



Knowledge Map of the Multisectoral HIV and AIDS Response Programme in Namibia

A partnership programme between the Ministry
of Health and Social Services and GIZ

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung – German Federal Ministry of Economic Cooperation and Development
CBPT	Cost Benefit Projection Tool
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DAPP	Development Aid from People to People
DMS	Document Management System
EAC	East African Community
ESA	Eastern and Southern Africa
ESA Commitment	Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa
EWP	Employee Wellness Programmes
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH – German Development Cooperation
HAN	Hospitality Association of Namibia
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MAWF	Ministry of Agriculture, Water and Forestry
MEAC	Ministry of Education, Arts and Culture
MoHSS	Ministry of Health and Social Services
MoU	Memorandum of Understanding
MSYNS	Ministry of Sports, Youth and National Service
MWT	Ministry of Works and Transport
NAPPA	Namibia Planned Parenthood Association
NBL	Namibian Breweries Limited
NDHS	Namibia Demographic Health Survey
NEF	Namibian Employers’ Federation
NFA	Namibia Football Association
NGO	Non-governmental Organisation
NUNW	National Union of Namibian Workers
NUST	Namibia University of Science and Technology
OSH	Occupational Health and Safety
OYHTF	Ohangwena Youth Health Task Force
PHDP	Positive Health, Dignity and Prevention
PLHIV	People Living with HIV
PPP	Private Public Partnership
RACOC	Regional AIDS Coordination Committee
SRH	Sexual and Reproductive Health
SSC	Sector Steering Committee
STI	Sexually Transmitted Infection
STPH	Swiss Tropical and Public Health Institute
TCE	Total Control of the Epidemic
TUCNA	Trade Union Congress of Namibia
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WBCG	Walvis Bay Corridor Group
WHO	World Health Organization
WPP	Workplace Programme

Acknowledgements



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This manual was developed with suggestions from all the relevant partners in a March 2016 consultation workshop that discussed content and additional resources. Local expertise and knowledge were shared to customise a knowledge map that included the most important information and documents for all partners. The workshop also identified those for whom this knowledge was gathered and is relevant and to make sure that this is a joint product that will be used by all partners in Namibia. Therefore, a special thanks to all the participants of the consultation workshop.

We hope the knowledge map will provide important resources and support to the current and future work of all stakeholders in Namibia working on the HIV and AIDS response.

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Introduction – A knowledge map for the HIV and AIDS response in Namibia

Background

Until recently HIV prevalence rates in Namibia were on the rise but significant progress means new infections have levelled off. In 2013, according to the ▶ Namibia Demographic and Health Survey (NDHS), some 14% of the population was infected with HIV, with 40% of new infections occurring among young people aged 15-24.

Many Namibians do not take advantage of free, routine voluntary testing and are therefore unaware of their HIV status. They may also refrain from using HIV prevention services because they fear disclosure or stigmatisation, cannot afford transport, or because services are not sufficiently tailored to their specific group's needs.

To align its prevention measures with the causes of HIV and vulnerable target groups, Namibia developed a ▶ National Strategic Framework for HIV/AIDS (NSF) 2010-2016, which was reviewed in 2013.

For its part, the ▶ Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), successfully partnered with the Namibian Ministry of Health and Social Services (MoHSS) to support the country's multisectoral HIV and AIDS response from July 2011 to June 2016.

From 2011-2013, the project targeted a variety of beneficiaries in different settings, mostly by introducing HIV mainstreaming and by working with stakeholders in the world of work – with unions, employers and private companies. A number of results were achieved during this phase, including the widespread dissemination of workplace programmes (WPP) in the public and private sectors, a strengthening of regional structures, a gain in expertise among development partners and greater representation for people living with HIV (PLHIV).

A mid-term review of the programme in 2013 examined its achievements and revised its approach in line with the NSF's own 2013 revision.

The resulting realignment of the HIV programme in 2014 re-oriented the programme more strongly towards the most common transmission risks and most vulnerable populations. These included private and public sector employees in the transport and agriculture sectors, most of whom are male and often particularly at risk as mobile or seasonal workers; young people aged 15-24 in the northern region of Ohangwena, particularly affected by HIV, with an adult prevalence of 22.1% and high rates of teenage pregnancy; and people living with HIV in the high-prevalence regions of Ohangwena and Oshana.

Whereas the programme's initial phase had focused on improving access to HIV prevention services, the revised approach would target the use of these services by selected population groups.

During its lifespan the programme developed attractive HIV prevention services and mobilised young men and women, employees and people living with HIV to actively use HIV prevention services that are of high quality and adapted to their needs. These services were developed in collaboration with the public and private sectors, civil society and key stakeholders.



Development process of the knowledge map

To mark the completion of the long-standing collaboration between GIZ and Namibia through the multisectoral HIV and AIDS programme, a decision was made to document the vast knowledge and many tools it developed in an accessible manner allowing for future use and potential scale-up of successful approaches. While the programme was launched in 2008, this document focuses on the second phase, the ► five-year programme, from 2011-2016.

The result of this information-gathering effort is a ► Knowledge Map for the HIV and AIDS Response in Namibia that brings together the multisectoral HIV programme's key outputs and themes. It provides relevant information to all actors – government, civil society, corporations, academia, beneficiaries – seeking to advance HIV prevention by working with young people, people living with HIV, and public and private sector employees and entities. In addition to the knowledge displayed on the map, all tools, working aids, publications and implementing experience are presented in a way that is easy to navigate for all.

The knowledge map was designed for use by government ministries, non-governmental organisations (NGO), private sector and development partners and potential implementing agencies. It is also useful for GIZ technical and managerial staff who are planning similar approaches with other development partners or donors elsewhere.

While most of the tools provided in this knowledge map were developed with GIZ support, additional tools by partners have also been included and their creators acknowledged. These are tools that are particularly relevant, have proven successful during activities or implementation, or which broaden or complete existing approaches.

These steps were followed to develop the knowledge map:

1. Gathering internal and external support from the start. Sources of support included technical advice from the Division for Economic and Social Affairs at GIZ Headquarters, with technical steering and input from the programme team. External support was used to guarantee quality, clear writing and user-friendly design.
2. Identifying the following five key topics during a moderated team workshop:
 - when people living with HIV (PLHIV) lead the response: The Tonata case
 - enabling environment for youth health: “Together We Shine”
 - bringing the private sector into the HIV response
 - two successful HIV sector responses: Agriculture and transport
 - HIV and gender mainstreaming: Examples from German Development Cooperation.
3. Identifying the most relevant products, documents and knowledge for inclusion into each module. This process included the moderated team workshop as well as an additional workshop at which all relevant partners and stakeholders assessed the type of knowledge, products and documents that would be most useful and desirable.
4. Elaboration of a structure for the knowledge map, modules and summaries of documents and areas of work. This structure is based on GIZ knowledge management tools. It uses knowledge profiling and experience from previous knowledge map structures and knowledge management science.

Information was categorised according to the following elements, and this structure was applied when preparing the initial version of the text: module description, results, approach and process, lessons learned, external factors and influences, replicability and sustainability, and knowledgeable resource persons.

5. Condensing available information into a manageable and easy-to-read format.

6. Storage of relevant knowledge, information and products was an essential step. Internally, all relevant documents are stored in GIZ’s Document Management System (DMS), allowing access to GIZ staff worldwide. Externally, partner websites have been identified to host selected documents and provide access to partners and other interested stakeholders.
7. Dissemination of knowledge and knowledge map. This can take place at various stages, including the programme’s closing event, presentation of the knowledge map at partner workshops and meetings, and GIZ workshops and meetings. For broad dissemination, the knowledge map is accessible via ▶ internet and ▶ DMS.

Content, organisation and navigation of the knowledge map

The knowledge map allows distinct audiences to access the breadth of information available on the MoHSS and GIZ HIV response programme by providing a wide range of documents and links. Descriptions are brief, keywords are clear and plentiful, and links to web resources – from quotes to social media to advocacy storytelling tools – allow for easy navigation and access to all relevant documents. The knowledge map also expands the reach of existing materials to other audiences and simplifies and encourages sharing of knowledge.

The map is organised into modules around the five thematic areas of Namibia’s multisectoral response to HIV:



Strengthening the representation of PLHIV



Creating an enabling environment for holistic youth health



Mobilizing the private sector



Establishing the sector response (in the transport and agriculture sectors)

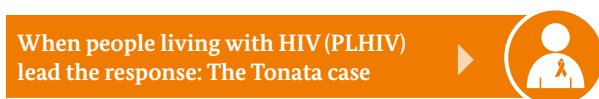


HIV and gender mainstreaming

The map is divided into these five modules, as well as sub-themes and summaries of key materials.

Clicking on the title of a module will lead you to a brief overview that highlights that specific theme's relevance, approach and process, key achievements, lessons learned, external factors and influences, replicability and sustainability, along with contact details of experts who can provide more in-depth information and links to all available resources.

Example of a module with a link to the module description:



The map then divides each module into sub-themes that feature specific areas of work, processes and tools with which to implement different aspects of the multisectoral approach. These sub-themes contain materials dealing with communications, representative structures, partnerships, advocacy and other practical elements considered essential to Namibia's HIV response. To make the knowledge map more user-friendly, key documents are accompanied by a short summary to help readers decide which to explore in greater depth. In each of the thematic boxes, you can click on the respective headings. You will then be directed to an external website (*blue font*) or to a more detailed summary within the document (*black font*). These summaries contain links to specific documents and online sources (developed by GIZ or its partners) that reinforce the vast knowledge acquired within the programme and give the reader additional useful information. Where no links are available, contact details of experts and other relevant sources of information are listed.

Example of a module with links to summaries:

When people living with HIV (PLHIV) lead the response: The Tonata case
▶

Communication and information
<ul style="list-style-type: none"> ▶ Web tool: Tonata website and support group map ▶ Brief: Tonata SMS system and how it works ▶ Toolbox: Tonata corporate design materials ▶ PLHIV radio programmes in local language ▶ Tonata PLHIV newsletter ▶ Tonata PLHIV network on Facebook
Strengthening management systems
<ul style="list-style-type: none"> ▶ Tonata management systems: constitution, HR policy and toolkit, M&E framework, financial manual and tools, assessment tool and report
Network development
<ul style="list-style-type: none"> ▶ Manual: How to set up a support group ▶ Project Hope workshop modules: Positive health, dignity and prevention interventions (PHDP)
Representation structures
<ul style="list-style-type: none"> ▶ Manual: How to develop a regional representative framework ▶ The story of Tonata: For an effective HIV response by PLHIV

▶ Arrows always indicate a link, either within the document or to an external document where you can find more information.

You can return to the visual knowledge map from any document within the map by clicking on this icon:



The document also links out to such relevant resources as specific strategies and policies, overviews and fact sheets, useful tools (handbooks, training materials, guidelines, mapping exercises), advocacy and awareness-raising materials (videos, websites, posts, marketing materials), teaching and training materials, academic studies, workshop reports and other important documents.

Finally, the map contains policy and background documents that inform the HIV response more broadly. These include international strategies and policies, relevant German Development Cooperation strategies, national strategies and links to other development partners in Namibia.

The knowledge map enables users to:

- link to various sources of information and knowledge (including media and external online sources of information)
- find their way around quickly with short overviews, abstracts of documents, links to full texts
- use keywords for future searches (biggest impediment to finding information in GIZ).

To download the knowledge map, please go to:

- ▶ Knowledge Map

For questions or comments, please contact us at:

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MoHSS Namibia:

Anne-Marie Nitschke, Director of Directorate Special Programmes, Ministry of Health and Social Services Namibia, nitschkea@nacop.net

Background documents

International strategies, policies and approaches

- ▶ United Nations political declaration on HIV and AIDS
- ▶ UNAIDS discussion paper: Combination prevention
- ▶ Fast-Track strategy to end AIDS by 2030
- ▶ UNAIDS strategy: Zero HIV infections - zero AIDS deaths
- ▶ UNAIDS case studies: Efficient and sustainable HIV responses 2013
- ▶ ESA ministerial commitment for SRH and CSE- young people today
- ▶ USAID multisectoral responses to HIV/AIDS 2003
- ▶ Lancet article: A strategic HIV investment framework

German Development Cooperation strategies and policies

- ▶ BMZ Strategy: HIV, Hepatitis B and C and other sexually transmitted infections
- ▶ BMZ: German approach to HIV mainstreaming
- ▶ BMZ position paper: Germany's contribution to a sustainable HIV response
- ▶ BMZ policy paper: SRHR and population dynamics
- ▶ GTZ policy brief: Promoting linkages and synergies between SRHR and HIV

National strategies and policies

- ▶ MoHSS: National health policy framework 2010-2020
- ▶ MoHSS: National strategic framework for HIV and AIDS response 2012-2016
- ▶ MoHSS: National coordination framework
- ▶ OPM: Public service workplace policy on HIV/AIDS
- ▶ MEAC: National HIV policy for the education sector
- ▶ Memorandum of understanding: WPP and code on HIV/AIDS and employment
- ▶ MoHSS: Public-private partnership framework
- ▶ MWT: Transport policy 2016 – 2035

Other development partners in Namibia

- ▶ US global health programmes: Namibia global health initiative (2011-2016)
- ▶ PEPFAR website: Namibia portfolio
- ▶ Abt Associates brief: Namibia private health sector assessment
- ▶ Global Fund website: Namibia portfolio

Data sources

- ▶ Namibia demographic and health survey 2013
- ▶ MoHSS: surveillance report of the 2014 national HIV sentinel survey

