ANNUAL REPORT 2018/19

ANNUAL HIGHLIGHTS

SFH
THE SOCIETY FOR FAMILY HEALTH
20 YEARS

The Society for Family Health

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THE SOCIETY FOR FAMILY HEALTH 2018-2019 ANNUAL HIGHLIGHTS

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The Society for Family Health

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1. ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CBOs	Community Based Organizations
CHCs	Community Health Consultants
CHFL	Caprivi Hope for Life
CHWs	Community Health Workers
CM	Case Management
CSE	Comprehensive Sexuality Education
DQA	Data Quality Assessment
DOD	Department of Defense
EDT	Electronic Dispensing Tool
EPMS	Electronic Patient Management System
FBOs	Faith Based Organizations
GBV	Gender based violence
GP	General Population
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
ICPD	International Conference on Population and Development
IBBSS	Integrated Bio Behavioral Surveillance Study
KDO	King's Daughters Organization
KP	Key Population
MAPP	Military Action Prevention Programme
MCH	Maternal and Child Health
MER	Monitoring, Evaluation and Reporting
MHAI	Ministry of Home Affairs and Immigration
MoEAC	Ministry of Education, Arts and Culture
MSYNS	Ministry of Sport, Youth and National Service
MoHSS	Ministry of Health and Social Services
NANASO	Namibia Network 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
POC	Person of Concern
PMTCT	Prevention of Mother-To-Child Transmission
PSI	Population Services International
REDCap	Research Electronic Data Capture
RCC	Rolling Continuation Channel
SBCC	Social and Behavior Change Communication
SFH	Society for Family Health
SMA	Social Marketing Association
STIs	Sexually Transmitted Infections
SRH	Sexual and Reproductive Health
TB	Tuberculosis
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
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

Matilda Shakwa
Board Chairperson

MESSAGE FROM SFH'S BOARD CHAIRPERSON

On behalf of Board of Trustees, I am pleased to present to you our merged 2018 and 2019 Report.

With financial and technical support from our development partners and the Ministry of Health and Social Services (MoHSS), we design our programs in consultation with communities to ensure cultural appropriateness, sustained ownership and impact.

We empower communities especially the most vulnerable priority groups such as young people, refugees, key populations and migrant workers to make informed decisions and improve health seeking behaviors in order to control their own destinies. I am pleased to say that for 2018-2019, we reached nearly 4,000 young people with sexual and reproductive health information and services, provided HIV testing services and newly linked close to 1,900 to antiretroviral treatment. All these were achieved with the support of our implementing and development partners and most importantly, program beneficiaries.

Whether working with people or bringing integrated services at their doorsteps, moving towards Universal Health coverage (UHC) requires bold and collective action from all stakeholders. As an integral part of UHC, SFH is exploring new solutions for the most vulnerable members of our population to improve health seeking behaviors, demand for "people-

I would like to extend my gratitude to our management team, staff, MoHSS, donors, development partners and our implementing partners for their commitment and contribution towards our collective achievements. Additionally, I wish to show my appreciation for my fellow Trustees for providing guidance in this very competitive operating environment.

Finally, I would like to extend my gratitude to our program beneficiaries for sharing their experiences selflessly and inspiring us to progressively improve our program designs. We are committed to build a more sustainable service delivery for our program beneficiaries and enhance our stakeholders' value.

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Matilda Shakwa
Board Chairperson

3. ACKNOWLEDGEMENTS

There is much that we accomplished each year as a result of dedication and passion which each of our many partner organisations demonstrate.
We appreciate the technical and financial aid from the US government through the President's Emergency Plan for AIDS Relief (PEPFAR); US Agency for International Development (USAID); United Nations Population Fund Activities (UNFPA); Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); Namibia Network of AIDS Service Organisations (NANASO)

SFH further like wishes to thank the different duty-bearers from Government institutions and Non-Government organisations for their time, expertise and tireless commitment. Our efforts would not have been made possible without the ongoing support and enthusiasm with which we received support from the Government; in particular the Ministry of Health and Social Services, Ministry of Education, Arts and Culture and the Ministry of Gender Equality and Child Welfare, and the Ministry of Sport, Youth and National Service.

NGO's have a major stake in collectively contributing to the achievement of the objectives of the national agenda and this is evidenced by our various endeavors and participation on different platforms.

