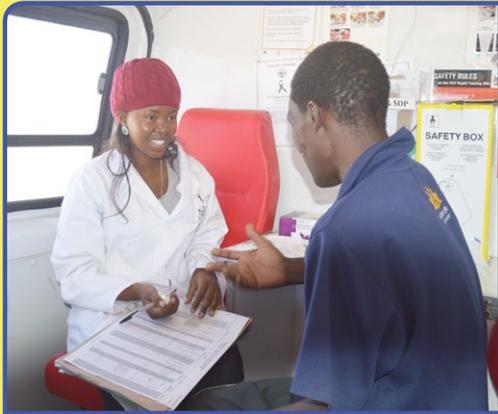




THE SOCIETY FOR FAMILY HEALTH

THE SOCIETY FOR FAMILY HEALTH NAMIBIA



ANNUAL REPORT 2016 HIGHLIGHTS

THE SOCIETY FOR FAMILY HEALTH NAMIBIA



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ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CBOs	Community Based Organizations
CHCs	Community Health Counselors
CHFL	Caprivi Hope for Life
CHWs	Community Health Workers
CM	Case Management
CSE	Comprehensive Sexuality Education
DQA	Data Quality Assessment
DOD	Department of Defense
FBOs	Faith Based Organizations
GBV	Gender based violence
GP	General Population
HAART	Highly Active Antiretroviral Therapy
HEWs	Health Extension Workers
HIV	Human Immunodeficiency Virus
HCT	HIV Counseling & Testing
IBBSS	Integrated Biological Behavioural Surveillance Study
KDO	King's Daughters Organization
KP	Key Population
MAPP	Military Action Prevention Programme
MCA-N	Millenium Challenge Account - Namibia
MCH	Maternal and Child Health
MER	Monitoring, Evaluation and Reporting
MoEAC	Ministry of Education, Arts and Culture
MoHSS	Ministry of Health and Social Services
NANASO	Namibia Networks of AIDS Service Organisations
NAPPA	Namibia Planned Parenthood Association
NCDs	Non-Communicable Diseases
NGO	Non Governmental Organization
NUST	Namibia University of Science and Technology
ORN	Out-Right Namibia
RnRT	Rights not Rescue Trust
PHC	Primary Health Care
PrEP	Pre-exposure Prophylaxis
PMTCT	Prevention of Mother-To-Child Transmission
PSI	Population Services International
REDCap	Research Electronic Data Capture
SBCC	Social and Behaviors Change Communication
SFH	Society for Family Health
SMA	Social Marketing Association
STIs	Sexual Transmitted Infections
SRH	Sexual and Reproductive Health
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHT	Voice of Hope Trust
VMMC	Voluntary Medical Male Circumcision
WASH	Water Sanitation and Hygiene
WBCG	Walvis Bay Corridor Group
WinS	Water, Sanitation and Hygiene in School



Dr. Kalumbi Shangula

MESSAGE FROM SFH'S BOARD CHAIRMAN

Since its establishment exactly 20 years ago, the Society for Family Health (SFH) Namibia remains committed to empower diverse Namibian communities with health promotion interventions to reduce health disparities and improve health outcomes. One of our pioneering programs is now to support adolescent girls, young people and women's health. This is in line with the national and global aspirations in the National Development Plan 5 and Sustainable Development Goals. Moreover, SFH in Namibia implements various health programs targeting the most vulnerable populations.

Over the years, SFH has implemented programmes on HIV prevention, care and support, school health promotion and Malaria prevention. SFH implement activities that directly generate results, enabling us to remain on course in achieving our set goals.

This report presents our achievements for the year 2016, challenges addressed, lessons learned and emerging opportunities. The accomplishments are achieved through interventions of knowledge generation and dissemination; advocacy, policy and enabling environment; service delivery; capacity strengthening; and community mobilization.

SFH is excited about exploring new opportunities for achieving change through interventions to curb non-communicable diseases (NCDs) and promote community-based maternal and child health.

Finally, we remain focused on our grand vision of being a leading national public health NGO that strives to deliver greater results for various under-served groups. To this end, we remain committed in mobilizing support and partnerships with different actors to ensure that adolescents and young women are empowered to reduce HIV infections and access sexual and reproductive health services. This in return will improve health outcomes. We remain grateful to our community of support for making the dreams of many beneficiaries a reality.

A handwritten signature in black ink, appearing to read 'Kalumbi Shangula', written over a horizontal dotted line.

Dr. Kalumbi Shangula
SFH Board Chair, Namibia

ACKNOWLEDGEMENTS

SFH is indebted to various actors for the 2016 achievements. We appreciate the technical and financial support from the US government through the President's Emergency Plan for AIDS Relief (PEPFAR); US Aid for International Development (USAID); US Department of Defense (DOD); Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); United Nations Children's Fund; and Namibia Network of AIDS Service Organizations (NANASO).

Furthermore, SFH recognizes the invaluable commitment, enthusiasm and expertise of different duty bearers from Government institutions and Non-Government Organizations. Our work on the ground would not have materialized without ongoing support and collaboration from the Government in particular the Ministry of Health and Social Services; the Ministry of Education, Arts and Culture; and the National Planning Commission. Our contributions and participation at various platforms is evident that civil society organizations have a major stake in collectively contributing to the achievement of the objectives of the national agenda.

Reaching members from the key populations would not have been possible if it was not for strategic partnerships built over time with key population-led organizations and networks and community-based service providers namely the Walvis Bay Corridor Group (WBCG) and Namibia Planned Parenthood Association (NAPPA). Despite the absence of favorable legal instruments for key populations, the KP-led organizations and networks (Out-Right Namibia, Voice of Hope Trust, Rights not Rescue Trust, Caprivi Hope for Life, Kings Daughters Organization) have been instrumental in being the champions for mobilizing, educating and reaching out to key populations for HIV prevention, care and treatment.

In addition, we would like to register our gratitude to the communities we serve and their leadership, active participation and contribution to the planning, implementation and monitoring of interventions.

Finally, SFH board and staff are indebted to the right's holders (beneficiaries) who justify our existence. Thank you for sharing your voices and experiences that shape the design and implementation of programmes. You provide hope to the current and future generations.

ABOUT THE SOCIETY FOR FAMILY HEALTH

The Society for Family Health is a registered trust operating in Namibia since 1997 as a Non-Governmental Organization (NGO). SFH is a member of the international global network of Population Services International (PSI) and was formally known as Social Marketing Association (SMA) from 1997 to 2011.

Our Vision

We are a recognized leading public health NGO empowering communities with health promotion interventions aimed at reducing health disparities and improved health outcomes in Namibia.

Our Mission

Promote and protect health and well-being for all in partnership with key stakeholders.

Our Core Values

- ◆ Integrity and confidentiality
- ◆ Partnership
- ◆ Innovation
- ◆ People-centered
- ◆ Results driven

Our work areas

In collaboration with Government and other stakeholders, our work focuses on the following areas:

- ◆ Empowering communities with knowledge and skills in Malaria prevention, control and treatment;
- ◆ Capacity enhancement of Key Populations in HIV prevention, care and support;
- ◆ Enhancing capacity of uniformed personnel to implement HIV prevention, care and support services for their staff and families;
- ◆ Empowering adolescent girls and young women with life skills education in the context of HIV prevention and sexual and reproductive health and services;
- ◆ Equipping adolescents living with HIV with knowledge and skills on positive living and nurturing them to grow into aspiring, productive and successful citizens;
- ◆ School health promotion to ensure that learners and teachers have a conducive environment for effective school attendance, learning and teaching; e.g. building capacity to promote water, sanitation and hygiene practices;
- ◆ Empowering communities with knowledge and skills on maternal and child health issues;
- ◆ Educating communities on the prevention of non-communicable diseases (e.g. diabetes, hypertension, etc.) and promoting health seeking behaviors;
- ◆ Consultancy Services, Research and Publication: We provide a high level of professional services in various areas to government and private sectors; technical assistance, public health policy and program development, monitoring and evaluation, training and research.
- ◆ Most of these programmes are operational in all 14 regions of the country. SFH has (9) nine regional offices namely in Walvis Bay (Erongo), Rundu (Kavango East), Windhoek (Khomas), Outapi (Omusati), Oshikango (Ohangwena), Ongwediva (Oshana), Grootfontein (Otjozondjupa), Katima Mulilo (Zambezi) and Keetmanshoop (Karas).