When people living with HIV (PLHIV) lead the response: The Tonata case



Communication and information

- ▶ Web tool: Tonata website and support group map
- ▶ Brief: Tonata SMS system and how it works
- ▶ Toolbox: Tonata corporate design materials
- ▶ PLHIV radio programmes in local language
- ▶ Tonata PLHIV newsletter
- ▶ Tonata PLHIV network on Facebook

Strengthening management systems

- ▶ Tonata management systems: constitution, HR policy and toolkit, M&E framework, financial manual and tools, assessment tool and report

Network development

- ▶ Manual: How to set up a support group
- ▶ Project Hope workshop modules: Positive health, dignity and prevention interventions (PHDP)

Representation structures

- ▶ Manual: How to develop a regional representative framework
- ▶ The story of Tonata: For an effective HIV response by PLHIV

Multisectoral HIV and AIDS response programme, Namibia

- ▶ Knowledge map
- ▶ Factsheet Knowledge Map
- ▶ Factsheet HIV and AIDS Programme
- ▶ Project evaluation
- ▶ Project archive

Enabling environment for youth health: "Together We Shine"



Multi-stakeholder cooperation

- ▶ Film: "Together We Shine" – youth health development in the Ohangwena Region
- ▶ Handbook: Multi-stakeholder cooperation on SRH for young people

Youth empowerment

- ▶ Approach: Empowering and involving youth for effective health response strategies
- ▶ Manuals: Using Football4Life and Basketball4Life for young people's healthy lifestyle choices

Tools for tailored interventions

- ▶ Interactive BCC tool: "The Tangled Lives of Philip Wetu" – A Namibian story about life choices and HIV
- ▶ MoHSS/CORD picture code toolkit: Alcohol and HIV

HIV and gender mainstreaming: Examples from German Development Cooperation



Bringing the private sector into the HIV response



Development of business-oriented service providers

- ▶ Approach: Strengthening organisational capacity of private service providers for workplace programmes: Strategic plans, financial analysis, customer relationships
- ▶ Increasing health care quality: SafeCare accreditation of Healthworks Business Coalition mobile clinic

Tools for workplace programmes

- ▶ Toolkit: Building workplace programmes
- ▶ Facilitator guide and participant workbook "Tilly's Tavern": for health awareness sessions
- ▶ Manual: Peer education for employee wellness

Development partnerships

- ▶ NBL approach: Facilitating access to condoms - Namibia Breweries Ltd.
- ▶ Meatco approach: Access to health care for supply chain employees and dependents of MEATCO
- ▶ Concept: Public-private partnership
- ▶ Conference on public-private dialogue best practice exchange

Advocacy for private sector health contributions

- ▶ Convincing employers: Cost Benefit Projection Tool
- ▶ Survey report: Business decision-makers' survey on HIV and AIDS
- ▶ Approach: Strengthening employers' federation and trade unions in advocating for employee health
- ▶ Policy: MoU on implementation of workplace programmes and code of conduct on HIV and AIDS and employment
- ▶ Training package: Occupational safety and health and HIV in the workplace
- ▶ Blueprint policy and tools: comprehensive workplace health management for tourism sector
- ▶ Assessment: HIV workplace programmes

Two successful HIV sector responses: Agriculture and transport



Framework conditions

- ▶ HIV and AIDS and wellness strategies for transport and agriculture sectors
- ▶ Guideline and tools: HIV and AIDS mainstreaming guideline for sector responses

Organisational development

- ▶ Lessons learned from HIV response in transport and agriculture sectors
- ▶ Minimum package for Ministry of Works and Transport workplace programme
- ▶ Engaging Communal Farmers Union in the HIV response
- ▶ Concept: "Fresh and Fit" employee wellness at the Ministry of Agriculture, Water and Forestry

Tools for stakeholders in the sector response

- ▶ Guideline and tools: HIV and AIDS mainstreaming guideline for sector responses
- ▶ Fact sheet: Employee wellness programme and HIV response in the transport sector

Implementation examples

- ▶ Report: Transport sector STI Condom Awareness Week
- ▶ Report: Wellness Day - Ministry of Works and Transport

Regional coordination

- ▶ Supporting regional AIDS coordinating committees for effective coordination - Experience from Ohangwena Region

When people living with HIV (PLHIV) lead the response: The Tonata case



Development is too often a one-way street: Donors provide the funds, and beneficiaries receive and use them. A more innovative and effective approach involves beneficiaries as protagonists. One umbrella organisation in Namibia, Tonata, has shown how strengthening PLHIV support groups and taking the lead in HIV prevention made a difference both to PLHIVs' own lives and to the HIV response.

Module description

PLHIV representation at national and regional levels has been weak in Namibia and mostly driven by donors. This module describes how Tonata successfully positioned PLHIV at the heart of the HIV response through advocacy, treatment access and adherence, prevention and mutual support.

Tonata is an umbrella organisation of PLHIV support groups in Namibia's North Central regions. It aims to improve the lives of PLHIV by sharing information and strengthening their voices. The contribution of people living with HIV to HIV prevention has long been recognised by Namibia and the involvement of PLHIV is a cornerstone of the national response.

Initially, Tonata's effectiveness as an advocate was limited, mostly for organisational reasons. These were addressed by shifting Tonata's focus to structure and leadership, communications, management, network development and representation.

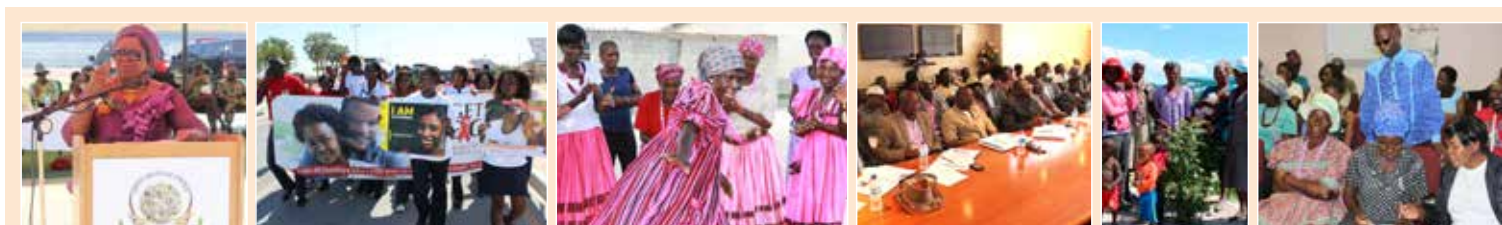
Results

The MoHSS and GIZ HIV programme's work with Tonata significantly improved the network's organisation, management and coordination. It also helped clarify Tonata's direction and build its self-sufficiency and ability to resolve issues related to treatment and to stigma and discrimination. As a result, Tonata's visibility and professionalism increased, transforming it into a valuable partner for government and donors.

More concretely, Tonata's PLHIV membership rose from 4,000 in 2014 to 14,000 in 2016; Regional AIDS Coordination Committees (RACOC) across the four North Central regions now actively support the representation of PLHIV through the ▶ Tonata Representative Framework; and regional line ministries consult with Tonata and PLHIV on HIV interventions and related issue.

Tonata is an active communicator through its ▶ lively Facebook page, ▶ a website, ▶ a regular newsletter, ▶ an effective SMS system, ▶ a radio show and ▶ an online map of support groups.

Two innovative and effective elements contributed to Tonata's success. First, developing Tonata's position in the stakeholder landscape increased its self-sufficiency and made it an effective partner for donors and national organisations. Second, a user-friendly online support group database provided access to groups, contacts and statistics to anyone with internet. The database includes a valuable map that locates groups in geographical relation to clinics and health services, allowing health care providers to keep abreast of support groups in their area.



Approach and process

Work focused on improving Tonata's performance and using partnerships to make sure the voices of PLHIV could be heard in the HIV response. Tonata's needs included prioritising management issues, reporting and monitoring, and building the group's ability to engage with others.

Encouraging PLHIV representation involved assessing capacity and learning about the organisation, building its technical expertise, supporting PLHIV groups in four northern regions, developing opportunities through structures for representation in the regions, promoting regional PLHIV voices and creating the support group map.

GIZ helped Tonata follow its own path and maintain its aspirations by building the organisation's capacity and providing specific tools to allow it to become self-sufficient. These processes and tools include ▶ capacity assessment, ▶ human resources and ▶ finance management, ▶ monitoring and evaluation, ▶ a website and support group map, ▶ corporate identity materials and documents to help develop the representative framework.

Lessons learned

Many positive lessons emerged from the Tonata experience. Supporting organisations like Tonata requires a sensitive, respectful, hands-on approach without unnecessary interference or changes, and making organisations sustainable means empowering leadership rather than changing it. While well-organised networks attract additional funding, they also introduce the risk of dependence on larger, external partners.

Also, involving individual support groups as well as representative structures such as Community AIDS Councils or Regional Councils strengthens the sustainability of support groups and reduces risks if partnerships break down or financial support is withdrawn.

On the minus side, Tonata was able to absorb only a limited amount of technical training, but potential for more development remains and will likely be delivered by others partners like the US Agency for International Development (USAID).

At local and regional levels, where Tonata operates, authorities have acknowledged PLHIV contributions to planning and monitoring HIV-related activities and have helped finance PLHIV involvement. At national level, however, awareness of PLHIV organisations is low and has not yet attracted sufficient development funding.

Replicability and sustainability

The structures that represent PLHIV may be replicated but require a gentle touch. For example, when Tonata's newsletter published the outcomes of reinforced PLHIV representation in one region, the three other regions requested help in developing their own representation mechanisms. To replicate this type of representation in other regions would likely require a similarly inclusive approach: Tonata (or a comparable group) informing PLHIV and support groups of the opportunity and the process and supporting requests for replication. Since the existence of organised support groups is key to creating a representative structure, a support group manual was developed, but the bulk of the expertise on PLHIV engagement sits within the umbrella organisation, Tonata.

While support groups will continue to work at community level without external funding, Tonata's representative structure requires long-term engagement of regional stakeholders. External funds are needed at both regional and national levels for high-level advocacy and large-scale resource mobilisation.

If you would like to know more about...

- Reinforcing support groups in Namibia: Victoria Kamule, Tonata Programme Advisor, m2msupport@hotmail.com
- Network development and maintenance: Paulus Nehemia, Tonata Programme Coordinator, paulusnehemia@yahoo.com
- Production of community media: Erastus Ndilenga, Tonata Communication Officer, 610erastus@gmail.com
- Representation and sustainable community-based interventions: Friedel Dausab, Project HOPE PHDP Expert, dausabf@gmail.com
- Engaging sustainably with small organisations (for donors and NGOs): Dr Florence Soroses, Project HOPE Chief of Party, fsoroses@projecthope.org
- Establishing regional representative forums (for regional councils) : Peter Iita, Oshana Region Senior Community Liaison Officer, piita@oshanarc.gov.na
- Replicating support group map (website): Llewellyn van der Merwe (developer of Tonata website), llewellyn@vdm.io, ▶ Vast Development Method

Management systems

- ▶ Tonata constitution
- ▶ Tonata policy and toolkit: Human resources
- ▶ Tonata M&E framework
- ▶ Tonata financial and administrative tools
- ▶ Assessment tool: Tonata organisational capacity

Network development

- ▶ Manual: How to set up a support group
- ▶ Facilitator guide: PLHIV support groups
- ▶ Workshop toolkit – partner material: PHDP modules by Project Hope

Representation structure

- ▶ Fact sheet: Regional representative framework for PLHIV
- ▶ The story of Tonata: “Opening eyes” for effective HIV response by PLHIV

Information overview

Communication and information section

- ▶ Web tool - Tonata website
- ▶ Web tool - Fact sheet: Support group mapping tool
- ▶ Web tool - Presentation: Mapping PLHIV support groups
- ▶ Brief: Using the SMS network to communicate better
- ▶ Toolbox: Tonata corporate design materials
- ▶ PLHIV radio programmes
- ▶ Tonata PLHIV newsletter
- ▶ Tonata PLHIV network on Facebook

BACK TO KNOWLEDGE MAP 

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When people with HIV (PLHIV) lead the response: The Tonata case



Communication and information

Website: Engaging and involving beneficiaries: Tonata website and support group map

Tonata aims to improve the lives of people living with HIV by sharing information and strengthening the voice of PLHIV in Namibia. The Tonata website database has been crucial to this effort: It pinpoints support groups on a map, displays their data and illustrates their links with health facilities, thereby helping improve dialogue and referrals between support groups and health facilities, making support groups more visible and accessible.

The database has received wide praise and is considered an excellent example of a successful PLHIV network initiative. An organised HIV network was a prerequisite to its development, as the network generates the content and collects the data.

The strength of the tool lies in the origin of its data. The data comes exclusively from beneficiary support groups. It is then collected and organised by the Tonata secretariat and posted on the website.

The need for a website was made clear early in the GIZ partnership and the first step was to establish and implement a paper-based data collection system. The data and partner input were then reviewed to decide what to make public, and a consultant recruited to build the database. The database has enormous scope for expansion, even globally.

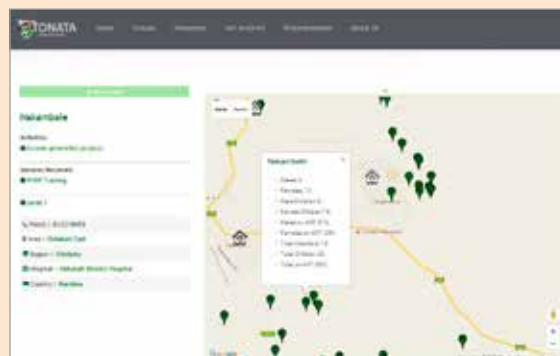
The background information and website could be used by small NGOs, technical advisors and implementing partners.