Overtime, we have built strategic relationships with key stakeholders, NGO's and community-based service providers, such as Walvis Bay Corridor Group and Namibia Planned Parenthood Association (NAPPA). This has enabled us to effectively reach the Key Populations and our sincere gratitude to these organisations.

Furthermore, our gratitude to the following key population led organisations; Out-Right Namibia, Voice of Hope Trust, Rights not Rescue Trust, Caprivi hope for Life and Kings Daughters Organisation, Mpower Community Trust, Wings to Transcend Namibia and Rights for All Movement . Despite the absence of favorable legal instruments for key populations, they have been instrumental in championing for resource mobilization, education and connecting to key populations for HIV prevention, care, and treatment.

4. ABOUT SFH

The Society for Family Health is a registered trust operating in Namibia since 1997 as a Non-Governmental Organization (NGO). SFH is an independent member of the international global network of Population Services International (PSI)

Our Vision

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

Our Mission

Promote and protect health and well-being for the most vulnerable populations

Our Core Values

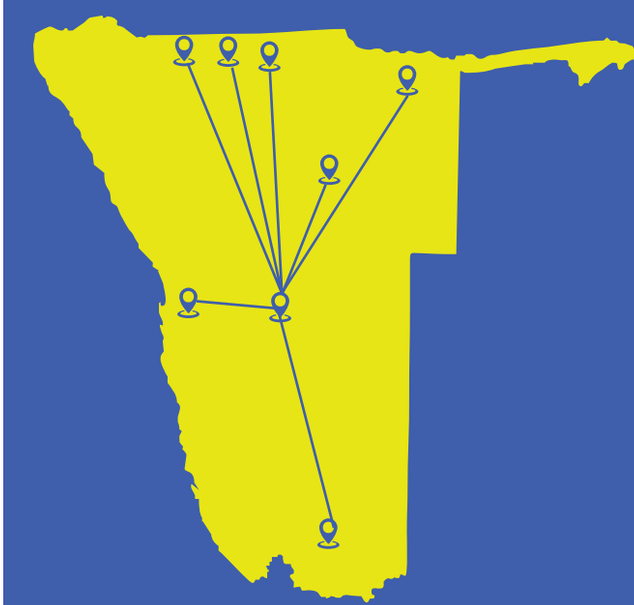
- Integrity and confidentiality
- Partnership
- Innovation
- People-centered
- Results driven

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;
- Provision of sexual and reproductive health information and for adolescents and young people;
- 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 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.

These programmes are operational in the 14 regions of the country. SFH has 9 regional offices namely in:



- **Walvisbay** (Erongo)
- **Rundu** (Kavango East)
- **Windhoek** (Khomas)
- **Outapi** (Omusati)
- **Oshikango**(Ohangwena)
- **Ongwediva** (Oshana)
- **Grootfontein** (Otjozondjupa)
- **Keetmashoop** (Karas)
- **Katima Mulilo** (Zambezi)

4.1 BOARD OF DIRECTORS

Matildah Shakwa (Chairperson from June 2019); 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 Conveyance 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 several boards in the private and public sector.

Dr Kalumbi Shangula (Chairman Jan 2016-June 2019) a renowned medical practitioner who until recently served as the Assistant Pro-Vice Chancellor for the Health Sciences campus of the university of Namibia (UNAM) and was recently appointed Minister of Health and Social Services in December 2018. He poses 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 as well serves on several public and private sector boards.

Anna Ipangelwa; an Entrepreneur Consultant and holds a Bachelor of Education degree from the University of Namibia (UNAM), Master of Education degree from Rhodes University, South Africa and is currently enrolled for a Master 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.

4.1 BOARD OF DIRECTORS

Isaac IP 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. Before this He 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 as a 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.

Judith 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.

Maria Filiilogia Kavezembi; Qualifications includes a masters of arts degree in Health Facilities Planning, Design, & Management from South Bank University, London, UK, a Certificate on Leadership Development Course, (NQF Level 7) for Middle Management from the University of Stellenbosch, Bachelor and honor's degrees in Community Health Nursing Science, as well as the advanced Diploma of Nursing Science and Midwifery from the University of Namibia. Maria managed the Capital Projects of the MoHSS for eight years, in terms of clinical and healthcare facilities: planning, designing and management of construction projects. She also served as a Regional Health Director for Oshikoto and Otjozondjupa Regions , and National Director of Primary Health Care Services. Maria has extensive experience in Policy and guidelines formulation, strategic planning, technical support, as well as policy initiation and implementation at National and Regional Levels.