BOARD OF DIRECTORS



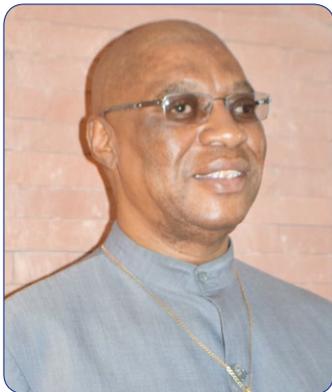
Dr Kalumbi Shangula

Dr **Kalumbi Shangula (Chairman)**, a renowned medical practitioner who is currently serving as the Assistance Pro-Vice Chancellor for the Health Sciences campus of the University of Namibia (UNAM). He possesses extensive leadership skills at executive levels where he served in various public service positions since 1990, including Permanent Secretary of the Ministry of Health and Social Services and Permanent Secretary of the Ministry of Environment and Tourism. Dr Shangula holds a MD, MSC (Med) and a Master of Business Administration from Maastricht School of Management (Netherlands). He also serves on a number of public and private sector boards.

Anna **Ipangelwa**, an Entrepreneur Consultant and holds a Bachelor of Education degree from the University of Namibia (UNAM), Masters of Education degree from Rhodes University, South Africa and is currently enrolled for a Masters of Business Administration (MBA) degree. Anna has managed educational programs for the United States Peace Corps for 5 years, and was the country director of the International Foundation for Education and Self-Help (IFESH) for 6 years. Ms Ipangelwa has extensive experience in business related research, education program research, product sales and specializes in project implementation, business development and monitoring and evaluation of projects. Recently, Ms Ipangelwa headed the Business Development division of the UNAM Central Consultancy Bureau for years.



Anna Ipangelwa



Sakkie Kaulinge

Sakkie **Kaulinge**, an entrepreneur who is currently serving as the Namibian Director to Basil Read Mining and Construction Namibia (PTY) Ltd Boards of Directors. He previously served as Secretary to the Presidency and First National Coordinator for the Vision 2030 Project. Mr Kaulinge has also served as the Permanent Secretary of the Ministry of Information and Broadcasting, and subsequently as Permanent Secretary of the Ministry of Agriculture, Water and Rural Development then later as the Secretary to the Cabinet (1996-1999). Previously, Mr Kaulinge spent 15 years at Consolidated Diamond Mines of De Beers, while being seconded from Anglo American corporation, to the position of Senior Human Resources Manager and subsequently Head of Department at Namdeb (CDM) mines in Oranjemund. His qualifications include a Master's Degree in Public Policy and Administration from the University of Namibia (UNAM) and a post-graduate Diploma in Human Resources Management from the University of Stellenbosch.

BOARD OF DIRECTORS



Matilda Jankie-Shakwa

Matilda Jankie-Shakwa, a legal practitioner with over 16 years' experience. She is a graduate of the University of Namibia (UNAM) Law School with a Baccalaureus Juris (B Juris) and a Bachelor of Law (LLB) degree. After graduating from UNAM, Matildah worked in different capacities including Principal Legal Officer in the Office of the Prosecutor General, Senior Litigating Lawyer and as Director and Head of Commercial and Conveyancing Department with Sisa Namandje Inc & Co. She also served as a legal practitioner into the High Court of Namibia in 2004 and has been a High Court Accredited Mediator since 2014. Ms Shakwa sits on a number boards in the private and public sector.

Agai Jones, holds a BSc degree in Chemistry from Morehouse College and an MBA from the Ross School of Business. Agai has served as a Peace Corps Volunteer, in Luderitz, Namibia and has worked in HIV prevention, training and development in 14 countries in east and southern Africa. In the US, Agai has worked in Project and Program Management with American Association for Retired Persons (AARP), the William Davidson Institute and Population Services International. Agai is currently a Vice President of Sales and Marketing for a US based beauty company.



Agai Jones



Judi Heichelheim

Judi Heichelheim, a senior regional director for Population Service International (PSI) Southern Africa and has previously served across Eurasia and Eastern Europe, Africa and Latin America and the Caribbean. Judi has over 20 years of experience working in design, implementation and management of global health programs, with a focus on sexual and reproductive health and social marketing. Judi's role at PSI include providing technical assistance to country programs particularly focused on HIV prevention among most-at-risk populations, and in expanding access to family planning. Judi has a master's in international health and development from George Washington University's Elliot School of International Affairs.

MANAGEMENT



Taimi Amaambo

Taimi Amaambo, Country Director: Public Health Specialist with extensive work experience with the Ministry of Health and Social Services, Family Health International, UNICEF and the World Health Organization in the area of adolescent health, maternal health, prevention of mother to child transmission, voluntary medical male circumcision, and HIV prevention, care and treatment. Qualifications include Nursing and Midwifery Science from the University of Namibia, Master of Public Health (MPH) from the University of South Carolina, a post-graduate certificate in Integrated Marketing Communication for Behavioral Impact in Health and Social Development from New York University, post-graduate certificate in Social and Behavioral Research from Harvard University, and currently completing a Doctoral Degree in Public Health (DrPH) from the University at Albany, State University of New York.

Steven Hong, Deputy Chief of Party: Medical doctor trained in the United States, specializing in Infectious Diseases at Tufts University School of Medicine. He has a Masters of Public Health from Columbia University and a Master of Arts in Religion from Trinity Evangelical Divinity School. Since 2009, Steven has worked closely with the Ministry of Health and Social Services in Namibia to develop a strong HIV drug resistance public health surveillance program, along with several operational research studies. He is also a consultant for the World Health Organization global HIV drug resistance surveillance strategy.



Steven Hong



Isabel Mendes-Siyamba

Isabel Mendes-Siyamba, Program Director: with over 12 years of progressive experience in the social development field; work experience include HIV prevention field, adolescents health and non-communicable diseases. She obtained her Master Degree in Development Studies from the University of Free State, South Africa and a Bachelor of Education (Adult Education and Community Development) from the University of Namibia. Isabel possesses sound knowledge and practical skills in the design and implementation of community-based interventions and coordination of multiple stakeholders from diverse background.



Prince Owusu-Afriyie

Prince Owusu-Afriyie, Finance and Operations Director: Extensive years of professional work experience in financial and Operations management with the Non-Governmental Organisations. Extensive years of experience in writing and preparation of budget for project proposal, capacity development, donor and management financial reporting, budgeting for public health program design, Human Resource Management, Grants Management and Operations. Qualifications include Bachelor of Arts – Population and Family Life, from University of Cape Coast, Chartered Accountant Certificate from the Institute of Chartered Accountants (Ghana), from University of Professional Studies and a Master of Business Administration (MBA), from Maastricht School of Management.

Milka Mukoroli, Community/Public Health Nurse & Officer in Charge for North West Offices: Extensive and progressive experience in the HIV prevention, care and treatment, maternal and child health. Milka has worked with the Ministry of Health and Social Services in various capacities and led teams in carrying out focused managed health care; previously worked with I-TECH through the National Health Training center and led capacity building interventions for health providers in HIV testing services, Prevention of Mother to Child Transmission, Care and treatment and voluntary medical male circumcision. Qualifications include Nursing and Midwifery Science from the University of Namibia, followed by post-graduate Diploma in Health promotion; Clinical diagnosing, treatment and Care, and currently working towards a Master Degree in Public Health.



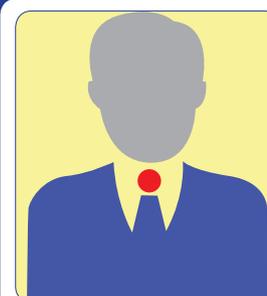
Milka Mukoroli



Nashilongo Gervasius

Nashilongo Gervasius, Communication Specialist: Media Practitioner with experience in mainstream journalism up to mediamanagement from the Namibian Broadcasting Corporation where she served from Producer to Assistant Executive Producer in the TV News and Current Affairs section. She is also a Curriculum Advisor at the Namibia University of Science and Technology (NUST)'s department of Media and Technology as well as a Subject Matter Expert with the Namibia Qualification's Authority. Nashilongo holds a Post Graduate Diploma in Leadership Development ICT and the Knowledge Society from Dublin City University - Ireland, and a Masters in ICT and the Knowledge Society from the University of Mauritius. She also holds a Bachelor Honours Degree in Journalism in Communication Technology from (NUST).