Information products

- ▶ Web tool - Tonata website
- ▶ Web tool - Presentation: Mapping PLHIV support groups
- ▶ Web tool - Fact sheet: Support group mapping tool

Keywords

PLHIV, Support Group Mapping, PLHIV Network, Website, Data Mapping, Communications, NGOs.



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Communication and information

Brief: The Tonata SMS system and how it works

Tonata has a broad membership base and communicating with its 14,000 far-flung members can be challenging. Tonata found an inexpensive, low-tech solution – the SMS, or Short Messaging Service, which can quickly reach even the remotest areas. The SMS system allows Tonata to send group messages and receive responses from the most distant areas of Namibia.

Tonata has documented how the SMS solution, which it adopted after extensive trial and error, can be set up inexpensively and with little expertise.

The SMS system was launched alongside other media initiatives such as the radio programmes and newsletter. It created such interest that the volume of SMS transmissions was almost too high to manage or assess. Vetted SMSs can also be published on Tonata's website.

The SMS system could be used by small NGOs, technical advisors and implementing partners.

Information products

- ▶ Fact sheet: Using the SMS network to communicate better

Keywords

PLHIV, People Living with HIV, Toolkits, Toolbox, NGO, Communications, HIV Response, PLHIV Networks, Website, Text Messaging, SMS.



When people with HIV (PLHIV) lead the response: The Tonata case



Communication and information

Toolbox: Tonata corporate design materials

Tonata publishes many information products – newsletters, social media, a website – and needs a professional corporate identity to be credible. As in many small organisations, the element of design had traditionally taken a back seat. This toolbox redresses the situation by documenting Tonata’s design development process and providing guidance to small organisations in need of their own image upgrade.

This practical toolbox contains newsletter templates, examples of logo development, a corporate identity pack and a report from the consultant outlining the process. Before launching into the design phase, Tonata received extended support to develop its vision and mission and ensure any design reflected the mission rather than the other way around.

The toolbox could be used by small NGOs, technical advisors and implementing partners.

Information products

- ▶ Toolbox: Tonata corporate design materials

Keywords

PLHIV, Toolkits, Toolbox, NGO, Communications, HIV Response, PLHIV Networks, PLHIV Support Groups, Graphic Design, Corporate Identity.



When people with HIV (PLHIV) lead the response: The Tonata case



Strengthening management systems

Approach: Development of Tonata's management systems

In the absence of clear and transparent management systems and procedures, Tonata decided to create them and align them to its mission. The new systems, developed with input from GIZ's technical advisor and Management Sciences for Health, enabled Tonata to improve resource management, enhance its transparency in financial and other decisions, and establish itself as a credible organisation and partner in the broader HIV response.

Tonata clarified its initial organisational and administrative needs by using a capacity assessment tool. It later joined forces with an outside organisation specialised in direct capacity building. Once the management systems were in place, Tonata was re-assessed to gauge progress and identify gaps.

Tonata was able to maintain its identity and independence throughout the process.

Tonata produced a toolkit that includes human resources policies and manuals; monitoring and evaluation (M&E) tools, forms and frameworks; administrative tools, policies and procedures; and organisational capacity assessment reports comparing the situation before and after the new management systems were put in place.

The toolbox could be used by small NGOs, technical advisors and implementing partners.

Information products

- ▶ Tonata constitution
- ▶ Tonata policy and toolkit: Human resources
- ▶ Tonata M&E framework
- ▶ Tonata financial and administrative tools
- ▶ Assessment tool: Tonata organisational capacity

Keywords

PLHIV, Toolbox, NGO, Communications, HIV Response, PLHIV Networks, PLHIV Support Groups, Management Systems, Transparency, Human Resources, Capacity Assessment.

Support Group Reporting Form (VGR2) (Olimo prosopole)

Report quarter: Q1 2014 Q2 2014 Q3 2014 Q4 2014

Region: _____ Country: _____

Support group name: _____

1. Support group members (Olimo prosopole)

	M	F
1.1 Number of men members		
1.2 Number of women members		
1.3 Number of children in the support group		
1.4 Total number of support group members		

2. Activities done/implemented by your support group (Olimo prosopole)

When people with HIV (PLHIV) lead the response: The Tonata case



Network development

Manual: Tonata support group manual

In its efforts to strengthen the voices of PLHIV, Tonata prepared a brief manual that documents the creation and development of a PLHIV support group. The manual helps groups improve their performance and provides insight on how a support group works, highlighting the importance of growth from within rather than growth imposed from the outside.

Similar tools from other fields such as Alcoholics Anonymous were initially explored. Given Tonata's expertise in PLHIV support groups, it drafted the manual internally with GIZ support and recruited a consultant for layout and design. The manual was first published in English and support will be sought for translation into other languages.

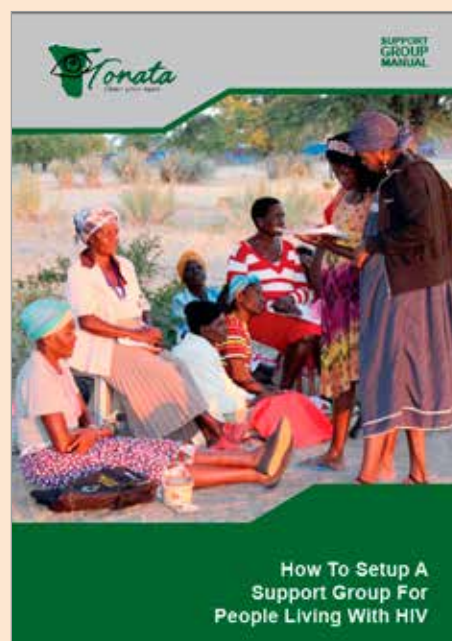
The manual could be used by support groups or PLHIV wishing to start a support group.

Information products

- ▶ Manual: How to set up a support group
- ▶ Facilitator guide: PLHIV support groups

Keywords

PLHIV, Manual, Toolkits, Toolbox, PLHIV Support Groups, NGO, Communications, PLHIV, HIV Response, PLHIV Networks.



When people with HIV (PLHIV) lead the response: The Tonata case



Network development

Workshop toolkit – partner material: Positive Health, Dignity and Prevention (PHDP) interventions in Namibia by Project Hope

This toolkit, to be used in workshops, provides information and facilitates open discussion on many issues related to life with HIV. Tens of thousands of Namibians have taken part in PHDP sessions.

Project HOPE Namibia and Tonata adapted the toolkit from earlier work by Positive Vibes and NawaLife Trust under the supervision of MoHSS. PLHIV, health professionals and community workers participated in developing the toolkit.

The toolkit, which is updated regularly, incorporates additional information from the GNP+ Community Outreach toolkit, a Jamaican curriculum for PLHIV and the International HIV/AIDS Alliance's stigma toolkit. The existence of an organised PLHIV network was a prerequisite for creation of the toolkit and training of facilitators.

While the toolkit can be useful to most, it was developed for people living with HIV, bearing in mind that reactions and needs differ depending on whether someone has just been diagnosed, is already on treatment or has belonged to a support group for years.

The PHDP toolkit could be used by support groups or PLHIV wishing to start their own support group.

Information products

- ▶ Workshop toolkit – partner material: PHDP modules by Project Hope

Keywords

PLHIV, Toolkit, Toolbox, NGO, HIV Response, PLHIV Networks, PLHIV Support Groups, PHDP, Training.



When people with HIV (PLHIV) lead the response: The Tonata case



Representation structures

Approach: How to develop a regional representative framework – Tonata’s experience

To enable PLHIV to actively engage at the regional level, Tonata developed the Regional Representative Framework. A fact sheet was produced to document the steps required to build regional representation.

The regional framework enables PLHIV to contribute to regional decisions, for example through attendance at Regional AIDS Coordination Committee meetings, and to better participate in community-level and national decision-making. This ensures PLHIV are well-represented in Namibia’s HIV response.

A key to the framework’s success is Tonata’s own role. Both Tonata and the framework originated with PLHIV who wanted a greater say in decisions affecting their lives. The story of Tonata documents the organisational journey of Tonata in this regard.

The framework could be used by those who want to replicate the Regional Representative Framework and by PLHIV interested in becoming more active in the response.

Information products

- ▶ Fact sheet: Regional Representative Framework for PLHIV
- ▶ The story of Tonata: “Opening eyes” for effective HIV response by PLHIV

Keywords

PLHIV, Toolkits, Toolbox, NGO, Communications, HIV Response, PLHIV Networks, PLHIV Support Groups, Frameworks, Regional Representation, Regional Participation, Fact Sheets, Storytelling.



Enabling environment for youth health: “Together We Shine”



Talking about sex is never easy, let alone when the discussion turns to youth sexuality. In some countries, a lack of services and information make these conversations even harder. The absence of consistent comprehensive sexual education keeps young people from acquiring the knowledge, contraceptives or the life skills they need to practice safer sex. The result: high youth pregnancy and HIV infection rates.

Module description

Namibia has one of the highest HIV infection rates in the world and more than 40% of all new HIV infections in 2014 were among young people aged 15-24. This module describes how collaborating to use national resources has empowered youth and improved HIV prevention in Namibia’s Ohangwena Region. Ohangwena is known for its high youth HIV and teenage pregnancy rates (and subsequent baby dumping) but low male use of sexual and reproductive health (SRH) services and circumcision. It also suffers from gender-based violence, youth unemployment and widespread alcohol abuse.

Youth activities for HIV prevention do exist, but often in isolation. The GIZ MoHSS programme, in collaboration with local stakeholders, has made it possible to pool resources from different ministries (Ministry of Health and Social Services, Ministry of Education, Arts and Culture and the Ministry of Sport, Youth and National Services) and civil society. This has helped attract young people with lively activities like sports and dance. It also demonstrated how working together and having fun can promote prevention and health care and empower young people to change their lives. The challenge lies in making health services more youth-friendly and encouraging young people to use them.

This collaborative approach is anchored in three principles: collaboration among several ministries and civil society organisations to improve delivery of health services to young people; making available a variety of leisure activities – including sports and dance performances – linked to sexual and reproductive health; and empowerment and self-organisation that allow young people to actively improve their own lives.

The Ohangwena experience fits well within the framework of what is known as the ► ESA Commitment, or the ministerial commitment on improving sexual and reproductive health and rights and HIV prevention among young people in Eastern and Southern Africa at local level. The ESA Commitment was first endorsed in December 2013 by 20 Eastern and Southern African countries. By 2016, 23 countries had affirmed their commitment to the nine ESA targets. The main goal of the ESA Commitment is to deliver quality comprehensive sexuality education and improve access to youth-friendly health services. Namibia’s support to this youth-centred approach is the result of the country’s commitment to the ESA initiative. A GIZ regional programme based in South Africa also supports the ESA Commitment at regional level and assisted Namibia in its own implementation.

Results

Linking entertainment and health services has been a success. By offering attractive activities, the Eenhana Youth Centre in Ohangwena Region has drawn more young people to both its programme and to the youth-friendly Namibia Planned Parenthood Association (NAPPA) clinic located on its grounds.

The GIZ MoHSS HIV programme began in the region in 2011 but youth and PLHIV were targeted specifically only in 2014.



Despite the short time frame much has been achieved. For example, over 7,500 learners and 400 out-of-school youth were reached with life skills training and more than 2,300 youth and community members were tested for HIV during outreach awareness campaigns. Also, some 2,800 young people and community members tested for HIV at the youth-friendly NAPPA clinic, a 240% increase in just 15 months. Over 90 trainers, teachers and coaches were also trained in ▶ Sport for Development and more than 400 young girls became members of the region's ▶ Galz & Goals football league during that time.

With the introduction of comprehensive sexuality education, life skills training and HIV awareness, teenage pregnancies in Eenhana Secondary School fell from 10 in 2012 to a single pregnancy in 2015. This was made possible by collaboration between the ministries of education, health and youth and with the NGOs ▶ Star for Life, ▶ OYO, NAPPA, Lifeline Childline, and DAPP-Total Control of the Epidemic.

In addition to its concrete achievements, the Ohangwena experience is considered a 'good practice' for the implementation of the ESA Commitment.

Approach and process

This holistic approach to youth health focused on three main areas: establishing a multisectoral taskforce for youth health; strengthening the local youth centre, its activities and establishing links between the centre and the youth-friendly NAPPA clinic next door; and empowering youth groups and providing enjoyable activities for young people including HIV awareness.

The ▶ Ohangwena Youth Health Taskforce (OYHTF), which coordinates various partners' work, was established with committed representatives from ministries, health service providers, civil society and young people. Services were mapped, stakeholders identified and connected to join forces on youth, health and sport, and youth groups established and trained in youth empowerment to provide a ▶ comprehensive youth health approach. As part of this holistic approach, the Eenhana Youth Centre was revitalised with new activities linked to existing services such as the youth health clinic and with behaviour change communication. This approach increased the number of youth making use of health services on site and during outreach campaigns.

As a result of technical advice and support, a clear methodology was developed for this comprehensive approach. It included building thematic capacity on gender for all stakeholders involved in youth health issues (taskforce and youth centre staff) through a workshop on gender sensitisation and male involve-

ment in HIV. Other activities included training in comprehensive sexuality education (CSE) and help in becoming youth-friendly; training with the ▶ Philip Wetu interactive film and toolkit and an ▶ alcohol toolkit by MoHSS; and a workshop for young people on stigma and discrimination against PLHIV. This reinforcement of gender capacity was designed to equip stakeholders with the skills and knowledge to design and provide youth-friendly, gender-sensitive services.

Furthermore, taskforce members and youth centre staff were trained according to their needs in workshop organisation, project planning and implementation, time management and monitoring and evaluation. These skills were then used by stakeholders to plan and implement community and youth outreach campaigns. Regular technical support for the planning and information exchange workshops by Ohangwena Youth Health Taskforce and the contracting of selected NGOs further contributed to the success of the comprehensive approach.