4.2 SFH MANAGEMENT

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 SRH, 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.

Hadrian Mangwana, Deputy Chief of Party: A medical doctor with over 12 years' experience in clinical care, and managing HIV prevention, care and treatment programs in the public sector. Hadrian has led HIV programs with results that have had national and international influence, impact, and reach; He demonstrates effective leadership skills including mentoring a multi-disciplinary team which resulted in high performance and professional growth of team members. His added skills in data analysis and visualization has contributed to timely data reporting and dissemination. Hadrian obtained his Master of Science degree from the University of London School of Hygiene and Tropical Medicine and a Bachelor of Medicine and Bachelor of Surgery degree (MBChB), from the University of Zimbabwe.

Isabel Mendes-Siyamba, Program Director; with over 10 years of progressive experience in the social development field; work experience includes HIV prevention field, adolescent's health, and Non-communicable diseases. She obtained her master's 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.

4.2 SFH MANAGEMENT

Liina Kafidi, Monitoring & Evaluation Advisor: is an expert Demographer in statistical production over 25 years. She holds a master's degree (MSc) in Social Statistics and a post Graduate Certificate in Statistics from the University of Southampton, England, UK, and a bachelor's degree in mathematics and Business Administration from Thiel College, Pennsylvania, USA, 1992. She obtained a Post Graduate Certificate in Senior Management Development Program (Executive), University of Stellenbosch. Ms Kafidi was employed at the Namibia Statistics Agency as an Executive heading the department of Demographic and Social Statistics and previously, worked in the Central Bureau of Statistic in National Planning Commission of for 20 years.

Milka Mukoroli, Community/Public Health Nurse & Officer in Charge for North West Offices**:** Extensive experience in the HIV prevention, care and treatment, maternal and child health. Milka has worked with MoHSS 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 (PMTCT), Care and treatment and Voluntary medical male circumcision (VMMC). 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's degree in Public Health.

Agatha Kuthedze, Community /Public Health Nurse: in charge of Khomas & //Karas Offices holds vast experience in the HIV Prevention, Care, Treatment, Maternal and Sexual Reproductive Health. Agatha has worked for MoHSS in the Primary Health Care and Specialized Nursing Services especially the Pre - and In-Service training programs of nurses and other Health Care Workers. She has previously served as HIV Counseling and Testing (HCT) Technical Advisor and as a TB/HIV National Project Coordinator in several NGOs. Her qualifications includes Bachelor's Degree in Nursing Education and Nursing Administration from the University of Limpopo, South Africa, Diploma in Nursing Science and Midwifery Science from the University of Namibia, She is currently completing her Master's in Public Health (MPH) from the University of Namibia

4.2 SFH MANAGEMENT

Elizabeth Mbidi, Finance and Operations Director; has been working in the field of accounting and finance for the past 16 years and has gained extensive experience from various sectors such as State-Owned Enterprises, and Development Agencies. She holds a master's degree in development finance from Stellenbosch University, BTech Degree and a National Diploma in Accounting and Finance from the Polytechnic of Namibia. She is member of the Southern Africa Institute for Business Accountants. She has broad experience in accounting, finance, project management and administration.

Ntombizodwa Makurira Nyoni, Community/Public Health Nurse: in charge of the Erongo Regions holds diverse experience in Public health HIV Prevention strategies and research. She worked for Roman Catholic Hospital. Global Fund VMMC Program as a Clinician. Ntombi published a research on VMMC in Kavango Region. Coordinated a project on Key population size estimation and assisted in the Validation process of HIVST in 2017. She holds an Honors Degree in Nursing Sciences with a specialty in Nursing Education from University of Zimbabwe. Currently undertaking her research project for master's in public.

