelihoods. • Number of gardens established. • Number of OVC receiving support. • Number of water points established. • Number of situational analysis conducted. **Total budget: CHF 14,146,160**	• Assessment and situation analysis reports.	

• Conducting one situational analysis on OVC. • Conducting 40 training workshops for 1,200 volunteers in psychosocial support to OVC over the period five years for all the 13 regions (ten per year). • Procuring and distributing food packs monthly to 8,500 OVC over the period of five years in ten regions. • Providing material, educational and psycho-social support to 8,500 OVC over the period of five years in ten regions. • Providing psycho-social support to carers of OVC • Collaborating with WatSan to rehabilitate 25 water points per year per region (750 water points in six regions). • Procuring and distributing 360,000 water purification satchels per year. • Sensitizing and educating communities on good hygienic and safe sanitation practices. • Training volunteers on good hygienic and safe sanitation practices.			
Output 3 • Developing an anti-stigma and discrimination advocacy strategy. • Recruiting, training and supporting 60 members and support mission of Ambassador of Hope to advocate against stigma and discrimination associated with HIV and AIDS and also advocate for rights of PLHIV, OVC, children and women. • Conducting 13 trainings of church leaders and other community leaders per year on the rights of PLHIV, OVC, women and children, and also on anti-stigma and discrimination attitudes as well asp practices. • Training staff, volunteers and communities on the rights of PLHIV, OVC, women and children. • Including advocacy messages to promote rights of infected and affected people, and against stigma and discrimination in the national events: Red Cross day, world AIDS day, Women's day, Children's day, Human rights day and TB day. • Organizing two discussion forums per year through	• IEC materials developed and distributed • Number of anti-stigma campaigns conducted. • Number of volunteers trained on the rights of PLHIV and children. • Number of National Society policies developed and implemented. **Total budget: CHF 1,131,419**	• Programme reports. • Household surveys. • Interviews. • Availability of policies.	

radio, television and print programmes on issues affecting children, PLHIV and women. • Organizing national discussion forums with PLHIV to set national advocacy agenda • Reviewing and amending the HIV and AIDS Workplace Policy. • Orienting staff and volunteers on workplace policy • Implementing workplace HIV and AIDS programme.			
Output 4 • Developing and reviewing relevant policies including human resource, volunteer, and disaster management twice over a period five years. • Organizing governance and management workshops/seminars to improve HIV and AIDS competence twice per year. • Developing and sharing guidelines related to HBC, prevention, counselling so as to guide the society in implementing effective and consistent programmes. • Training volunteers and staff on monitoring, evaluation and reporting of HIV and AIDS activities. • Improving office infrastructure through renovations and major improvements at regional level - Khomas, Ohangwena, Kunene, Otjozondjupa and Caprivi. • Increasing publicity on activities through electronic and print (five television) media per year and weekly radio programmes, website design and weekly update. • Facilitating two learning exchange visits with sister national societies in Southern Africa and one in-country learning exchange visits per year. • Conducting operational research. • Documenting best practices. • Conducting fundraising activities. • Developing a marketing and resource mobilization strategy document. • Conducting partnership meetings twice every year. • Developing and forging relevant and effective strategic partnerships with key stakeholders.	• Number of staff and volunteers retained. • Number of staff and volunteers trained on planning, reporting and M & E. • Funds are raised. • Number of support visits conducted. • Partnerships developed and MOU including fundraising activities. **Total budget: CHF 751,297** **Other costs related to capital, transport and storage, personnel and administration amount to: CHF 13,089,256** **Federation Secretariat Support cost: CHF 2,386,058**	• National Society volunteer database and human resources reports. • Availability of MoU with partners and donor agreements.	

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