Support materials developed to facilitate this approach include ▶ a handbook documenting the Ohangwena experience on multi-stakeholder cooperation; ▶ a fact sheet on the handbook and ▶ a fact sheet on the taskforce; ▶ a film on the comprehensive youth health approach; and ▶ a fact sheet on the film for advocacy. These materials are also helpful for other regions wishing to set up a multisectoral taskforce or interested in a comprehensive youth health approach.

Lessons learned

Collaboration, which clearly enhanced effectiveness, meant understanding the win-win nature of this experience. Commitment from high-level decision makers and the active participation of implementers were both essential. Pooling resources increased efficiency and empowered the taskforce, while the principle of "no delegation" – whereby an institution is systematically represented by the same person – strengthened reliability and coordination. Similarly, the "bottom-up" approach allowed regional initiatives to reinforce national commitment, creating momentum for broader advocacy around the ESA Commitment. By including young people and taking their specific needs into account, interventions both affected and empowered youth.

There were also less positive outcomes: Financial and human resources were uneven and insufficient, and communication at all stages was challenging. Documenting and monitoring activities require improvement, as does dialogue between national and local levels.

External factors and influences

The many organisations already working on sexual and reproductive health and rights and youth in the region and the good relations among them made a comprehensive approach possible, especially in addressing common challenges (for example, high youth alcohol abuse).

On the other hand, administration in Namibia is not yet fully decentralized, which complicates local access to resources. Another challenge involves cutbacks in external support to NGOs.

Replicability and sustainability

A handbook containing tools and documenting best practices and lessons learned from the OYHTF can be used by those interested in applying a similar model.

Given the taskforce's recognition as good practice of the ESA Commitment, efforts are underway to replicate the initiative in other parts of Namibia. Between April 2015 and May 2016, an OYHTF team visited the country's 13 regions to inform stakeholders about the ESA Commitment and to highlight the achievements of OYHTF as an example of local level implementation. The team was accompanied by national representatives of the ministries of health, sports and agriculture, the United Nations and GIZ. Other regions have taken up the initiative and are establishing similar structures adjusted to their local needs.

The OYHTF has good prospects for sustainability. It has received minimal external financial support and stakeholders have been able to mobilise their own resources for specific activities. The intensive technical support of the early days has been scaled back in favour of greater ownership and responsibility by taskforce members, and other organisations have demonstrated interest in supporting OYHTF. The one risk factor is the uncertain yet much-needed support to civil society organisations, which are an integral part of this youth approach.

If you would like to know more about ...

- Implementation of the ESA Commitment at national level: Julius Natangwe Nghifikwa, Deputy Director HIV and AIDS Management Unit, Ministry of Education, Arts and Culture, jullius@yahoo.co.uk
- Taskforce: Dr Odon Nkongolo, Chief Medical Officer, Ministry of Health and Social Services, Ohangwena and current chair of the Ohangwena Youth Health Taskforce, ohangwenayouthhealthtaskforce@gmail.com / nkongolo@mweb.com.na; Elia Negumbo, Monitoring and Evaluation Officer, Regional Council Eenhana and Ohangwena Youth Health Taskforce member, elianegumbo@gmail.com
- Taskforce and Star for Life and youth health approach: Emilia Nambahu, Star for Life Coach Ohangewana, current secretariat of the Ohangwena Youth Health Taskforce, ohangwenayouthhealthtaskforce@gmail.com / emilia@starforlife.org
- Taskforce and youth-friendly health services: Risto Mushongo, National Community Outreach Coordinator, NAPPA and former OYHTF member and chair of Working Group on Teenage Pregnancy, rmushongo@nappa.com.na
- Youth-friendly health services: Sesilia Ndeikoyele, Health Officer and Nurse, NAPPA, sndeikoyele@gmail.com
- Youth clubs: Easter Mokaxwa, Rural Youth Officer, Ministry of Sports, Youth and National Service, Ohangwena, easterlbn@gmail.com; Johannes Mweshihange, Chairperson, Ondobe Youth Club, jkomweshihange29@gmail.com
- Galz & Goals: Ferderick Sitali, Galz & Goals Coordinator Ohangwena, ferdericksitali76@gmail.com

Information overview

International strategies and policies

- ▶ Website: Eastern and Southern African ministerial commitment for sexual and reproductive health and rights – young people today

Multi-stakeholder cooperation

- ▶ Film: Developing regional youth health
- ▶ Flyer: Film on developing regional youth health
- ▶ Handbook: Multi-stakeholder cooperation on SRH for young people
- ▶ Fact sheet: Handbook on multi-stakeholder cooperation on SRH for young people
- ▶ Fact sheet: Ohangwena Youth Health Taskforce

Youth empowerment

- ▶ Report: Stories from Ohangwena – diverse approaches to empower youth
- ▶ Trainer manuals: Basketball and Football 4 Life

- ▶ Galz & Goals Facebook page: Using football to empower Namibian girls
- ▶ Partner website: NGO Ombetja Yehinga Organization
- ▶ Partner website: NGO Star for Life

Tools for tailored interventions

- ▶ Brochure: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Fact sheet: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Film and toolkit: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Facilitator guide: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Comic book: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Picture code toolkit – partner material: Alcohol and HIV by MoHSS-CORD

BACK TO KNOWLEDGE MAP 

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Multi-stakeholder cooperation

Film: “Together We Shine” – youth health development in the Ohangwena Region

Together We Shine is a video documentary about youth health in the Ohangwena Region and the challenges young people face in achieving a healthy, varied and self-determined lifestyle.

Key to efficient and effective youth health development in the region is a comprehensive approach which combines resources of several ministries with those of civil society organisations.

The documentary showcases the impressive results achieved by this comprehensive approach in just over a year, including a 240% increase in HIV testing and counselling at the youth-friendly NAPPA clinic, HIV awareness and life skills interventions. By mid-2016, more than 7,500 learners and 400 out-of-school youth had been reached with life skills training, and over 36,000 with dance performances on HIV and AIDS, alcohol and drug abuse and teenage pregnancy.

Together We Shine is an advocacy tool that emphasises the comprehensive approach but also highlights the need for ongoing engagement of all actors, including support for civil society organisations. It is useful for national and local ministries, for civil society organisations and for development partners who wish to address youth health in a comprehensive manner. It is also useful in regional HIV prevention, for all involved in the ESA Commitment at local level, and, more broadly, for audiences interested in adolescent and youth health.

Information products

- ▶ Website: Eastern and Southern African ministerial commitment for sexual and reproductive health and rights – young people today
- ▶ Film: Developing regional youth health
- ▶ Flyer: Film – developing regional youth health

Keywords

SRH, Sexual and Reproductive Health, Comprehensive Sexuality Education, CSE, Young People, Youth, Youth Health, HIV, HIV Prevention, ESA Commitment, Film, Video.





Multi-stakeholder cooperation

Handbook: Multi-stakeholder cooperation handbook on SRH for young people – implementing the ESA Commitment in Namibia’s Ohangwena Region

To counter Namibia’s high youth HIV infection rate, the ministries of education, health and youth sought to improve access to youth-friendly sexual and reproductive health services and increase awareness around HIV and sexual behaviour by promoting cooperation among line ministries, Namibia’s Regional Councils, NGOs and young people, in accordance with the ESA Commitment.

This handbook documents the multi-stakeholder Ohangwena Youth Health Taskforce as a good practice for local implementation of the ESA Commitment and shares the taskforce’s experiences, its challenges and lessons learned, providing recommendations for replicating the initiative elsewhere.

The OYHTF’s good practices are based on the following principles: efficiency and sustainability by combining resources; scheduled time for joint planning and knowledge exchange; personal commitment, with no delegation accepted to meetings; non-hierarchical structures. In addition, interventions integrate youth, cultural and region-specific SRH needs of young people as well as cooperation and synergy, which lead to better results and help reach more young people.

The taskforce’s many successes in HIV prevention in the region include well-attended testing and HIV awareness days, training sessions for HIV peer educators, a teenage pregnancy march, life skills classes run by a local NGO, public performances by youth groups and a film that highlights the OYHTF’s local activities and the importance of a multi-stakeholder approach.

The handbook contains information as well as printable templates, tools and practical examples. It was developed for anyone wanting to better coordinate SRH activities among young people in Namibia and other ESA countries including government staff,

civil society and development partners. It can be used in any ESA country as a reference to establish a new multisectoral coordinating body for young people’s health.

Information products

- ▶ Website: Eastern and Southern African ministerial commitment for sexual and reproductive health and rights – young people today
- ▶ Handbook: Multi-stakeholder cooperation on SRH for young people
- ▶ Fact sheet: Handbook on multi-stakeholder cooperation on SRH for young people
- ▶ Fact sheet: Ohangwena Youth Health Taskforce

Keywords

Multi-Stakeholder Cooperation, SRH, Youth, Young People, Comprehensive Sexuality Education, CSE, Youth Health, ESA Commitment, Toolkit, Toolbox, HIV Prevention, HIV Awareness.





Youth empowerment

Approach: Igniting young minds in Ohangwena Region – empowering and involving youth for effective health response strategies

This approach highlights various successful methods used to reach youth in Ohangwena, one of Namibia's most populous regions. Most young people here are reluctant to use conventional health facilities, especially for HIV counselling and testing. High alcohol abuse and teenage pregnancies are also common.

The report tells the story of how GIZ and partners applied a diversified, innovative and youth-friendly approach to the health challenges young people face and encouraged them to use health services. This was done by exploring a variety of avenues, such as reaching them through familiar activities like dance and sports, and empowering them to become engaged. Three different civil society organisations helped bring this about.

Star for Life encourages young people to follow their dreams and take care of themselves through a holistic school-based programme that builds life skills and knowledge among learners and includes such health issues as HIV and AIDS, sexual and reproductive health and drug abuse.

Ombetji Yehinga Organisation (OYO) uses dance and drama to communicate knowledge and skills to young people and to help them make informed choices on HIV, sexually transmitted infections and human rights. OYO trained three youth clubs in Ohangwena, whose members are now touring the region with their own dance and drama performances.

Galz & Goals, a partnership between UNICEF, the Namibia Football Association and SPAR Western Cape/Namibia uses sports and fun activities to help young people make healthy choices and be active. Galz & Goals combines life skills and football to benefit the development of girls aged 9–20. The programme has broadened to include other partners like GIZ, Score and USAID and has spread from its 2009 beginnings in the capital Windhoek to other regions.

This diversified approach, which highlights many ways to connect with youth, could be of interest to organisations coordinating activities for youth health in all regions of Namibia and in other ESA countries.

Information products

- ▶ Report: Stories from Ohangwena – diverse approaches to empower youth
- ▶ Galz & Goals Facebook page: Using football to empower Namibian girls
- ▶ Partner website: NGO Ombetja Yehinga Organization
- ▶ Partner website: NGO Star for Life

Keywords

Youth Health, Youth Empowerment, Innovative Youth Programmes, HIV Prevention, Young People, ESA Commitment, Communications, NGO.





Youth empowerment

Manuals: Using Football4Life and Basketball4Life for young people's healthy lifestyle choices

Helping young people make healthy lifestyle choices and become active citizens can be a challenge. Two manuals developed for sports coaches take on that challenge by providing football and basketball exercises and activities that integrate health topics into day-to-day sports training sessions.

The Football4Life and Basketball4Life manuals train coaches in selecting and organising sports activities that transmit essential health messages to young people in a fun and effective way. The manuals also educate young people in various sports, building their skills in organisation, teamwork and discipline, all of which make important contributions to their development.

Sixty coaches have been trained through this “training of trainers” approach.

Information products

- ▶ Trainer manuals: Football4Life and Basketball4Life

Keywords

Sport for Development, Behaviour Change Communication, BCC, Life Skills, HIV Prevention, Young People, Youth.





Tools for tailored interventions

Interactive behaviour change communication tool: “The Tangled Lives of Philip Wetu” - a Namibian story about life choices and HIV

Multiple and concurrent sexual relationships and inter-generational sex are two factors that contribute to Namibia’s generalised HIV epidemic. Despite high levels of HIV awareness in the country, many Namibians do not consider themselves at risk of infection.

To change these attitudes, GIZ, working with local organisations, produced an innovative 30-minute interactive film entitled *The Tangled Lives of Philip Wetu*. Philip is a Namibian man with many sexual partners and in the film he makes decisions that affect his health: Should he get tested for HIV? Should he have unprotected sex? Should he disclose his HIV status to his partners? At certain points in the film, a variety of options are offered and the audience, with the help of a trained facilitator, decides what Philip should do. The film then follows their lead.

The film is screened for groups of 20-30 participants who are encouraged to reflect upon the choices they make in their own relationships.

More than 20,000 people have seen the film, which has generated positive changes in HIV-related knowledge, attitudes and intended actions and demonstrated the potential of locally developed behaviour change communication tools in HIV prevention. The film has also been turned into a comic strip seen by several thousand young people.

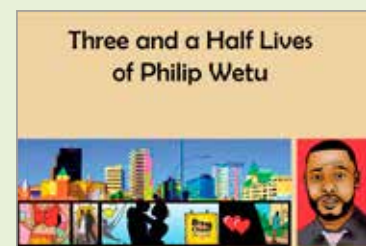
The film is particularly effective with audiences who can identify with the characters, with urban audiences, young people and adult males.