Mbunga Tughuyendere, Community/Public Health Nurse: in charge of the Kavango Region is a Registered Nurse. His qualifications include Nursing and Midwifery, a certificate in Clinical Management of HIV from the University of Washington, a Bachelor of Science degree from the University of Stellenbosch and currently enrolled for Master of Science in Nursing at the University of Stellenbosch. Mbunga has extensive experience in HIV care and treatment, Malaria, Tuberculosis and Nursing education. He has been a trainer, mentor and coach for health programmes such as HIV/AIDS (including VMMC), Malaria, TB, Integrated management for Childhood illness (IMMCI) and Adolescents Friendly health services with the MoHSS as well as a number of development agencies and NGO through I-TECH-Namibia, Global Fund and CDC.

The Society for Family Health

5 INCREASING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENTS AND YOUNG PEOPLE

5. Increasing Access To Sexual And Reproductive Health Services For Adolescents And Young People

Namibia and many southern African countries share similar youth demographic profiles with many adolescents and youth vulnerable to unintended pregnancies, STIs including HIV, and sexual and gender-based violence.

SFH is an implementing partner for UNFPA Namibia's 6th Country's work plan since January 2019. SFH work to contribute to UNFPA's Global Strategy on Adolescents and Youth for accelerating progress towards UNFPA's transformative results.

In particular, SFH work in collaboration with MoHSS, MoEA, MSYNS and other local organizations using mobile health clinic to provide SRH services to young people at institutes of Higher Learning and catchment areas.

The programme aims to increase awareness of the existing services and their locations. This would increase the capacity of young people to reach out and demand for the SRH services.

Young people are not a homogenous group – their needs vary depending on their location, age, sex, marital status, sexual orientation, level of education, source of income and cultural influences. Involving young people in the design and implementation of youth-friendly approaches is key to any effective operational strategy.

Involving young people not only helps ensure that services meet their needs; it also reinforces their agency and responsibility in making choices about their sexual and reproductive health.

These choices impact their health outcomes and their futures. By putting the needs of young clients at the centre of SFH's strategy and operations, our mobile clinic will continue to improve and increase service delivery to young people

Outreach services for Sexual and Reproductive health include:

- Counselling (sex and sexuality)
- Provision of hormonal contraceptives
- STIs screening and treatment
- Access to condoms and lubricants
- HIV testing, initiation on ART, PrEP and PEP
- Sexual and gender-based violence (SGBV) (screening and referral for clinical, psycho-social and protection services)
- Gynaecology (puberty-related services)
- Education and screening for SGBV
- Emergency Contraceptives

"What we need is assurance for protection against people who could hurt us"

"We are smart, and we know what we want"

"Education is power - I didn't know much about available sexual health services out there"

"I am not ready for sex yet. I am focusing on my school right now"

"When our parents show us that they care about us, it makes us feel good and happy"

The mobile outreach team is:

- Able to refer clients to other clinical and psycho-social services, prepared with detailed knowledge of where and how to access other clinical services and specialist care in their target areas.
- Equipped with the commodities necessary to provide the minimum or ideal package of services or be able to advise clients on how to obtain them at minimal cost and inconvenience.

Highlights of achievements:

Service Provided	Number Reached (Jan – Dec 2019)
Inter-active dialogues on sexual and reproductive health	5206
HIV testing services (HTS)	1157
Accessed contraceptives	328*

**Sporadic stock out of some hormonal contraceptive methods from MoHSS' Central Medical Store*

- Over 80% of young people who accessed the mobile health clinic, prefers long-acting hormonal contraceptives
- Reaching young people at tertiary institutions and communities yield better results.
- Forming partnerships with existing tertiary institutions and local youth focused organizations provides options for service delivery points, referral mechanisms and education on SRH topics

Challenges addressed:

- Many young people lack the confidence and knowledge to negotiate safer sex or plan ahead for contraceptive needs. Hence, education and counselling are key.
- Misconception's and myths around contraceptive use need to be further addressed and dispelled in the community.
- Frequent stock out of the preferred hormonal contraceptives from government medical stores impacted uptake of these services.