Monitoring and Evaluation Advisor



VACANT

PROGRAM:

ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW)



- Build positive relationships with adolescents
- Provide a supportive, user-friendly adolescent-centered services

ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) INITIATIVE

The Society for Family Health (SFH) is among the implementing agencies for the Adolescent Girls and Young Women (AGYW) initiative with funding from Global Fund. This initiative started in the last quarter of 2016 and is being implemented in selected schools and health facilities in Kunene, Omaheke, Zambezi, Omusati, Kavango East and Kavango West.

The MoHSS 2012 HIV data showed that about 43% of new infections took place in the age group 15–24. These new infections, 67% are estimated to be among young women aged 15–24, indicating that women and girls are most vulnerable. There is low uptake of HIV Testing Services by adolescents aged 15-19 at 14% and 29% among males and females respectively. By the age of 15-24, the 2013 Demographic and Health Survey indicates that 45% and 43% of males and females respectively have already engaged in sexual intercourse.

Overall aim of this initiative is to reduce vulnerability of adolescent girls and young women to HIV infection, unintended pregnancies and related social determinants. Therefore interventions are designed with the objectives of:

1. Ensuring that adolescents complete schooling, avoid pregnancies and HIV infection
2. For adolescent and young women already living with HIV, supporting them with life skills education and related services for positive living
3. Ensuring greater access to comprehensive adolescent-friendly and adolescent-centered sexual and reproductive health services

It is clearly known that traditional biomedical interventions serve only as one piece of the solutions to HIV infection in adolescent girls and young women. Other structural drivers of risk for HIV infections be it from legal, economic and social factors fall outside the health and education sectors. These factors are not included in this initiative and should be highly considered as the program expands. The current AGYW program is designed around the following interventions:

- ◆ Promoting adolescent-friendly sexual and reproductive health services that address the barriers to care faced by women and girls;
- ◆ Educating and mobilizing young boys and men for HIV testing services and linkage to voluntary medical male circumcision;
- ◆ The fact that the same girls and young women who are at risk of HIV are also at risk of unintended pregnancy, the program highlights the use of dual protection methods for the prevention of unintended pregnancy and HIV infection;
- ◆ Training providers in the provision of care that is adolescent-friendly across a spectrum of services, from HIV testing to violence screening and contraceptive counseling, and the possibility for PrEP provision to young women at substantial risk for acquiring HIV infection.

Funding for this program was received during the last quarter of 2016, focus was on preparing for the implementation of the program. This includes:

- ◆ Briefing both Ministries – Ministry of Health and Social Services, Ministries of Education, Arts and Culture and constituency councilors on the program;
- ◆ Soliciting support from communities and announcement through local radios and print adverts in search of young, vibrant and goal-focused youth to serve as community facilitators and liaison between the school, community and health facility;
- ◆ Completing the recruitment process of community facilitators with the assistance from the regional office of the Ministry of Education, Arts and Culture.
- ◆ Consolidating training materials and monitoring and evaluation tools

The Ministry of Education, Arts and Culture has provided SFH with a list of schools in the focused regions to work with. Additionally, focus health facilities have also been identified for SFH to work with in supporting adolescents living with HIV with life skills and related services.

The core package of interventions is designed to reach the following target groups in the 6 regions and 10 schools from each region by December 2017 for the following indicators:

- ◆ 1800 vulnerable adolescent girls
- ◆ 2400 out of schools adolescents and young women
- ◆ 2400 Adolescents and young women attending tertiary institutions
- ◆ Number of adolescents living with HIV from participating district hospitals and health centers in the target regions
- ◆ Number of adolescents and young women referred for VMMC, SRH and related services.



In this photo, SFH, MOEAC & MOHSS officials are seen interviewing a prospective community facilitator for the program.

The following schools are participating in the program:

Region	Name of School	Number of Schools
Kavango West	Leevi Hakusembe Senior Secondary School Kandjimi Murangi Secondary School Nkerunkuru Combined School Mupini Combined School Nakazaza Combined School Sharukwe Combined School Kanuni Haruwodi Senior Primary School Siya Combined School Bunya Combined School Kasote Combined School	10
Kavango East Region	Rundu Senior Secondary School Dr R. Kampungu Secondary School Max Makushe Secondary School Elia M. Nelomba Secondary School Sauyemwa Combined School Mashare Combined School Uvhungu-vhungu Combined School Kayengona Combined School Maria Mwegere Senior Secondary School Shambyu Combined School	10

Region	Name of School	Number of Schools
Zambezi Region	Ngweze Secondary School Simataa Secondary School Mafwila Secondary School Mayuni Secondary School Mavuluma Secondary School Sangwali Secondary School Masokotwani Secondary School Nakabolelwa Combined School Singalamwe Combined School Caprivi Secondary School	10
Omusati Region	Omufitu North Combined School Omafa Combined School Ashipala Secondary School Shedile Junior Secondary School Pyamukuu Combined School Ondeka Combined School Ombuumbuu Junior Secondary School Onkani Combined School Mwaala Secondary School Shaanika Nashilongo Secondary School	10
Kunene Region	Putuavanga Senior Secondary School Mureti Senior Secondary School Outjo Senior Secondary School Alpha Combined School Otjerunda Combined School Elias Amxab Combined School Kaoko Otavi Combined School Cornelius Goreseb Senior Secondary School Kamanjab Combined School Welwitschia Junior Secondary School	10
Omaheke Region	Winnie Du Plessis Senior Secondary School Epako High School Mokganedi Tlhabanello Senior Secondary School Johannes Dohren (RC) Senior Secondary Gustav Kandjii Senior Secondary School Nossob Combined School Rietquelle Junior Secondary School Izak Buys Junior Secondary School Epukiro Post 3 Junior Secondary School C.Heuva Junior Secondary School	10

PROGRAM

WATER, SANITATION AND HYGIENE (WASH) INTERVENTIONS



"I really thank this WASH program for teaching us the basic things about how we as girls can handle our menstruation and to understand how our bodies work. I started with my periods last year and I did not really know much about it at that time. It somehow came as a surprise. Because of this program, we also now can be given pads at school in case if menstruation starts and the girl did not have any pads with her."

–14 year old girl, Bagani Combined School, Kavango East region

SCHOOL-BASED WATER, SANITATION AND HYGIENE (WASH) INITIATIVE

With support from UNICEF, the interventions on Water, Hygiene and Sanitation (WASH) was implemented in close collaboration with the Ministry of Education, Arts and Culture (MoEAC) and the multi-sectoral support from the Water Sanitation and Hygiene in School (WinS) steering committee. The project was implemented from March 2015 to April 2016 in 100 schools across 7 regions namely, Zambezi, Kavango West, Kavango East, Ohangwena, Omusati, Oshana, and Oshikoto.

The project was designed to address needs identified based on a Needs Assessment on WASH in schools led by SFH and partners in 2013/14 which found that one quarter (25%) of the total number of 420 schools surveyed have water piped into the school buildings. Other findings were summarized as follow:

- ◆ Non-existent or insufficient water supply, sanitation and hand-washing facilities in some schools;
- ◆ Toilets or latrines that are not adapted to the needs of children, in particular girls;
- ◆ Broken, dirty and unsafe water supply, sanitation and hand-washing facilities in some schools;
- ◆ Children with poor hygiene and hand-washing practices.

Why working with school learners on basic hygiene and sanitation is essential:

- ◆ Children are eager to learn. Schools can stimulate and support positive behavioural change in children.
- ◆ Children have important roles in household chores related to hygiene.
- ◆ Children may question existing practices in the household and become agents of change within their families and communities.
- ◆ Children are future parents. What they learn at school is likely to be passed on to their own children.

The overall goal of the project was to promote hygiene and sanitation practices in schools with the objectives to:

- ◆ To increase awareness and political support

to improve WASH situation in the target regions through advocacy, communication and mobilization.

- ◆ To ensure that circuit inspectors, principals and teachers have a basic understanding of WASH concept and how it affects learning and health of learners.