Information products

- ▶ Brochure: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Fact sheet: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Film and toolkit: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Facilitator guide: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ Comic book: “The Tangled Lives of Philip Wetu” – an interactive BCC tool
- ▶ The film and additional resource materials may be obtained from Steps, South Africa
- ▶ Certified trainers for screenings of “The Tangled Lives of Philip Wetu” are available from Positive Vibes, Namibia

Keywords

Toolkit, Toolbox, NGO, Communications, HIV Response, Behaviour Change Communication, BCC, Life Choices, HIV Prevention, Interactive DVD, Guided Discussion, Film, HIV Workplace Tool, HIV Workplace.





Tools for tailored interventions

Toolkit – partner material: Alcohol and HIV picture code toolkit by MoHSS/CORD

Namibia faces alarming alcohol abuse and the toolkit aims to raise awareness in local communities of alcohol's devastating impact on health, especially in relation to HIV.

Young people under the influence of alcohol may neglect using condoms or skip medication, a serious danger for anyone on anti-retrovirals (ARVs). Alcohol abuse can lead to cancer and to problems like social and domestic violence, car accidents, child neglect, absenteeism or unwanted pregnancy.

The toolkit uses pictures to show common situations and encourages discussion about them. It has been used extensively and successfully in outreach and testing campaigns with young people by the Ohangwena Youth Health Taskforce. It is easy to use and generates discussion around behaviour change in relation to harmful alcohol consumption and its impact on HIV. Facilitators also use the toolkit in communities, schools, workplaces and clinical settings.

Youth health service providers and key stakeholders in Ohangwena have been trained to use the toolkit, which is also available in the local Oshiwambo language. The best results are achieved with the participation of a trainer who is confident, determined and a good planner and communicator.

The toolkit was developed jointly by the Government of Namibia, USAID, the President's Emergency Plan for AIDS Relief (PEPFAR) and the NGOs NawaLifeTrust, Cord and C-Change.

Information products

- ▶ Picture code toolkit – partner material: Alcohol and HIV by MoHSS-CORD

Keywords

Toolkit, NGO, Communications, HIV Response, Behaviour Change Communication, BCC, HIV Prevention, Guided Discussion, HIV Workplace Tool, Alcohol Abuse, Youth Health.



Bringing the private sector into the HIV response



Private companies have proven essential in HIV prevention and an increasing number of firms are making a difference by providing health services and education to their employees.

Module description

This module describes how Namibia's private sector increased its engagement in HIV prevention by strengthening service providers' ability to deliver quality services for workplace programmes, advocating for greater investment in employee health, and demonstrating how partnerships with government can complement public sector health contributions.

A decrease in donor funding has made private sector and domestic resources increasingly important to Namibia's HIV response. While companies provide channels that help extend prevention services, they also become more productive as a result of a healthier workforce. Yet companies still struggle to understand the long-term return on their investment, often preferring to finance one-off activities rather than programmes. A further challenge faced by service providers is supplying competitive fee-based services without running afoul of donor requirements, which can undermine a market-oriented approach.

Results

Service providers have shifted from a non-profit to a for-profit approach. The results are better strategic targeting of workplace clients, improved communication and higher quality services, all of which may help in the face of dwindling donor resources.

More than 170 companies covering such key sectors as transport and agriculture regularly use health services providers and have established HIV and wellness workplace programmes for up to 45,000 employees. Between 2014 and 2016, some 15,000 transport and agriculture staff used mobile services for HIV testing in the workplace.

In addition, many companies increased their financial contributions by earmarking funds for workplace programmes, while trade unions included wellness programmes when negotiating social aspects of their collective agreements. To mobilise additional private sector contributions, GIZ helped develop a number of innovative tools and approaches such as the Cost Benefit Projection Tool (CBPT), or development partnerships with employers and the Ministry of Health and Social Services.

Two successful development partnerships helped the public sector connect with key, difficult-to-reach target groups. Namibian Breweries Ltd (NBL), the Ministry of Health and Social Services and the NGO DAPP worked together on condom distribution in the Ohangwena Region, complementing public infrastructure.

The Meatco Comprehensive Health Services and Outreach Project provided primary health care, including HIV testing, to factory workers and their dependents in informal settlements and to farm workers in areas with no health infrastructure.

Approach and process

To develop private service providers and help them tailor their services, a number of assessments looked at market potential and employer and employee needs. As a result, communication



strategies and customer feedback mechanisms were elaborated, service packages revised and costed, new advocacy tools developed and ▶ quality of services improved. To increase service providers' self-sufficiency, sustainability strategies such as the one for the Walvis Bay Corridor Group were identified and leadership and change management strengthened.

To advocate for private sector health contributions, a ▶ survey of business leaders helped identify gaps and bottlenecks in the national response. Support was provided to ▶ a national memorandum of understanding for workplace health that outlines the roles and responsibilities of major stakeholders. ▶ Training manuals that include HIV in occupational health and safety approaches (OSH), ▶ a blueprint policy on HIV and OSH in the tourism sector and on ▶ incorporating HIV workplace programmes into collective bargaining helped trade unions and the employers' federation integrate HIV into their advocacy work. Also, a new ▶ online Cost Benefit Projection Tool helped advocate with company management for more investment in workplace health programmes.

Sufficient time was allotted for all partners to develop concepts jointly and maintain ongoing consultation. This gave them the flexibility to adjust the project when needed and the ability to build the trust and good working relations so crucial to partnerships between the public and private sectors. The condom partnership required ▶ a pre-assessment to clarify responsibilities and learn from a similar project in South Africa. ▶ The Meatco project agreed initial targets but built in flexibility to modify and narrow those targets later on.

Lessons learned

There is often a gap between what is seen as a priority for investment by those responsible for employee health and by corporate decision makers. Learning the corporate language and framing issues within a cost-benefit framework helped bridge that gap and increase the private sector's involvement.

Helping service providers become more business-oriented allowed them to diversify revenue and expand services. However, this shift in approach often involved major organisational change that required an enormous commitment of time, resources and an openness to challenges. Further clarification will be needed to define the respective roles of private service providers and medical aid insurance companies for workplace health.

Companies have welcomed the expansion of services for workplace programmes from HIV towards broader health or "wellness". This has sharpened their interest and helped fight

the HIV fatigue often witnessed in development. At the same time, this expansion requires sound knowledge of health issues beyond HIV. For example, broadening peer education to health and wellness has proved too demanding on educators, leading to increased reliance on external experts.

Collective bargaining with unions can yield high rewards but the risk of failure and the consequent impact on employee health is also high. During negotiations, social aspects such as HIV workplace programmes are often among the first concessions made by negotiating parties, who then refocus their efforts on higher wages.

The CBPT's uptake remains slow, despite systematic improvement over previous versions. Service providers require more training than expected and the lack of company-specific data is a challenge to the tool's potential accuracy. This same absence of data undermines workplace programmes by making their effectiveness difficult to assess and no comprehensive country-wide evaluation has yet taken place.

External factors and influences

The lack of employee health legislation in Namibia makes a company's engagement voluntary and during economic hard times, non-core activities are often the first to be cut. Encouraging service providers to charge companies for workplace services at cost was hampered by their ongoing dependence on the Global Fund to Fight AIDS, TB and Malaria and the accompanying requirement to align themselves to externally driven donor agendas, which can be at odds with market realities.

Replicability and sustainability

Prospects for sustainability are high in certain areas. Service providers in workplace health and wellness seek financial self-sufficiency. Organisations which received support can continue using the tools developed for work with the private sector.

Both development partnerships were successful and promise to become sustainable because the companies are motivated by commercial prospects and the government, for its part, needs the additional support. The Namibian Breweries and MoHSS condom distribution programme is set to expand to five more regions. With time the condom programme has the potential to be integrated fully into the public sector. The Meatco comprehensive health management and outreach programme has similar roll-out potential and may well attract multilateral funding.

If you would like to know more about ...

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NBL-Ministry of Health condom distribution project:

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Meatco comprehensive health services and outreach project:

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- Frieda Muteka, Pharmaccess Foundation, f.muteka@namibia.pharmaccess.org

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- Justina Jonas, Metal and Allied Workers Union (MANWU), secretary1@iway.na
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- Edward Shivute, Walvis Bay Corridor Group (WBCG), edward@wbcg.com.na
- Johanna Mbandi, Healthworks Business Coalition, programmes1@healthworks.com.na

Information overview

Development of business-oriented service providers

- ▶ Healthworks Business Coalition
- ▶ Walvis Bay Corridor Group (WBCG) Wellness Service
- Healthworks customer relationship manual
- WBCG customer satisfaction survey (2014 and 2016)
- WBCG report financial analysis
- ▶ WBCG strategic plan (2013-2017)
- ▶ Presentation: NABCOA (Healthworks) high-level strategic plan
- ▶ Fact sheet: Healthworks mobile testing goes further with SafeCare standard
- ▶ SafeCare assessment 1: Healthworks Business Coalition
- ▶ SafeCare report 1: Healthworks Business Coalition
- ▶ SafeCare quality improvement plan 1: Healthworks Business Coalition
- ▶ SafeCare report 2: Healthworks Business Coalition
- ▶ SafeCare quality improvement plan 2: Healthworks Business Coalition
- ▶ For more information on the SafeCare standard: SafeCare website

Tools for workplace programmes

- ▶ Healthworks Toolkit: Building workplace programmes
- ▶ Healthworks "Tilly's Tavern": Facilitator guide for health awareness sessions
- ▶ Healthworks "Tilly's Tavern": Participant workbook for health awareness sessions
- ▶ Healthworks training manual: Peer education for employee wellness

Public and private partnerships to complement public sector health contributions

- ▶ NBL feasibility assessment: Condom distribution project
- ▶ NBL fact sheet: Condom distribution project - programme development and results
- ▶ NBL brochure: Condom distribution project - programme development and results
- ▶ NBL project evaluation report: Condom distribution project
- ▶ Brochure: Meatco public-private partnership health management and outreach - interim evaluation of project implementation
- ▶ Fact sheet: Meatco public-private partnership health management and outreach - short project description

- ▶ Brochure: Meatco project short overview of achievements to date
- ▶ Concept note: Meatco public-private partnership health management and outreach
- ▶ Report: Namibian delegation, private sector conference (Tanzania)
- ▶ Concept note: Public-private partnership (Ministry of Health)
- ▶ Discussion paper: Public-private partnership framework

Advocacy for health contributions

- ▶ CBPT website: Cost Benefit Projection Tool
- ▶ CBPT fact sheet: Improving workplace health with online Cost Benefit Projection Tool
- ▶ CBPT user guide: How to use the Cost Benefit Projection Tool
- ▶ CBPT instructional videos: How to use the Cost Benefit Projection Tool
- ▶ CBPT Service Provider Guide
- ▶ CBPT presentation: Introduction Cost Benefit Projection Tool
- ▶ CBPT sustainability concept
- ▶ CBPT Implementation Report and Lessons Learned
- ▶ Survey publication: Business decision-makers' survey on HIV and AIDS
- ▶ Workbooks: HIV and AIDS in the workplace
- ▶ Training manual: Shop stewards and HIV
- ▶ Assessment: Trade union collective bargaining for HIV
- ▶ Memorandum of understanding: Implementation of workplace programmes and national code on HIV and AIDS and employment
- ▶ Training package: Occupational safety and health and HIV in the workplace
- ▶ Policy: Occupational safety and health and HIV in the hospitality sector
- ▶ Guide: Developing integrated policies on occupational safety and health and HIV
- ▶ M&E questionnaire: Occupational safety and health and HIV
- ▶ Assessment: HIV workplace programmes in public and private organisations in Namibia

BACK TO KNOWLEDGE MAP 

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Bringing the private sector into the HIV response



Development of business-oriented service providers

Approach: Strengthening organisational capacity of private service providers for workplace programmes

This document catalogues key processes and learning developed through GIZ support to private service providers that help companies invest in HIV prevention in the workplace. Namibia's response encourages the private sector to develop HIV workplace programmes both within a specific sector and nationally. This involvement has mostly taken place through employer and employee organisations, business coalitions and sector advocacy groups.

GIZ supported key private service providers to workplace health – in this case Healthworks Business Coalition and the Walvis Bay Corridor Group – by strengthening their technical capacities. It also provided financial support to key organisational development processes. This has enabled service providers to offer quality services and competent leadership.

The documents provide a point of reference and learning for similar approaches to be undertaken elsewhere. If further information is required, contacts of partner organisations that have developed internal strategies, market and financial analyses, customer satisfaction surveys and agreements can be found in the module description.

Information products

- ▶ Healthworks Business Coalition
- ▶ Walvis Bay Corridor Group (WBCG) Wellness Service
- ▶ WBCG strategic plan (2013-2017)
- ▶ Presentation: NABCOA (Healthworks) high-level strategic plan
- WBCG customer satisfaction survey (2014 and 2016)
- WBCG report financial analysis
- Healthworks customer relationship manual

Keywords

HIV Prevention, Multisectoral Approach, Private Sector, Organisational Capacity, Workplace Programmes, Wellness, Wellness Programmes, Sector Response, Workplace, Service Providers, Website, Data Mapping, Communications, NGO.



Bringing the private sector into the HIV response



Development of business-oriented service providers

Approach: Increasing health care quality – SafeCare accreditation of Healthworks Business Coalition mobile clinic

The Healthworks Business Coalition provides mobile wellness and HIV screening services to employees directly at their workplace. To improve services and expand their market, Healthworks decided in 2014 to seek accreditation of their mobile testing services by SafeCare.

The SafeCare Initiative establishes internationally recognized health care standards for medical staff. These standards help health care facilities measure and improve the quality, safety and efficiency of their services.

Accreditation of Healthworks took 18 months. An initial assessment established the existing level of services and adopted an improvement plan which included ongoing staff training. A second assessment examined achievements and identified areas for further improvement.

The accreditation process not only helped improve the quality of services but increased staff motivation, which in turn promoted satisfaction among employees using mobile services for HIV screening. SafeCare accompanies service providers on their accreditation journey, rewarding them with certificates as they progress from one level of achievement to the next.