How the project was conceptualized:

The 100 participating schools were drawn from 7 regions as follow: Omusati region (17), Ohangwena region (17), Kavango East (18) and West (15) region, Zambezi region (17), Oshana region (9) and Oshikoto region (7). These are the regions with low performing indicators on sanitation, safe water supply and prone to floods. Forty-seven schools among the 100 schools were previously supported through the Millennium Challenge Account - Namibia (MCA-N) WinS project. At National level, the project was managed by SFH serving as a secretariat to the WinS steering committee while the PQA Director within the MoEAC served as the Chairperson.

At these meetings, SFH provided progress update on the project including challenges encountered. Due to competing priorities, the WinS committee only met twice before it was integrated into the broader School Health Task Force led by the Ministry of Health and Social Services (MoHSS) and MoEAC.

At the regional level, SFH regional structures coordinated and collaborated with the regional offices of MoEAC and MoHSS to facilitate project implementation. MoEAC took leadership in identifying the Training of Trainers (ToTs) and participants for the inspectors, school principals and teacher's trainings and sensitization meetings on WASH.

The trainers composed of Education officers, inspectors and selected principals, whilst the trainees were drawn from a much broader cadre – teachers, members of the School Boards, community facilitators and school cleaners. At the school level, SFH's project officers were responsible for ensuring implementation and monitoring of activities at each school, while the community facilitators assisted schools to establish WASH clubs and providing support in

sustaining the clubs.

To facilitate ownership and sustainability, community facilitators were identified by the school managements. As part of their duties, community facilitators provided a series of “mini workshops/sessions” to the WASH club members and surrounding communities on the importance of WASH and how to design different activities to attract the attention of other learners. The WASH clubs consisted of at least 25 learners linked to the focal teachers and their primary duty was to promote WASH activities at the school level. This was carried out through WASH information sharing, performance of songs, drama, and holding cleaning campaigns in schools. These activities created awareness and drew larger groups of learners to the WASH club events.

Training materials

This training targeted circuit inspectors, principals, teachers, school cleaners and community facilitators from the participating schools. To ensure that the content and quality of training is maintained across all trainings, the *WASH Training Guide for Teachers* was used. The regional education offices took leadership in providing convenient schedules for trainings and identifying participants as TOTs and trainees. The school boards at each participating school selected community facilitators to assist with project implementation at the school level especially activities related to the creation and

sustaining the WASH clubs.

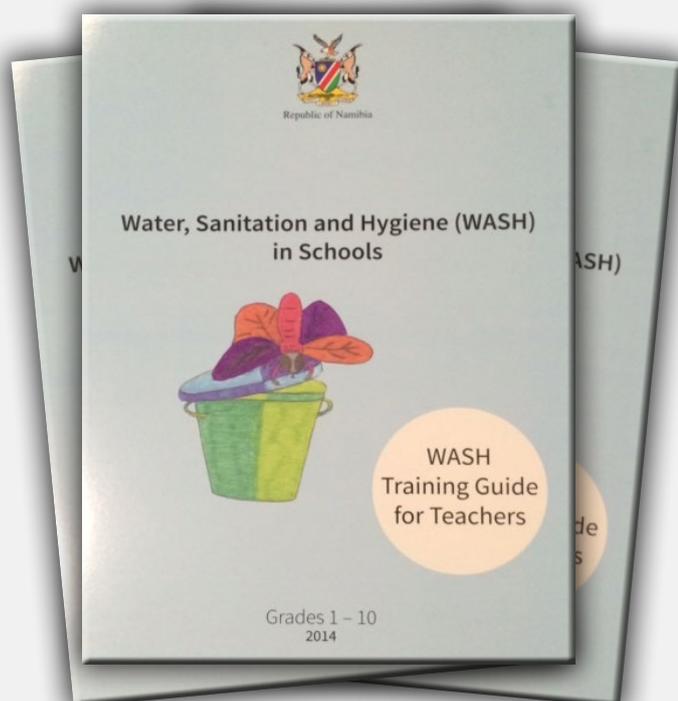
The participants were trained on the content of the *WASH Training Guide for Teachers* and how to use it. The purpose of the Guide is to assist teachers in promoting positive behaviour change of learners through increasing their knowledge, skills and practices with regards to the WASH themes, namely water, sanitation and hygiene.

Teachers are expected to help learners practice basic hygiene principles and applying them in different situations and settings including menstrual hygiene and personal cleanliness. They also learned how to keep their environment safe, clean and hygienic through managing the different types of waste material properly.

Overall, training participants indicated that the WASH conditions in their respective schools were unacceptable and needed a lot of improvement, as one of the participants narrated above.

“This training has been an eye-opener for some of us. As teachers, we usually do not prioritize activities such as hand washing and hygiene. But having gone through these visual materials and realizing the risk of disease transmission through unhygienic practices, it is a scary thing. At my school it has been a habitual practice just before the school feeding for learners to wash their hands in one large bucket without even soap and even worse, they wipe their mouth with that same water. Imagine what could happen. This is a practice that will be stopped immediately as I return to school. We need to promote good hygiene practices with our learners.”

–Teacher from Iindangungu Combined School, Oshana region





A group of participants and training of trainers are seen from Oshana and Oshikoto regions.

Assessment tools were used to determine the extent to which the project outputs/results were achieved. Methodologies used in assessing program effectiveness include: 1) monitoring and supervisory visits, 2) pre-and post-check list, 3) interview and focus group discussions, and 4) questionnaire for the WASH clubs.

Challenges addressed:

- ◆ Awareness-raising for the school management is essential on the potential health hazards posed due to unsafe environment and school with little resources can make changes to improve the well-being of their learners.
- ◆ Following the WASH training for teachers and realizing health hazards to learners, the school managed to buy appropriate crockery for the learners.
- ◆ Sensitization of teachers to be responsive to the needs of adolescent girls especially related to menstrual management is essential.

Highlight of Achievements:

- ◆ 1,039 participants (circuit inspectors, principals, teachers, school cleaners and community facilitators) were trained out of the 1360 target.
- ◆ School-based 53 new Hygiene and Sanitation Clubs established and sustained.
- ◆ 100 school managements received sensitization on the National Guidelines on School Cleanliness, Tidiness and Waste Management.

Lessons learned:

- ◆ Trainings of institutional staff such as cleaners on WASH helped in improving cleanliness and hygienic conditions through the demand and provision of appropriate cleaning and protective materials.
- ◆ Schools with active facilitators, focal teachers and principals were observed to have cleaner school environment and learners look neater and tidy compared to others.

PROGRAM

COMMUNITY-BASED MALARIA PREVENTION PROGRAM



SFH's community health workers showing an elderly woman how to prevent Malaria and follow treatment instructions.

COMMUNITY-BASED MALARIA PREVENTION PROGRAM

Namibia aims to eliminate Malaria by 2020. Malaria is a serious health problem, especially for children and pregnant women. Although malaria can be severe, early and appropriate treatment is very effective. A failure to recognize danger signs and a delay in treatment often has serious consequences, including death, especially for children.

Based on the 2015/16 annual report of the National Vector-borne Diseases Control Programme (NVDC), between 2002 and 2012, Namibia achieved a remarkable decline in malaria morbidity and mortality with an incidence of 249.7 cases per 1000 population in 2002 to 1.4 cases per 1000 in 2012. During the same period these declines were associated with a drop in malaria deaths from 1,030 to 4 reported malaria deaths, respectively. Thereafter, a fluctuating trend in malaria incidence ranging from 1.4 cases per 1000 in 2012 to 10.2 per 1000 in 2016 has been observed and this is attributed to the increase in malaria cases during and after the rainy seasons.

As part of a long standing cooperative agreement between the Society for Family Health and the Ministry of Health and Social Services and with funding from Global Fund to fight AIDS, tuberculosis and malaria, SFH implements a community based malaria prevention program in Omusati, Oshana and Kavango East. Since 2003, the malaria program has been in existence in these communities working in close collaboration with community leaders and health facilities supporting prevention activities, surveillance and distribution of mosquito nets. There are over SFH's 300 community health workers (CHWs) and 5 program officers in the regions.

The objectives of the program are to:

Increase the utilization of long-lasting insecticidal nets (LLIN)

- ◆ Increase timely care seeking for complicated malaria among children under five and pregnant women.
- ◆ Strengthen collaboration between health structures and communities through social mobilization and home visits.
- ◆ Promote appropriate management of malaria in households and communities.

The core functions of SFH's (CHWs) are to:

- ◆ support social and behavior change communication activities in accordance with the national strategy.
- ◆ increase acceptance and utilization of interventions such as mosquito nets.
- ◆ ensure that the community understands the public health benefit of treating all infected persons, regardless of their symptoms more especially during outbreaks.

Highlight of achievements:

Over the recent years, the program has observed remarkable reduction in malaria cases especially in Omusati and Oshana regions. Although Kavango East has also made steady improvements in malaria cases and deaths, these gains are usually derailed because of low coverage of malaria interventions in high malaria endemic neighboring countries and high population movement with increased risk of importation of malaria parasite.



SFH's program officer is showing an elderly woman how malaria is spread using a visual flip chart.

SFH - Malaria Suspected Cases in 2016		
Total 2016	Total no of Malaria Suspected cases	Total no of people referred
Jan - Mar	259	34
Apr - Jun	307	237
Jul - Sep	217	204
Oct - Dec	221	160
Total	1004	635

In this table, number of suspected malaria cases was higher (307) as expected during April and June with most cases predominantly reported from Kavango east.

During the same reporting period, CHWs referred a total number of 635 people with suspected malaria and follow up to ensure access to treatment and compliance with treatment instructions.

The following table presents targets and performances for 2016:

Reporting Indicator Label	Annual Target (Jan 2016 – Dec 2016)	Performance (Jan 2016 – Dec 2016)
# of malaria household visits conducted by CHWs	64800	103202
# of people (15yrs+) reached with malaria messages through household visits	237600	227694
# of community outreach events conducted by CHWs	8640	13594
# of people reached (15yrs+) with malaria messages through community outreach events	230400	184716

Challenges addressed:

- ◆ MoHSS is seeking approval from the Health Profession Council to enable CHWs/HEWs to carry out community-based malaria diagnosis and treatment. The implementation of this case management approach at the household level will largely address the issue of late health seeking behavior of communities.
- ◆ In order to improve quality of CHW activities, the inclusion of monitoring and supervision of SFH's CHWs in PHC supervisory plan is a good practice.
- ◆ The practice of health facility workers making counter-referrals to SFH's CHWs is well established and this approach ensures proper follow up of serious malaria cases after

discharge. The advantage is that CHWs are deployed within their catchment areas and thus are familiar with their communities.

Lessons learnt:

- ◆ The use of CHWs within the designated communities is an effective approach to address awareness and health behaviors at the community level especially given limited outreach services from the health facilities.
- ◆ Regular home visits allowed CHWs to observe household practices, reinforce good behaviors, and address individual barriers; these visits are especially important to demonstrate and increase LLIN utilization.

- ◆ CHWs are also able to provide effective monitoring of sick children and pregnant mother during home visits and ensuring adherence to treatment protocol.
- ◆ Furthermore, the practice of health facility workers making counter-referrals to CHWs should be further expanded to ensure proper follow up of serious malaria cases after discharge.



A family man ensures a mosquito net is well positioned for usage

PROGRAM

ACCESS TO HIV PREVENTION, CARE AND TREATMENT BY KEY POPULATIONS



SFH's case worker providing HIV testing services during a mobile outreach to a client.

ACCESS TO HIV PREVENTION, CARE AND TREATMENT BY KEY POPULATIONS

The Society for Family Health serves as a prime recipient for the Key Populations Program titled, HIV prevention for Key Populations since 2011 with funding from USAID. With 7 sub-recipients predominantly KP-led organizations, the program is implemented in 6 sites – Keetmanshoop, Katima Mulilo, Windhoek, Oshakati, Walvis Bay/Swakopmund and Oshikango.

In Namibia, the data from the Integrated Bio Behavioral Surveillance Study (IBBSS) conducted in 2012/13 suggests HIV prevalence among Female Sex Workers (FSWs) was higher than females in the general population while prevalence among Men who have Sex with Men (MSM) was comparable to men from general population in regions studied except Windhoek where the prevalence was almost double that of men in general population.

The term Key Populations vs Most at risk populations

The term 'key population' has gained more popularity compared to the earlier term - Most at Risk Population (MARPS) that put together sub-groups that were determined to be at a higher risk of HIV infection by the nature of their behavior, lifestyle or circumstances. This new term is viewed as a more accurate and less stigmatizing description because it seeks to describe the risk factor as opposed to population groups.

In this way MSM or 'men who have sex with men' is more accurate than 'Gay men' because one could self-describe as Gay but not necessarily be engaging in high risk behavior. In the context of this KP program, populations that are referred to as key populations herein include, Men who have sex with Men (MSM), Female Sex Workers (FSW) and Transgender (TG) women.

Overall objective of the program is to:

- ◆ Improved access to a core set of HIV prevention,

care and treatment interventions to reduce HIV transmission among Key Populations;

The core of KP program is case management which aims to provide holistic and comprehensive care to KPs including effective linkages to services. The case management approach is implemented in Keetmanshoop, Windhoek, Walvis Bay/ Swakopmund, Oshakati, Oshikango and Katima Mulilo. The following 7 organizations which are predominately KP-led are the implementing partners: Out-Right Namibia (ORN), Rights Not Rescue Trust (RNRT), Kings Daughters Organization (KDO), Voice of Hope Trust (VHT), Caprivi Hope for Life (CHFL), Namibia Planned Parenthood Association (NAPPA) and Walvis Bay Corridor Group (WBCG).

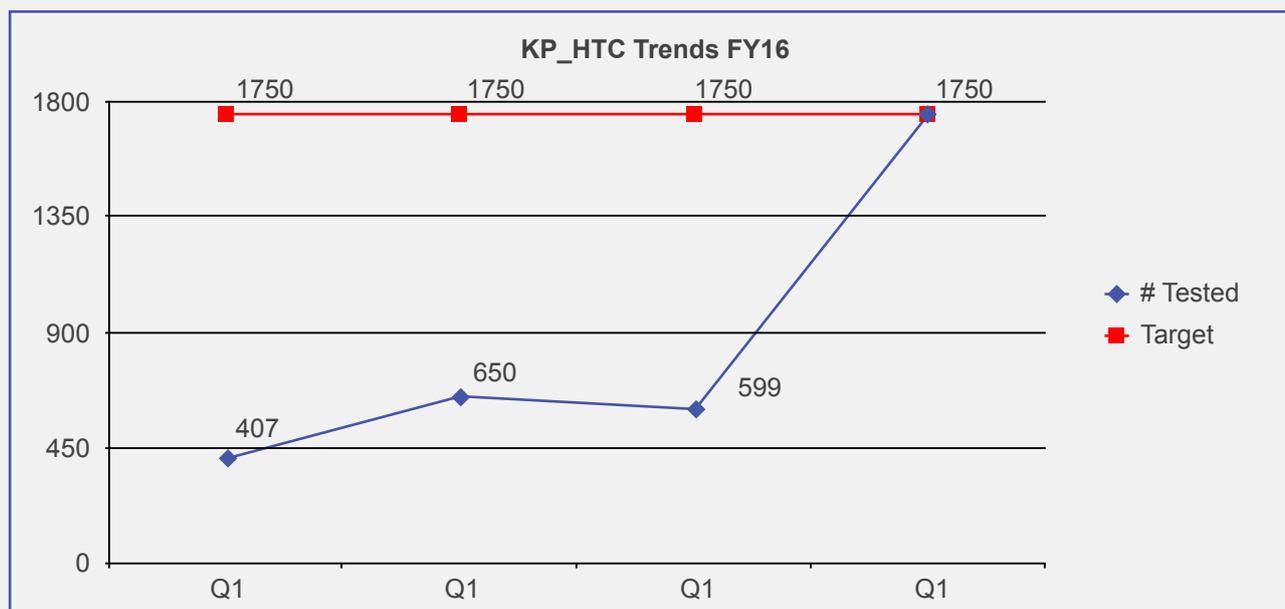
HIV Testing Services among KPs

Prevention interventions coupled with HIV testing are the first entry points to engaging with KPs and identifying those that need further care. In 2016, a total of 21,555 clients were tested at NAPPA, WBCG and Outreach/mobile clinics. 2,799 (13%) were identified as KPs while 18,756 were general population or KP status could not be confirmed. 186 (7%) KPs tested HIV positive compared to 815 (4%) general population with variations across sites.