The approach documented here outlines the process of SafeCare accreditation and helps Healthworks market their improved mobile testing. It can be used by health workers from the Ministry of Health and Social Services who are considering this approach for public sector mobile screening services.

Information products

- ▶ Fact sheet: Healthworks mobile testing goes further with SafeCare standard
- ▶ SafeCare assessment 1: Healthworks Business Coalition
- ▶ SafeCare report 1: Healthworks Business Coalition
- ▶ SafeCare quality improvement plan 1: Healthworks Business Coalition
- ▶ SafeCare report 2: Healthworks Business Coalition
- ▶ SafeCare quality improvement plan 2: Healthworks Business Coalition
- ▶ For more information on the SafeCare standard: SafeCare website

Keywords

Mobile HIV Testing, Quality Standards, Healthworks Business Coalition, SafeCare, Accreditation, HIV Prevention, Wellness Programmes, Workplace Programmes.



Bringing the private sector into the HIV response



Tools for workplace programmes

Toolkit: Support for workplace programmes through tools

While employers in Namibia are expected to establish HIV workplace programmes, they have no obligation to do so. The GIZ MoHSS programme and private service providers jointly developed tools to encourage high-quality wellness programmes and services.

These training materials cover areas ranging from advocacy for safer sex and reducing stigma to training packages for peer educators and workplace coordinators.

Products developed to support workplace programmes include *Tilly's Tavern*, a 15-episode video series on such health issues as alcohol abuse, HIV disclosure, condom use and women's rights; a peer education manual; and a toolkit for building HIV and wellness workplace programmes.

Information products

- ▶ Healthworks Toolkit: Building workplace programmes
- ▶ Healthworks "Tilly's Tavern": Facilitator guide for health awareness sessions
- ▶ Healthworks "Tilly's Tavern": Participant workbook for health awareness sessions
- ▶ Healthworks training manual: Peer education for employee wellness

Keywords

Workplace Programmes, Wellness Programmes, HIV Prevention, Toolkit, Toolbox, Manuals, Training, Advocacy, Communications, Peer Education.



Bringing the private sector into the HIV response



Development partnerships

Approach: Lessons learned from development partnerships to complement public sector health contributions

Two unique development partnerships helped reduce Namibia's HIV prevention burden by showcasing how the private sector can partner directly with the Ministry of Health and Social Services to improve health and HIV outcomes. Each partnership is documented separately.

The first set of materials covers the joint Namibian Breweries/MoHSS condom distribution programme. The programme has been operating in Ohangwena Region since 2014 and is set to expand into several other northern regions as of July 2016, once the MoHSS and GIZ HIV programme ends. This innovative scheme uses the breweries' existing delivery chain to distribute condoms. What makes it particularly noteworthy is the inclusion of an NGO who can accompany the process and provide peer education and M&E services. The project is based on a similar effort in South Africa and will be handed over to partners, with financial support taken over by the Global Fund.

The second set of materials documents how the Meatco outreach project contributes to health and HIV prevention services in the agriculture sector. The beneficiaries include employees and their dependents along with farm workers in remote areas who work in the meat-producing sector and often have no access to health services. Launched in 2014, the project is scheduled for roll-out to other regions upon successful completion of the pilot phase at the end of 2016. The pilot phase was co-financed by the Namibian Employers' Federation through German funding and with GIZ technical support and implemented in close cooperation with the Regional Ministry of Health to ensure its activities support public health services.

Information products

- ▶ NBL feasibility assessment: Condom distribution project
- ▶ NBL fact sheet: Condom distribution project - programme development and results
- ▶ NBL brochure: Condom distribution project - programme development and results
- ▶ NBL project evaluation report: Condom distribution project
- ▶ Brochure: Meatco public-private partnership health management and outreach - interim evaluation of project implementation
- ▶ Fact sheet: Meatco public-private partnership health management and outreach - short project description
- ▶ Brochure: Meatco project short overview of achievements to date
- ▶ Concept note: Meatco public-private partnership health management and outreach

Keywords

Development Partnerships, PPP, Public-Private Partnership, Sector Response, Agriculture, Lessons Learned, HIV Response, Communications, Mainstreaming HIV and AIDS, Employer Federation, Private Sector, HIV Prevention, Multisectoral Approach, HIV Outreach Services, Comprehensive Health Services, Condom Distribution.



Bringing the private sector into the HIV response



Advocacy for private sector health contributions

Convincing employers: Cost Benefit Projection Tool (CBPT)

The CBPT is an online open-source initiative that helps managers in the private and public sectors prioritise investments in employee health and project the potential return on those investments. It allows wellness managers and company executives to communicate about such issues as the impact of “days lost” for health reasons and the eventual costs and savings of workplace interventions that target employees’ specific health risks. The tool was developed by GIZ in Ghana, Kenya, Namibia and Tanzania and by the Swiss Tropical and Public Health Institute (STPH) to help managers make informed decisions on employee wellness.

A set of CBPT manuals provides all the information required to use, maintain and develop the tool. It serves as an essential hand-over note for individuals and organisations who will continue using the tool beyond the end of the GIZ MoHSS HIV programme and ensures critical knowledge and skills are not lost. It is also of use to new stakeholders.

The manuals highlight critical aspects of the tool including advocacy (CBPT flyer, concept note on sustainability), training and reference (a user guide and a service provider guide) and instructional documents (a developer guide, a description of equations, documentation on successful implementation and a presentation. A qualitative assessment of the tool’s application and benefits is provided, as well as a guideline for future hosting and usage of the tool at both national and internal levels.

Information products

- ▶ CBPT website: Cost Benefit Projection Tool
- ▶ CBPT fact sheet: Improving workplace health with online Cost Benefit Projection Tool
- ▶ CBPT user guide: How to use the Cost Benefit Projection Tool
- ▶ CBPT instructional videos: How to use the Cost Benefit Projection Tool
- ▶ CBPT Service Provider Guide
- ▶ CBPT presentation: Introduction Cost Benefit Projection Tool
- ▶ CBPT sustainability concept
- ▶ CBPT Implementation Report and Lessons Learned

Keywords

HIV Prevention, Cost Benefit Projection, Toolkit, HIV and Wellness, Workplace Programmes, Private Sector.



Bringing the private sector into the HIV response



Advocacy for private sector health contributions

Publication: Business development of service providers through workplace survey

This document details a 2013 survey of Namibian business leaders that assessed engagement in HIV workplace programmes and highlighted the variety of business responses to HIV. The survey's conclusions focus on senior management's understanding of the impact of the epidemic, the move to broader health and wellness programmes and sustainability and resource mobilisation for effective responses.

The document explains how the survey was conducted, outlines its findings and highlights contributions from implementing partners.

Interviews took place with Namibian CEOs, managing directors and board members of 50 private and parastatal companies of different sizes and types from various sectors.

The survey was held after an earlier 2007 assessment of the attitudes of business leaders to HIV. The 2013 results can be compared to those of 2007 to determine changes in business leaders' thinking. Both were administered by PriceWaterhouseCoopers.

The survey is a useful point of reference for programmes, government and development partners seeking private sector resources for HIV and AIDS and is an additional source of research on similar issues.

Information products

- ▶ Survey publication: Business decision-makers' survey on HIV and AIDS

Keywords

HIV Prevention, Multisectoral Approach, Wellness Programmes, Workplace Programmes, Surveys, Private Sector, Business, Partnerships, PPP.



Bringing the private sector into the HIV response



Advocacy for private sector health contributions

Approach: Strengthening the employers' federation and trade unions in advocating for employee health

To help counter the fall in donor contributions and improve HIV services to Namibian workers, GIZ brought together stakeholders to discuss possible solutions. This led in 2011 to the signing of a memorandum of understanding (MoU) by government, employers and trade unions, which has become a cornerstone of HIV prevention in the workplace in Namibia.

After the MoU's signature, GIZ specifically supported advocacy work around employee health. On the employer side it supported the Namibian Employers' Federation (NEF) and on the employee side, it supported the National Union of Namibian Workers (NUNW), the Trade Union Congress of Namibia (TUCNA) and the Metal and Allied Namibian Workers Union.

There were benefits for both management and labour. The MoU appointed the NEF to sensitise managers to the importance of investing in their employees' health, and more specifically in HIV prevention. It also helped Namibian trade unions bargain more effectively for the introduction of HIV prevention through workplace programmes.

For years the NEF provided training and support on occupational safety and health – which is compulsory under the law – as part of its services to members. HIV is now included in training and materials when appropriate, and the NEF provides comprehensive training on both OSH and HIV to interested companies.

Since 2007, GIZ has supported trade unions' efforts to better advocate for HIV workplace services and negotiate workplace programmes with employers. Trade unions now have a better understanding of the need for HIV prevention along with skills, tools and structures to bargain with private sector employers for workplace services.

Materials have been developed to support services provided by the NEF for employers and trade unions for their shop stewards.

These materials outline a comprehensive approach that combines occupational safety and health and HIV.

Information products

- ▶ Workbooks: HIV and AIDS in the workplace
- ▶ Training manual: Shop stewards and HIV
- ▶ Assessment: Trade union collective bargaining for HIV
- ▶ Memorandum of understanding: Implementation of workplace programmes and national code on HIV and AIDS and employment
- ▶ Training package: Occupational safety and health and HIV in the workplace
- ▶ Policy: Occupational safety and health and HIV in the hospitality sector
- ▶ Guide: Developing integrated policies on occupational safety and health and HIV
- ▶ M&E questionnaire: Occupational safety and health and HIV

Keywords

Mainstreaming HIV and AIDS, Labour Sector, Workplace Programmes, Tripartite Agreement, Trade Unions, Employer Federation, Ministry of Labour, Private Sector, HIV Prevention, Multisectoral Approach, Wellness Programmes, Service Providers, Tourism Sector, Hospitality Sector.



Bringing the private sector into the HIV response



Advocacy for private sector health contributions

Policy: The MoU on the implementation of workplace programmes and national code on HIV and AIDS and employment

In the face of decreasing donor funding and to maintain Namibia's HIV prevention successes, GIZ brought together stakeholders to discuss how to increase contributions from the private sector and provide Namibian employees with greater access to HIV services. The result was a unique memorandum of understanding by government, employers and trade unions.

Companies were targeted through both employers and employees, with employers represented by the Namibian Employers' Federation and employees by the National Union of Namibian Workers. In this way, management would better understand the benefits of HIV prevention and trade unions would become stronger and bargain more effectively for workplace programmes.

To clarify the various partners' roles and responsibilities, negotiations began in 2009 for an official tripartite MoU between the Namibian government, represented by the Ministry of Labour and Social Welfare (MoLSW), NEF and NUNW. Many implementing partners from all the groups were consulted during the lengthy preparatory process and the agreement was signed in 2011 at a public event in the presence of partners, senior representatives and media.

The MoU provides distinct advantages. In addition to clarifying partners' roles, it focusses on cooperation and exchange between the partners, essential for effective HIV prevention programmes.

Information products

- ▶ Memorandum of understanding: Implementation of workplace programmes and national code on HIV and AIDS and employment

Keywords

Mainstreaming HIV and AIDS, Labour Sector, Workplace Programmes, Tripartite Agreement, Trade Unions, Employer Federation, Ministry of Labour, Private Sector, HIV Prevention, Multisectoral Approach, MoU.



Bringing the private sector into the HIV response



Advocacy for private sector health contributions

Manual: Training package for occupational safety and health and HIV in the workplace

Employers in Namibia play a crucial role in providing their staff with HIV prevention services in the workplace. While the Labour Act obliges them to provide a safe and healthy working environment – especially occupational safety and health – the act does not cover HIV prevention. That is guided by the National Strategy on HIV and AIDS Response, which operates under a number of health policies and national agreements but not under the more robust laws themselves.

The Namibian Employers' Federation plays a pivotal role in advocating for better HIV prevention services in the workplace. It provides training in OSH as a core service to members and has signed the MoU on HIV workplace programmes.

To encourage the inclusion of HIV prevention in occupational safety and health, the NEF in 2014 expanded its training to include both OSH and HIV. With the support of GIZ, it developed a comprehensive training approach that covers both HIV and health and safety in the workplace.

This training package could be used by trainers and workplace practitioners seeking training in occupational safety and health, HIV and broader wellness topics.

Information products

- ▶ Training package: Occupational safety and health and HIV in the workplace

Keywords

Workplace Programmes, Occupational Safety and Health and HIV, OSH, Integrated Workplace Health, Employers Federation, HIV Prevention, Wellness Programmes, Training, Labour Act.



Bringing the private sector into the HIV response



Advocacy for private sector health contributions

Policy and tools: Blueprint policy and implementation tools for comprehensive health management in tourism sector workplaces

The beauty of the Namibian landscape is one of the country's major economic assets and tourism is a priority sector for economic development. Hospitality is also the door through which international visitors enter the world of Namibian traditions and lifestyle, sparking interest among investors.

While the wellbeing of guests is a central concern, health and safety of hospitality staff is equally important, not only for its own sake but also because a healthy business is more productive. A 2014 survey by the Namibian Employers' Federation revealed that many tourism businesses did not invest in occupational safety or in systematic HIV prevention. Only half the respondents had an occupational health and safety policy and even fewer had an HIV policy or engaged in health promotion. More than 40% of hotel managers surveyed were not even familiar with government regulations for workplace health and safety protection.

To fill this gap, the NEF decided to help its member organisation, the Hospitality Association of Namibia (HAN), develop a workplace policy that included occupational health and safety and HIV prevention. The result was the Integrated Blueprint Policy for the Hospitality Sector, developed in consultation with hospitality companies.