Generally, the yield was much higher (double in most cases) for KPs than for GPs. 2,317 (83%) of the KPs tested were SWs while 402 (17%) were LGBTI/MSM. Among the KP groups tested for HIV, the yield was comparable among SW and LGBTI/MSM; 7% and 6% respectively with variations across sites with Keetmanshoop (19% and 30%); Windhoek (13% and 4%) and Katima Mulilo (10% and 16%) respectively.

By implementing intervention targeting KPs, the program is identifying a higher proportion of individuals living with HIV compared to GPs testing. However, a lot need to be done to ensure that those diagnosed with HIV are immediately linked to treatment.

Program Data October 2015 to September 2016



As viewed in the above graph, HTC for KPs tripled during the 4th quarter due to intensified outreach activities targeting KPs and improvements in availability of Rapid Test Kits (RTKs). As part of mobile outreach for HIV testing, ongoing moonlight/daylight mobile sessions were organized to reach out to more KPs. Community health consultants and case workers collaboratively mobilized KPs and accompany them to moonlight/daylight sessions. This approach guarantees a high turnout of participants from KPs as opposed to participants from general population.

Challenges addressed:

- ◆ Inclusive participation - regional KP forums (with clearly defined TORs) have been established at each site to ensure broader participation of KPs and their networks in the program. At these forums, on a rotational basis, a KP-led organization convenes and facilitates meetings.
- ◆ Well defined targeted HIV testing services with meaningful involvement of KPs is essential in improving the yield, and timely linkage to care.

- ◆ Minimal interruption of outreach HIV testing services: through Intersectoral collaboration with other service providers make contingency budgets available to purchase HIV rapid testing kits in case of stock out from government facilities

Lessons learned:

- ◆ The introduction of CM implemented through case workers has resulted in steady improvements in HTC, documentation and LTC and enrollment of KPs on ART.
- ◆ Thus CM approach has proved effective in identifying, enrolling and linking KPs to essential services as part of the minimum package.
- ◆ Scaling up CM through strategic deployment of case workers is needed to facilitate comprehensive HIV services and improve health outcomes for KPs. In order to sustain these efforts, it is crucial that health providers are trained sensitized on KP's needs.



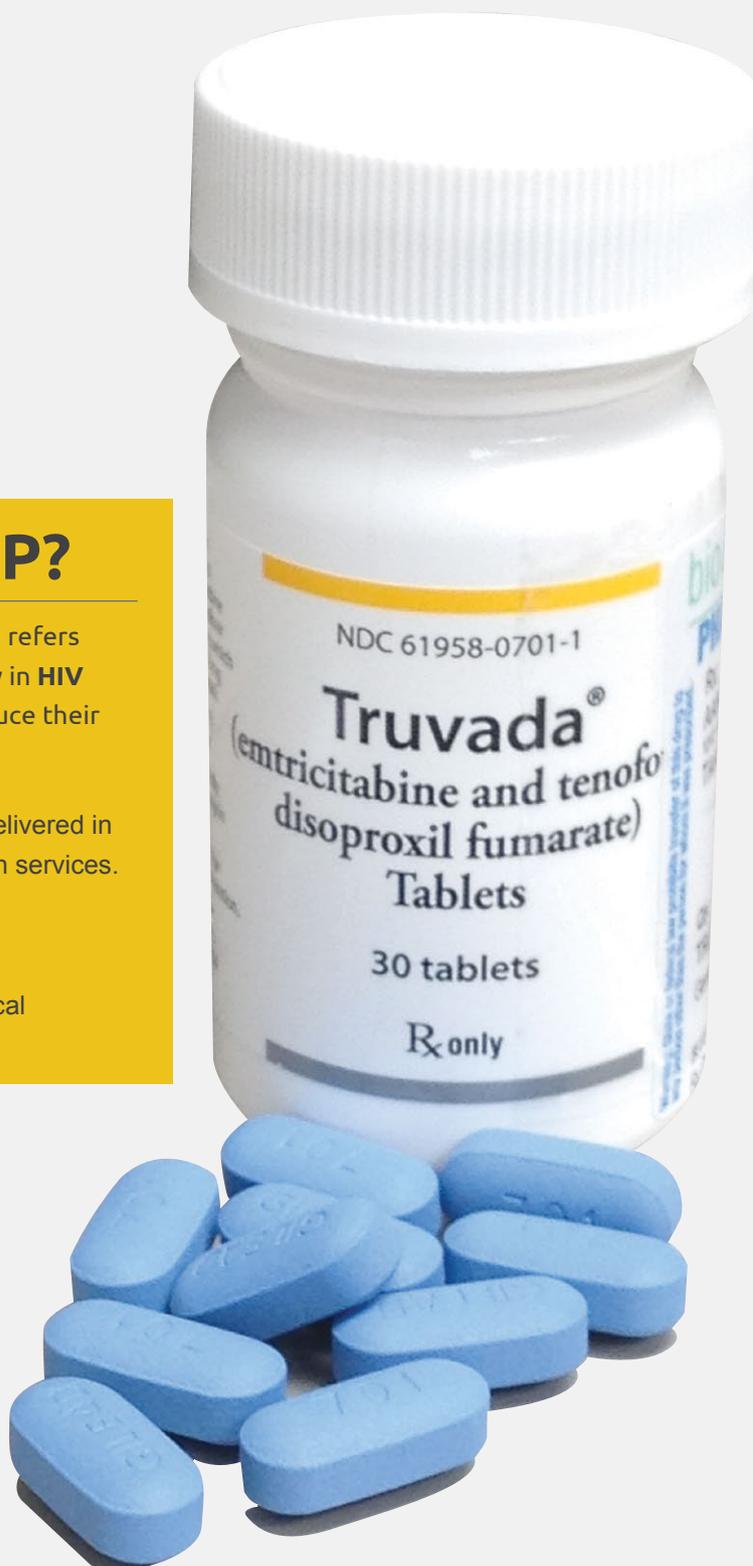
SFH's case workers ensuring correct data entry in the register during an outreach activity.

PRE-EXPOSURE PROPHYLAXIS (PREP)

AN ADDITIONAL PREVENTION TOOL FOR HIV

What is PrEP?

- ◆ Pre-Exposure Prophylaxis (PrEP) refers to the use of TDF/FTC once daily in **HIV negative** people in order to reduce their risk of HIV infection.
- ◆ PrEP is 92-100% effective and delivered in combination with other prevention services.
- ◆ Requires daily adherence
- ◆ Approved by international and local guidelines



The first information-sharing/advocacy meeting on Pre-Exposure Prophylaxis for HIV in Namibia

With funding from USAID, SFH convened a stakeholders meeting on Pre-exposure prophylaxis (PrEP) for HIV to share recent developments and evidence around PrEP as part of combination prevention package for HIV prevention on 15 June 2016 in Windhoek.

Meeting was attended by over 50 participants representing CSOs, including KP-led organisations, Medical school – UNAM, Namibia HIV Clinician Society, MoHSS and UNAIDS and USAID.

Guest Speakers included: The World Health Organization, Ministry of Health and Social Services and Anova Health institute/EQUIP innovation for Health.

Outcome of the meeting: with ample evidence demonstrating that PrEP is highly effective for HIV prevention and the meeting recommended further dialogues with the Ministry of Health and Social Services to explore the possibility of expanding PrEP provision to people who are at substantial risk of HIV acquisition.



Stakeholders attending the PrEP advocacy meeting in Windhoek, 15 June 2016.

PAVING THE WAY FOR EXPANDED PrEP PROVISION FOR PEOPLE AT SUBSTANTIAL RISK OF HIV ACQUISITION IN NAMIBIA

Namibia Delegation for Pre-exposure prophylaxis (PrEP) learning visit to South Africa. Hosted by Wits Reproductive Health Institute and the National Department of Health, South Africa, 25-29 October 2016.

With funding from USAID, the Society for Family Health (SFH) facilitated a learning visit for the MoHSS senior officials and stakeholders during 25-29 October 2016 in Johannesburg and Pretoria, South Africa. The delegation included representatives from Namibia HIV Clinician Society, WBCG Wellness Program, MoHSS and SFH. The learning visit on the delivery of pre-exposure ARV

prophylaxis (PrEP) services is offered at several demonstration sites in South Africa, jointly co-hosted by the National Department of Health and Wits Reproductive Health Institute/University of Witwatersand.

This activity is in response to the MoHSS' effort to incorporate PrEP into the revised National ART Guideline and initial dialogue with MoHSS to implement PrEP demonstration interventions in state and non-state health facilities for sero-discordant couples and other individuals at substantial risk of acquiring HIV through sexual transmission.



Namibian delegation for the PrEP learning visit in Johannesburg and Pretoria, 25 - 29 October 2016.

MEDICATION FOR PrEP - TRUVADA



- ◆ PrEP is highly effective at preventing HIV
- ◆ PrEP is safe
- ◆ PrEP is not a lifelong medication
- ◆ PrEP is not HIV treatment
- ◆ PrEP does not lead to HIV drug resistance
- ◆ PrEP does not lead to increased risk behaviors
- ◆ PrEP is provided as part of a combination of HIV prevention tools

PROGRAM

HIV PREVENTION AMONG SEX WORKERS



HIV PREVENTION AMONG SEX WORKERS

Since 2011, the Society for Family Health has been implementing the HIV prevention program for sex workers. The program focuses on HIV prevention and referral services for sex workers. This program receives funding from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) through the primary recipient, Namibia Networks of AIDS Service Organization (NANASO). The program is implemented in selected towns and hot spots.

In Namibia, recently released data from the Integrated Bio Behavioral Surveillance Study (IBBSS) conducted in 2012/13 suggests HIV prevalence among Female Sex Workers (FSWs) was higher than females in the general population. For example in Katima Mulilo the IBBSS data indicates that 1 in 2 female sex workers is infected with HIV; and only 53% of FSW living with HIV are diagnosed.

Due to of high infection rates and large numbers of sexual partners, sex workers have been considered a core group for HIV transmission. In addition, men who engage in both paid and non-paid sex play a major role in bringing HIV infection into the general population. These “bridge” populations are important groups in direct prevention programs. Because of the mobile nature of their work, these groups include for example, military personnel, long-distance truck drivers and migrant workers that are easily identified as potential clients for sex workers. The intervention HIV prevention package for sex workers, their clients and partners contains at least the following key elements:

- ◆ Information and behavior change messages
- ◆ Condoms and other barrier methods
- ◆ Sexual health services such cervical cancer screenings, contraception, etc.
- ◆ HIV testing services and access to ART, PMTCT and support groups
- ◆ Importance of VMMC, PrEP

The goal of sex work-related STIs/HIV prevention messages is to reduce the health risk, and in particular the risk of STIs/HIV infection, associated with sex work. Basic knowledge of HIV transmission and the protective role of condoms is high among sex workers in most developing countries with a mature HIV epidemic. Therefore, behavior change messages focus on:

- ◆ Alternative safe sex practices
- ◆ Use and conservation of male and female condoms
- ◆ Lubricants
- ◆ Symptoms of STIs
- ◆ Health-seeking behaviors for HIV testing and ART services and importance of VMMC
- ◆ Clarification of misunderstandings and misconceptions about unsafe traditional practices or beliefs



A visual flip chart is used during education sessions.

HIV testing is key in diagnosing sero-positive individuals and link them into HIV care and treatment services. SFH built on experiences from the USAID KP funded program to provide a more comprehensive program for sex workers. In accordance with WHO guidance, the 5C's principles (consent, confidentiality, counseling, correct test results and connection to follow up/ linkages to services) will be adhered to in line with national guidelines. In addition, with the expansion of PrEP to other populations at high risk of HIV acquisition in accordance with 2016 National ART guidelines, this is an excellent opportunity to further promote HIV testing services and linkage to care and treatment for sex workers.

Reporting Indicator Label	Target (Jan 2016 – Dec 2017)	Performance (Jan 2016 – Dec 2017)
# of sex workers who have been reached with individual or small group HIV prevention interventions that address the drivers of the epidemic	1563	2975
# of people in the general population referred to health services (including HCT, PMTCT, ART, MC, STI services)	1746	735
# of people in general population referred to health services who reached referral points (including HCT, PMTCT, ART, MC, STI services)	1586	354

Highlights of achievements;

- ◆ Remodeling of the sex workers program to integrate HIV testing services and linkage to care as part of performance indicators;
- ◆ Through a participatory process with sex workers and their networks, a comprehensive training curriculum for sex workers was developed and training of trainers 'workshop conducted.
- ◆ Over 1,434,837 male condoms, 40,622 female condoms and 260,288 lubricants distributed.

Challenges addressed:

- ◆ In order to increase program participation by sex workers, the delivery of behavior change communication activities are provided at convenient time and locations for sex workers. In addition, other sexual health information such as cervical cancer screening, contraception are also integrated into the package and not only focusing on HIV and other STIs.
- ◆ Well targeted mobile outreach services through the use of the mobile health

van enhance participation and uptake of commodities such as condoms and lubricants.

- ◆ In ensuring ownership of the program, sex workers were actively involved in the development of a comprehensive prevention curriculum and trained as trainers of others.

Lessons learned

- ◆ Targeted interventions to reduce transmission of HIV in sex workers, their clients and partners are feasible and efficient in usage of resources in all stages of the HIV epidemic.
- ◆ New approaches are needed to increase condom use with repeat clients and regular partners.
- ◆ Offering female sex workers additional choices of preventive methods such as PrEP will result in better protection.
- ◆ Specialized services for sex workers could provide them with additional safe and confidential options for sexual health services and behavior change education.



SFH's case worker demonstrate the use of condom and Lubricant.

PROGRAM

MILITARY ACTION PREVENTION PROGRAM (MAPP)



Here a Ministry of Defense peer educator is demonstrating correct condom use to the peers during a group session of the trainings SFH offered at the Grootfontein base in July 2016.

MILITARY ACTION PREVENTION PROGRAM (MAPP)

Within the framework of the implementation of the Military Action and prevention program (MAPP), the Society for Family Health is tasked with the responsibility of ensuring the capacity enhancement of key military personnel on HIV prevention, care and support. This program has been receiving financial support from the US Department of Defense since 2003.

For over 17 years, SFH has been receiving financial support from the U.S Department of Defense (DOD) to implement a Military Action and Prevention Program (MAPP) with the Namibian Defense Force (NDF). The organisation works closely with the Ministry of Defense (MoD) to reduce the military personnel's and their families' vulnerability to HIV, while creating a more positive environment for other at risk populations.

The focus of this program is to implement a standard package of HIV interventions that intensifies previously implemented activities aimed at providing HIV prevention services to military personnel and their families, especially new recruits, young men and women. The package of HIV prevention services included condom demonstration and distribution, HIV risk reduction education, referrals and linkages to health services including HCT, Voluntary Medical Male Circumcision (VMMC), Tuberculosis (TB), STIs screening and treatment, and other sexual and reproductive health services.

The MAPP is implemented in 13 military bases of the country targeting all military personnel and civilians at each of the 13 bases. To enhance program efficiency and promote ownership, the SFH has trained peer educators at each of the military bases to support activity implementation and reach out to their peers. Training has also been provided to Commanders and HIV unit Coordinators. The program equally addresses other cross-cutting issues such as gender, stigma and discrimination.