The blueprint has four objectives: to prevent occupational diseases and improve employee health; to reduce occupational injuries; to increase employee productivity and job satisfaction; and to minimise employer health care expenditures. It can be adapted to the needs of individual workplaces.

A guideline was developed to help the NEF adapt the blueprint to the tourism sector or other sectors whenever requested by member companies. A companion M&E guide to monitor implementation of the blueprint policy was developed for the hospitality sector which can be adapted to other sectors as well.

Information products

- ▶ Policy: Occupational safety and health and HIV in the hospitality sector
- ▶ Guide: Developing integrated policies on occupational safety and health and HIV
- ▶ M&E questionnaire: Occupational safety and health and HIV

Keywords

Workplace Policy, Occupational Safety and Health and HIV, OSH, Integrated Workplace Health, Tourism Sector, Hospitality Sector, Monitoring and Evaluation, Employer Federation, HIV Prevention, Workplace Programmes.



Two successful HIV sector responses: Agriculture and transport



Collaboration is often the secret to success, in development, health or other fields. HIV work, especially in the early days, was limited to the public health arena. Now, although the health sector retains the lead, an effective response to HIV requires the active involvement of other sectors. The “sector response”, as it is called in Namibia, is more important than ever given the decrease in donor funding and the need to mobilise domestic resources for HIV. Individual sectors can contribute to HIV prevention and treatment, and their unique approaches can help reduce discrimination against PLHIV.

Module description

This module describes how two sectors, transport and agriculture, succeeded in establishing a coordinated sector-wide response to HIV prevention in Namibia. Each sector was guided by its line ministry, in this case the Ministry of Works and Transport (MWT) and the Ministry of Agriculture, Water and Forestry (MAWF), and supported by the GIZ and Ministry of Health and Social Services HIV programme.

The government expects all sectors to mainstream HIV and AIDS and establish a sector steering committee (SSC) with an administrative secretariat that coordinates the national response within its sector. Regional activities are dependent on the capacity and viability of regional offices.

The transportation and agriculture sectors are particularly vulnerable to HIV due to their highly mobile – and thus more exposed – populations of truck drivers, construction workers and farm workers. Most HIV prevention takes place through public or private sector workplace programmes that provide information and education, condoms and HIV counselling and wellness testing for various non-communicable diseases.

Results

Since 2012, the agriculture and transport sectors have set up their own individual coordination structures, developed their own policies and strategies, empowered stakeholders active in their sectors and undertaken joint activities. This sector-wide approach was then used to develop ► guidelines for use by all sectors. In addition, prior to the 2013 interim evaluation of the HIV programme, the Regional AIDS Coordinating Committee in the highly populated Ohangwena Region received support to develop tools that improved coordination.

Both sectors increased their HIV prevention budgets and during 2014-2016 more than 15,600 employees took part in HIV counselling and testing (HCT) through workplace programmes. The ministries contributed to the sector responses by significantly increasing their annual budgets for workplace programmes.

Approach and process

After ► assessing each sector’s HIV prevention needs and interest, a stakeholder meeting established the SSC and its secretariat. Further steps included quarterly steering committee meetings, the development of a sector strategy for ► transport and ► agriculture, a ► draft transport sector HIV policy and implementation of ► joint activities. Ongoing capacity building was achieved by developing new tools such as monitoring and evaluation, stakeholder mapping, a generic communication tool, a resource mobilisation tool, steering and coordination, all of which were jointly elaborated by the SSC members. These tools and processes were used to develop ► broad guidelines which MoHSS will use for responses in other sectors.



Comprehensive employee health assessments in 2014 enabled the transport and agriculture ministries to fully revise their workplace programmes. Greater decentralisation of these programmes was also initiated by appointing staff at the regional level.

Lessons learned

Management buy-in made increased budgets for workplace and sector response activities possible. The SSC, strengthened by clear terms of reference and a jointly elected chairperson, played a pivotal role. Engaged SSC members are key to guiding the secretariat and providing input for tools and materials. They in turn can apply new knowledge to their own workplace programmes, leading to joint implementation activities.

Able and motivated stakeholders with major potential to reach mobile populations in remote areas should continue receiving support from the agriculture, transport and health ministries to develop cost-sharing strategies and complement one another's goals. Successful examples include the ► Meatco comprehensive health management and outreach project and the sector-specific services offered by the Walvis Bay Corridor Group in the transport sector.

Assessments of employee health and their wellness needs – a costly exercise requiring increased funding if undertaken nationwide – led to greater acceptance of these workplace programmes by management and increased wellness budgets for ministries. However, understaffing remains a problem where wellness units handle both coordination of the sector response and implementation of wellness programmes. More robust regional staffing is also needed and ministries and regional councils could join forces to provide workplace services.

External factors and influences

The two sector responses have demonstrated significant success as a result of effective leadership by the ministries, their financial and logistical support and strong stakeholder commitment.

However, while programmes in the public sector are guided by an employee wellness division in the Office of the Prime Minister, no national frameworks, other than those defining HIV and AIDS interventions, guide workplace programmes that go beyond HIV prevention. As a result, each sector interprets “wellness” differently. Poor staffing and ill-defined workplace packages affect the quality of programmes and compromise long-term investment in them and, subsequently, in employee health.

Wellness programmes generally sit in a ministry's human resources division. The role of these HR divisions is limited, with no mandate to enforce sector-wide planning, budgeting and implementation of health interventions. There is therefore a need for oversight and coordination of sector response approaches in a division dealing with sectoral planning.

Decentralization of the sector response remains a challenge, whether in the area of coordination, resource allocation or the reluctance of headquarters to devolve authority to the regions.

Replicability and sustainability

High-level commitment to providing staff and financial resources is essential to a successful sector response. While ministries provide the sector secretariat, stakeholders should cost-share by financing joint activities and participating in sector steering committees.

Funding by a ministry can launch the coordination and learning process, but further resources will have to be found by stakeholders. HIV and wellness should be grouped under a single national strategy to be more effective: at present, workplaces and sectors report separately on HIV activities and donor funds are usually earmarked for HIV and AIDS, with wellness funded by the sector itself.

In addition, SSCs should cooperate with medical aid schemes and establish strong links with better-funded and organised regional AIDS coordinating committees. Ministries should nominate focal points in regional offices and fund and strengthen HIV staff working on coordination and M&E systems.

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Information overview

National strategies and policies

- ▶ MoHSS: National strategic framework for HIV and AIDS response (2010-2016)
- ▶ Transport policy 2016-2035

Partnerships between public and private to complement public sector health contributions

- ▶ Fact sheet: Meatco public-private partnership health management and outreach - short project description

Framework conditions

- ▶ Draft strategy: HIV and AIDS and wellness, public works and transport sector (2013-2016)
- ▶ Draft policy: HIV and AIDS and wellness, public works and transport sector (2013-2016)
- ▶ Sector-wide HIV and AIDS strategy: Ministry of Agriculture, Water and Forestry (2014-2017)
- ▶ Guideline and tools: HIV and AIDS mainstreaming guideline for sector responses
- ▶ Findings: HIV and AIDS response in agriculture, water and forestry sector (2014)

Organisational development

- ▶ Report: Lessons learned from HIV response in transport and agriculture sectors
- ▶ Minimum package: Employee workplace programme (Ministry of Works and Transport)
- ▶ Report: Engaging the National Namibian Farmers Union in the HIV response
- ▶ Concept: "Fresh and Fit" employee wellness (Ministry of Agriculture, Water and Forestry)

Tools for stakeholders in the sector response

- ▶ Guideline and tools: HIV and AIDS mainstreaming guideline for sector responses
- ▶ Fact sheet: Employee wellness programme and HIV response in works and transport sector
- Film: Employee wellness programme and HIV response in agriculture, water and forestry sector

Implementation examples

- ▶ Report: Transport sector STI Condom Awareness
- ▶ Report: Wellness Day - Ministry of Works and Transport

Regional coordination: Regional AIDS coordinating committees for an effective local response

- ▶ Health mapping process description, Ohangwena Region
- ▶ User handbook for RACOC database, Ohangwena Region

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Two successful HIV sector responses: Agriculture and transport



Framework conditions

Strategy paper: HIV and AIDS and wellness for the public works and transport sector 2013-2015/16

Despite Namibia's success in fighting HIV and AIDS, prevalence remained high at 13.5% in 2010-2011, prompting the government to develop a multisectoral approach to HIV coordinated by line ministries. Given the critical role of sectors in decentralizing the HIV and AIDS response, Namibia developed its first ever HIV and AIDS wellness sector strategy.

Sector responses are unique and awareness of their specific requirements is important. This was addressed by holding a workshop to provide stakeholders with key information and creating a sector steering committee and secretariat (provided by the MWT, the Ministry of Works and Transport).

The strategy's objective is to promote a robust HIV response in the public works and transport sector with a combination of high-impact prevention interventions. The goal is to support the national strategy in reducing new infections by 2015-16.

The strategy was developed through a desk review of international and national policies, strategies and procedures and a rapid assessment of stakeholders. A number of consultations and meetings took place with both stakeholders and experts.

The sector strategy can be used by all construction and transport stakeholders in Namibia, along with technical staff in line ministries and others interested in sector responses on HIV and AIDS and wellness in the workplace and community.

Information products

- ▶ Draft strategy: HIV and AIDS and wellness, public works and transport sector (2013-2016)
- ▶ Draft policy: HIV and AIDS and wellness, public works and transport sector (2013-2016)

Keywords

Mainstreaming HIV and AIDS, Wellness, Strategy, Sector Response, Workplace, Cooperation, HIV Prevention, Public Works, Transport Sector.



Two successful HIV sector responses: Agriculture and transport



Framework conditions

Guideline and tools: HIV and AIDS mainstreaming guideline for sector responses

These guidelines are designed to support the planning and coordination of HIV and AIDS sector responses and to help sectors initiate their own response or check existing ones against the guidelines.

As national strategies in Namibia include non-health sectors, ministries and their stakeholders must jointly address HIV and AIDS. However, full participation of stakeholders remains a challenge, with success dependent on the capacity of the individuals involved.

The guidelines are based on experience gained from establishing sector responses in agriculture and transport during 2012-2015 and a comprehensive desk study of the experience. They include stakeholder feedback as well as a review and adaption of applied sector tools and practices in Namibia. These guidelines should be continually evaluated, especially by the Ministry of Health and Social Services, which guides the HIV response, and its contents widely disseminated to other line ministries.

The guidelines are broad enough to allow sectors to adapt them to their own context, situation and needs, and practical examples of success can be found in both transport and agriculture sectors.

The guidelines document is complemented by practical tools for communications, resource mobilisation, M&E and reporting, and a guide for steering and coordination of a sector response. Existing sector documents developed between July 2011 and June 2016 are also included.

Information products

- ▶ Guideline and tools: HIV and AIDS mainstreaming guideline for sector responses

Keywords

HIV Prevention, Multisectoral Approach, Mainstreaming HIV and AIDS, Wellness Programmes, Sector Response, Workplace, Guidelines, Cooperation.



Two successful HIV sector responses: Agriculture and transport



Organisational development

Report: Lessons learned from expanding the HIV response to Namibia's transport and agriculture sectors

These lessons learned are the result of a desk study and review of the implementation of internal HIV mainstreaming and sector responses by the Ministry of Works and Transport and the Ministry of Agriculture, Water and Forestry in Namibia.

Namibia expects all sectors, under their line ministries, to mainstream HIV and AIDS and establish a sector steering committee with an administrative secretariat to coordinate its sector's national response. This document summarizes both sectors' experiences, successes and challenges and is highlighted by concrete programme examples.

Chapters outline lessons learned from the following areas: securing commitment from stakeholders, establishing the necessary institutional structure, developing coordination and steering mechanisms, addressing the challenges of implementing an HIV response in a wellness context and developing it at the regional level.

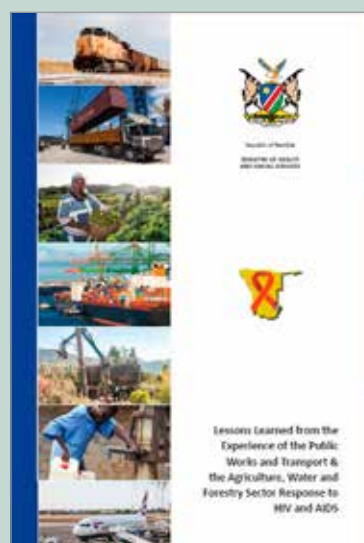
These lessons learned could be used by other high-HIV prevalence countries launching or establishing their own sector-wide responses. Moreover, these lessons are useful for technical staff from line ministries involved in sector responses that focus on HIV and AIDS and health promotion in the workplace and within the community.

Information products

- ▶ Report: Lessons learned from HIV response in transport and agriculture sectors

Keywords

HIV Prevention, Multisectoral Approach, Mainstreaming HIV and AIDS, Wellness Programmes, Wellbeing Programmes, Workplace Programmes, Sector Response to HIV, Lessons Learned, Line Ministries, Agriculture Sector, Public Works, Transport, Non-communicable Diseases.



Two successful HIV sector responses: Agriculture and transport



Organisational development

Minimum package: Employee workplace programme – Ministry of Works and Transport

This document contains a minimum package of health interventions that are realistic, achievable and based on a comprehensive assessment of employee needs. The minimum package aims to combat the effects of a deteriorating health situation: According to a 2014 health screening report, an alarming number of staff are in poor health or on the verge of serious illness.

The minimum package is also based on experience and evidence gathered by the MWT's Employee HIV and Wellness Subdivision and redesigns the HIV and wellness programme to continue improving ministry employees' health. The concept is considered feasible even when resources are scarce.