The goal of Military Action for Prevention Program (MAPP) was to support the Ministry of Defense/Namibian Defense Force (MOD/NDF) to implement the standard package of interventions and enabling the MOD to better manage the MAPP activities. Project objectives included:

- ◆ Reducing new infections among military personnel and their families
- ◆ Strengthening linkages to HIV services for military personnel and their families
- ◆ Increasing military personnel and their families'

access to condoms

- ◆ Providing technical assistance and strengthening the capacity of the military to implement the MAPP program including on condom forecasting and distribution plan development and implementation

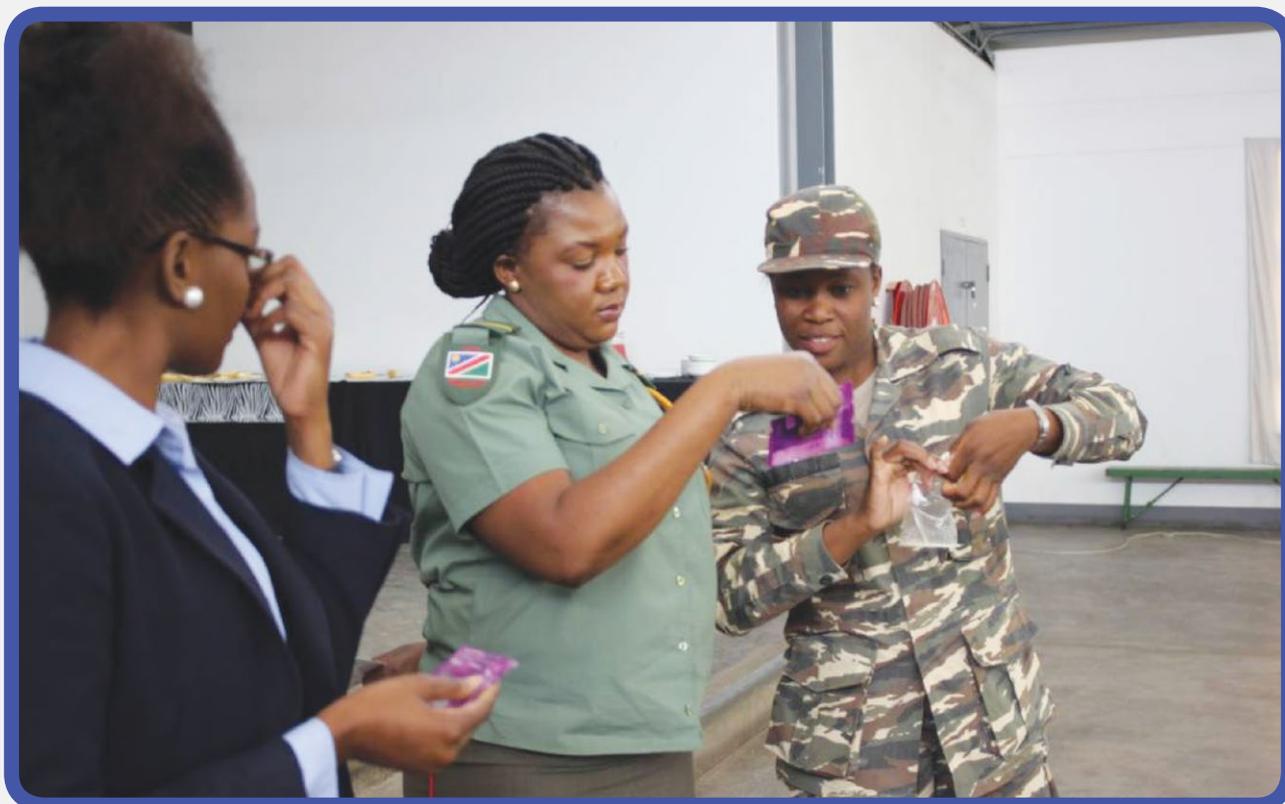


Training of uniformed personnel.

Highlights of achievements

- ◆ To achieve this programme area, camouflage condoms were procured and distributed to all military bases. Technical assistance was provided to MoD to develop a forecasting and distribution plan for military condoms to all implementing bases in the country.
- ◆ A total of 34,390 condoms were distributed during the various SBCC sessions. Condom dispensers were fitted and regularly checked and replenished by peer-educators to ensure continuous availability and supply of condoms for all.
- ◆ A total of 6447 military personnel including civilians were reached with standard package of HIV prevention activities in Oshakati, Mpacha, Grootfontein, Otjiwarongo, Oamites, Rundu, Luderitz, Karibib, and Karasburg military bases. In addition, focal persons were identified for the Air force and Naval Bases to strengthen personnel's capacity.
- ◆ HIV prevention awareness activities were conducted using the SBCC session guide which covers basic knowledge about HIV and graduates into concrete prevention and care approaches, condom efficacy, HIV counseling and Testing (HCT), Sexually Transmitted Infections (STI), Voluntary Medical Circumcision (VMMC), the Prevention of Mother to Child Transmission of HIV (PMTCT) and Anti-Retroviral Treatment (ART) for HIV.

- ◆ The Ministry of Health and Social Services (MoHSS) was supportive in the implementation of outreach activities by availing nurses and social workers to assist with health information sessions on different health topics.
- ◆ The activities also incorporate practical exercises for condom use through participant role-plays to demystify the condom and build individual courage to carry, and use condoms correctly and consistently.



In this photo, a peer educator is demonstrating correct female condom use.

The following table presents a summary of key activities carried out:

Reporting Indicator Label	Annual Target (Oct 2015 – Sept 2016)	Performance (Oct 2015 – Sept 2016)
# of military personnel (MARPs) reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required	4500	7201
# of healthcare workers who successfully completed an in-service training program (Peer Educators, Unit HIV Coordinators, Gender Focal Persons, Base Commanders, Master Trainers, Chaplains)	80	216
# of civilians reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	165	511
# of targeted condom service outlets	23	21

Challenges addressed

- ◆ Trainings and Seminars for MoD leadership on HIV response beyond donor funding were conducted.
- ◆ Quarterly meetings with HIV Unit Coordinators and Base Commanders were held to provide a venue for ongoing communication, exchange of information about the referral process, discussion of challenges and gaps in HIV prevention activities at the military bases. These regular meetings promoted collaboration and commitment from military leadership.

Continuous supportive supervisions were carried on. Through supportive supervision, SFH program officers worked with peer educators, established goals, monitored performance, identified and corrected problems, and ultimately improved the quality of work sessions.

Lessons learnt

- ◆ The program becomes successful when there is great support from the Battalion commanders

and unit commanding officers.

- ◆ Most military personnel have adequate knowledge when it comes to HIV related matters which they have gained by attending sessions over the years.
- ◆ Effective communication cannot be overemphasized as a cornerstone of success. Even in a program of this nature, good communication has resulted in the program achieving great progress.
- ◆ There is a great need for the program to continue more importantly for new intakes as most of them are in their early youth and are more vulnerable.
- ◆ Good collaboration with other stakeholders such as Ministry of Health and Social Services (MoHSS) during outreach events leads to a greater outcome such as provision of HTC services and VMMC.
- ◆ Military personnel is more likely to use camouflage military condoms than any other condoms procured by government.

MAJOR MILESTONES EXPECTED IN 2017

Building on lessons learned and achievements, SFH will continue to strengthen its capacity to improve current program performance, explore new programs as well as opportunities to build alliances with non-traditional partners and stakeholders.

- ◆ Development and implementation of the new SFH' strategic plan (2017-2021) and Resource mobilization plan;
- ◆ SFH's celebration of 20th Anniversary – celebratory and landmark event that will highlight the work of SFH for the past 20 years amplified by the voices from program beneficiaries, stakeholders and donors;
- ◆ Accelerate the implementation of the Adolescent Girls and Young Women Initiative paying in particular attention to ensuring that the agreed core package of intervention is consistently provided to the sub-groups and that the mobile van is optimally used to reach out to adolescent girls and young women in hard to reach areas;
- ◆ PrEP demonstration project for key populations in 3 sites – PrEP community dialogues with target groups and stakeholders, setting the stage for the evaluation component, as well as helping to inform the development of the national PrEP standard operating procedures in accordance with the current ART guidelines;
- ◆ Ensure improved results for key populations in particular those related to linkage to care and broaden wider participations by key populations;
- ◆ As part of the defined exit strategy, completion and hand-over of the Military Action and Prevention Program;
- ◆ In ensuring that WASH changes are sustained in participating schools, compile a profile of current status of WASH following 1 year of full implementation;
- ◆ A collaborative framework developed with the Ministry of Health and Social Services on Non-communicable diseases and Maternal and Child Health;
- ◆ Contribution and participation in the Integrated Bio Behavioral Surveillance Study (IBBSS) to determine size estimates and HIV prevalence and related services among key populations;
- ◆ Provide leadership in the operationalization of the Priorities for Local AIDS Control Efforts (PLACE) methodology to determine gaps in the current program, where to focus resources and prevent new infections among key populations.

The contents in this Report do not necessarily reflect the views of the donors and the Government of the Republic of Namibia

The page features a large, solid yellow background. At the top and bottom, there are decorative elements consisting of multiple thin, parallel, wavy lines in a light purple or blue color, creating a sense of movement and depth.

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