As the minimum package was only developed in 2015-2016, its long-term usefulness has yet to be evaluated. However, it should be shared within the MWT and among other Namibian line ministries for continuous improvement and further development of the ministries' workplace programmes.

The minimum package is meant as a guide for all involved ministry staff including senior management, members of Regional Wellness Committees, wellness Ambassadors and staff of the Employee Wellness Unit. The document can also assist technical staff responsible for HIV and AIDS or wellness in line ministries.

Information products

- ▶ Minimum package: Employee workplace programme (Ministry of Works and Transport)

Keywords

Workplace, Public Sector, Mainstreaming HIV and AIDS, Minimum Standards, HIV Prevention, Wellness Programmes, Line Ministries, Public Works, Transport.



Two successful HIV sector responses: Agriculture and transport



Organisational development

Report: Engaging the Namibia National Farmers Union in the HIV response

Namibia's rural population is particularly hard-hit by HIV, both because of the return home of mobile populations, many of whom are HIV-positive, and because of the geographic difficulties of accessing HIV prevention and AIDS treatment. The agriculture sector is key to the HIV response but can only go so far on its own, reaping the greatest benefits when it operates in conjunction with other sectors.

The Voice of Namibian Farmers (NNFU) is a national federation of regional farmers' unions whose aim is to improve the lives of farmers, provide them with better access to health care and raise their awareness of HIV and AIDS. During 2011-2014 and as part of its work with the agriculture sector, GIZ cooperated with the NNFU in the Oshana Region of northern Namibia by providing technical support and financial assistance to help improve the agricultural sector's response at local level.

The NNFU used this support to pilot the Community Capacity Enhancement Approach (CCE) in 10 local farmers' associations, one in every Oshana constituency. The CCE was developed by the United Nations Development Programme (UNDP) to encourage community dialogue; in this case the approach helped ensure farmers had access to health services and were able to discuss issues related to HIV. Thirty farmers were trained to facilitate and document these community dialogues, of which nearly 200 took place in 2013-2014. More than 3,300 farmers took part and discussed issues ranging from sanitation to substance abuse to HIV and AIDS. The conversations allowed them to share information on many issues and experience peer support and solidarity. The process built their skills and allowed them to shift their perspective about the problems they face and find concrete solutions.

Farmers felt empowered by the CCE sessions. Also, their access to health services, including visits to mobile clinics, improved as they became more aware of them. They are now in a better position to share their newfound knowledge with family and commu-

nity. Health services for their part learned to adapt to farmers' needs and HIV is now an integral part of NNFU's core business.

A number of lessons were learned from the CCE including the importance of political goodwill for HIV and AIDS, especially at regional and local levels, and the importance of farmers' empowerment in developing their own resources and coping strategies.

The CCE programme was disrupted at end 2014 by an NNFU political crisis which severed communications and created gaps. Some of these were resolved by new management and by integrating CCE into the NNFU strategy.

Information products

- ▶ Report: Engaging the National Namibian Farmers Union in the HIV response

Keywords

HIV Prevention, Mainstreaming HIV and AIDS, Agriculture Sector, Sector Response, Lessons Learned.



Two successful HIV sector responses: Agriculture and transport



Implementation examples

Report: Transport sector STI Condom Awareness Week

A health awareness campaign implemented jointly by stakeholders in the public works and transport sector provided information about sexually transmitted infections (STI), consistent condom use and the importance of prevention. The campaign was implemented as a joint activity of stakeholders in the transport sector and contributed to the overall transport sector HIV response.

The first STI/Condom Awareness Week took place from 21-25 October 2013 in the town of Katima Mulilo and included interactive movie sessions, quizzes and games as well as outreach activities.

The awareness week reached some 5,700 employees, students and community members. More than 120,000 male condoms, 7,000 female condoms and 4,000 lubricants were distributed, along with 77,000 leaflets, brochures, booklets and posters. Some 46 institutions, organisations and community groups planned and implemented the event.

The document explains how organisations from the public and private sectors and civil society contributed to the event. Coordination was a challenge because many participating organisations did not have representatives on the ground at the site of the event.

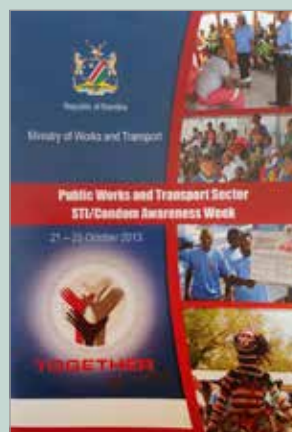
This example is useful for practitioners seeking ideas for events that create awareness on HIV prevention and services available for implementation in a multi-stakeholder setting.

Information products

- ▶ Report: Transport sector STI Condom Awareness Week

Keywords

HIV Prevention, Condom Awareness, STI, Sexually Transmitted Infections, Multisectoral Approach, Mainstreaming HIV and AIDS, Sector Response, Construction Workers, Community.



Two successful HIV sector responses: Agriculture and transport



Implementation examples

Report: Ministry of Works and Transport Wellness Day fair

A fun-filled public fair to promote wellness and health among employees of the Ministry of Works and Transport and the Roads Authority was so successful many suggested it be turned into an annual event. The campaign was implemented as a joint activity of stakeholders in the transport sector and contributed to the overall transport sector's HIV response.

On 15 November 2012, a unique Health and Wellness Day fair put health and wellbeing at centre stage, kicking off with a joyful 600-person march in Windhoek led by the Namibia Defence Force Brass Band.

The event had formal and informal programmes. The formal programme included an update on the HIV and AIDS epidemic by the health ministry and remarks by GIZ, while the NGO Peaceful Living Namibia led the audience through a live yoga and meditation exercise. It ended with an address by the Deputy Minister of Works and Transport.

The informal programme involved employee visits to the 16 exhibitor booths and participation in enjoyable activities. A variety of products and services were available including a dietician, health information communication, a pharmacy, a gym and fitness centre, first aid demonstrations, wellness screening services, HIV counselling and testing and bible society.

Information products

- ▶ Report: Wellness Day - Ministry of Works and Transport

Keywords

HIV Prevention, Health, Wellness, Multisectoral Approach, Sector Response, Workplace Programmes, HIV Awareness, Campaigns.



Two successful HIV sector responses: Agriculture and transport



Regional coordination

Approach: Supporting regional AIDS coordinating committees for effective coordination - experience from Ohangwena Region

Namibia's National Strategic Framework on HIV and AIDS proposes structures to improve HIV coordination among the various government organisations and their stakeholders, from local through national levels. Regional AIDS coordinating committees and constituency AIDS coordination committees (CACOCs) operate at regional and constituency levels respectively. Each RACOC is coordinated by a secretariat whose adequate staffing and resourcing is key to its effectiveness.

From 2010 to 2013, GIZ provided technical support to strengthen the RACOC secretariat in Ohangwena, the country's most populous region and the one with the highest HIV prevalence. A single region was selected for technical assistance due to limited funds and as a pilot from which to draw lessons and develop guidelines for other regions.

At regional and national levels GIZ cooperated with USAID to support coordination structures, and a dedicated community liaison officer for the secretariat also contributed positively to coordination efforts.

Achievements include a service providers' database created with technical and financial support from GIZ, a management tool and increased attendance at RACOC meetings.

A number of lessons were learned while structuring the coordination process. Participants in coordinating forums must be able to take decisions themselves rather than refer them upwards; RACOC members should designate a permanent focal person who attends meetings consistently; and complex coordination forums require robust management guidelines and tools to be effective.

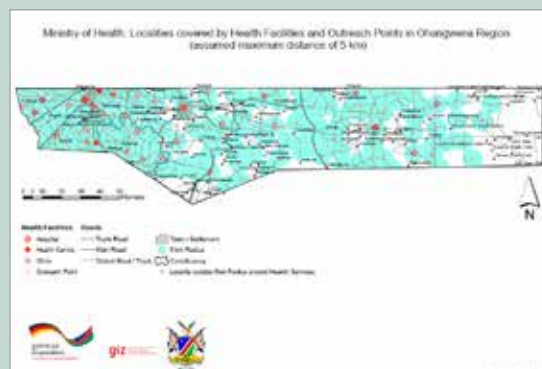
Coordination calls for certain critical staff skills and this requires a professional appraisal of staff requirements. In addition to skills, institutions must be committed to staffing the extra work generated by the coordination effort. Finally, RACOCs in other regions should be encouraged to use the management tools developed in Ohangwena.

Information products

- ▶ Health mapping process description, Ohangwena Region
- ▶ User handbook for RACOC database, Ohangwena Region

Keywords

Regional AIDS Coordinating Committees, Constituency AIDS Coordinating Committees, Regional Coordination, Database.



HIV and gender mainstreaming: Examples from German Development Cooperation



Until recently, responses to HIV and AIDS were considered the health sector's responsibility and were not taken into account when planning non-health development projects. Similarly, the issue of 'gender' was side-lined and often ignored. Not surprisingly, when gender and HIV were initially mainstreamed into development plans, the reaction was sceptical. Over the years, however, it became clear that mainstreaming gender and HIV makes both responses more effective. These days, development projects or programmes need to integrate a cross-cutting gender or HIV component in order to achieve meaningful impact for their beneficiaries.

GIZ believes mainstreaming HIV and AIDS and gender is essential to its own sustainability, to effective development and to reducing susceptibility to HIV and its impact. As a result, all GIZ programmes in Namibia, across all sectors, have incorporated both components into their plans.

GIZ works on behalf of the German Federal Ministry for Economic Development, who makes it mandatory to mainstream gender and HIV throughout German Development Cooperation. In Namibia, the responsibility for ensuring this happens with all GIZ development programmes lies with the country director, supported by the HIV focal point. Initially, this task was carried out by the Multisectoral HIV and AIDS Response Programme.

Module description

Namibia has a mature generalised HIV epidemic whose 14% prevalence rate (NDHS 2013) is twice as high among women than men, making attention to gender issues and HIV prevention imperative even where gender and health are not core components of a programme.

This module describes how Namibia's multisectoral HIV response has mainstreamed gender and HIV into its own and other

programmes supported by GIZ and documents the results and lessons learned.

Approach and process

GIZ's HIV and AIDS and gender mainstreaming strategy aims to both protect GIZ's own staff from discrimination and HIV and to ensure similar measures are in place among partner organisations. GIZ approached this by determining whether mainstreaming would complicate HIV and gender issues within an organisation, assessing whether it would contribute to the spread of the epidemic in any way, and analysing how to best integrate HIV and AIDS and gender activities into a programme to lessen the impact of the epidemic.

In Namibia, this involved the following steps: undertaking a situational analysis on gender mainstreaming in all GIZ programmes; carrying out a systematic assessment of HIV risks and impacts and mainstreaming monitoring (inventory) of HIV programmes in Namibia; discussing the situational analyses within GIZ; identifying consultants or organisations knowledgeable in HIV and gender; building the gender and HIV capacity of GIZ staff and key partners; training partners in using tools such as the Phillip Wetu film and the Alcohol Toolkit to stimulate discussion about gender and HIV; and implementing gender-sensitive activities such as conferences on the involvement of men in sexual and reproductive health and testing of couples for HIV.

Results

The key result was the overall integration of HIV and AIDS and gender into all core development programmes supported by GIZ, each of which now has at least one gender and HIV and AIDS indicator.



Specific gender mainstreaming successes in the HIV response include greater involvement of men in the response, integration of health aspects into enjoyable activities for youth (such as the Eenhana Youth Centre) and increasing use in the use of the youth-friendly NAPPA clinic in Eenhana, especially by young men.

A specific example of success in ► mainstreaming HIV is its integration into the land reform programme supported by GIZ. The targeted mainstreaming activities have helped reduce the impacts of HIV and AIDS on land reform beneficiaries.

Lessons learned

On the positive side, jointly training partners and GIZ staff strengthened mutual understanding. Working with youth laid the groundwork for future gender equity. The tools and training provided to the Ohangwena Youth Taskforce, which coordinated various partners' work, strengthened the taskforce's own day-to-day ability to approach gender issues.

The experience with HIV mainstreaming shows that the angle from which the topic is addressed is crucial. This was the case, for example, when linking work with emerging farmers on alcohol abuse to HIV. Interventions must be tailored to specific groups' needs and the issue of sexuality tackled with sensitivity.

However, partners at times underestimated the importance of gender mainstreaming in HIV work, and interventions were not documented or monitored as methodically as they should have been. This affected progress. The shortage of human and financial resources also hindered the mainstreaming process.

Replicability and sustainability

Gender equality is a priority in Namibia, where equal representation is discussed at the highest political level. In Ohangwena Region, several organisations have adopted comprehensive approaches to sexual and reproductive health and rights that

take gender into account in HIV interventions. Some practical examples of gender and HIV mainstreaming have been documented and could be replicated.

GIZ is highly committed to mainstreaming HIV and gender into all the programmes it supports and the mainstreaming approach is already well-entrenched within the GIZ portfolio in Namibia. While the capacity of key partners who work directly with beneficiaries has been strengthened, fully integrating this approach into the partner structure and guaranteeing its sustainability might be a challenge if funds become scarce.

If you would like to know more about ...

HIV mainstreaming

- The German approach to HIV mainstreaming: Effective development work in a time of HIV
- Review: HIV mainstreaming assessment and inventory in GIZ programmes

Gender mainstreaming

- BMZ strategy: Gender equality – a basic principle of German development policy
- Gender knowledge platform
- Report: Gender mainstreaming in GIZ programmes in Namibia

Tools

- Film and toolkit: "The Tangled Lives of Philip Wetu" - an interactive BCC tool
- Picture code toolkit – partner material: Alcohol and HIV by MoHSS-CORD

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