Enrolled Nurse at SFH Daphne Sisamu (sitting front) conducting Sexual Reproductive

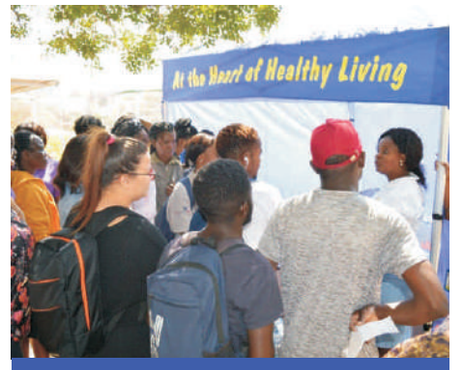
Ophelia Samunzala (2nd right) Regional Project Officer, Zambezi region, Katima Mulilo giving Sexual Reproductive Health Information.

Mrs. Dennia Gayle, UNFPA Country Representative addressing participants at the Joint annual review and planning meeting for implementing partners of UNFPA Namibia's 6th Country's work plan, 20-22 November 2019.

Lessons learned:

- Activities are evidence-based: they are informed by the knowledge that young people are a diverse group with varying constraints, choices, and preferences, and that young people need to be at the center of developing new innovative models and solutions for delivering SRH services.
- Young people are not a homogenous group – their needs vary depending on their location, age, sex, marital status, sexual orientation, level of education, source of income and cultural influences.
- Forming partnerships with existing international and local youth focused organizations provides options for service delivery points, referral mechanisms and education on SRH topics.

SFH Trooiida Jod demonstrating, how to use a female condom to a student at UNAM Main Campus, Windhoek on the 11th September 2019.



SFH CHC Sholastica Goagoses providing health information at UNAM, Khomasdal Campus, Windhoek on 19th September 2019.

Priska Simataa SFH CHCs attending to the ZVTC students during the Sexual Reproductive Health campaign at Sexual Reproductive Health Services Provided at UNAM, NUST WVTC

"As a visually impaired student, the service provided at the mobile van is very professional and accommodative. I am very happy with the result."
Josua Hamukwaya - UNAM Main Campus, faculty Lifelong Learning and Community Education

"Being a client accessing HIV testing services for the first time, I was very nervous. However, the tester did a great job with the counselling, and I was calmed and ready to receive my results"
"Natalia Shilongo - UNAM Main Campus faculty Economics and Management Sciences

"During the health education session, I gained more information about Pre- Exposure Prophylaxis which i didn't know about it before." Boldwin Nelwamando - UNAM Neudamm Campus.

Sister Sheetekela (left) providing PrEP information to Tertus Roman (right) and Le-Shawn Koopman(centre) at UNAM main campus on 10th September 2019.

UNAM medical students, excited and interacting with SFH service delivery team.

The Society for Family Health

6 ACCESS TO HIV PREVENTION, CARE AND TREATMENT BY KEY POPULATIONS

6. ACCESS TO HIV PREVENTION, CARE AND TREATMENT BY KEY POPULATIONS

6.1 USAID-funded program

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

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.

Specific objectives of the program:

- 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 Care Cascade ensures comprehensive management of clients seeking services and it enforces the 90-90-90 Global Strategy to reduce HIV Infections and death. This approach is implemented at all sites: Keetmanshoop, Windhoek, Walvis Bay/ Swakopmund, Oshakati, Rundu Oshikango and Katima Mulilo.

The following local 7 organizations which are predominately KP-led are the implementing partners:

1. Out-Right Namibia (ORN),
2. Rights Not Rescue Trust (RNRT),
3. Kings Daughters Organization (KDO),
4. Voice of Hope Trust (VHT),
5. Caprivi Hope for Life (CHFL),
6. Namibia Planned Parenthood Association (NAPP A) and
7. Walvis Bay Corridor Group's Wellness Program (WBCG).

Through this process of case management, clients are provided with information about HIV awareness, risk reduction HIV Testing, enrollment on ART and other services, and facilitating a process to ensure they remain negative. Pre-Exposure Prophylaxis (PrEP) provision and HIV Self-Testing are added components to the program as part of the combination prevention approach.

- The Key Populations program is helping to achieve the HIV epidemic control through the following initiatives
- Expand access, utilization and quality of HIV prevention, care and treatment interventions to achieve HIV epidemic control
- Provide a combination prevention package including sexual risk reduction counseling and condom/lubricant distribution
- Conduct targeted HIV testing and counseling (HTC) services using standard and novel approaches in community and facility settings
- Provide oral pre-exposure (PrEP) and post exposure (PEP) ARV prophylaxis as additional prevention tools
- Ensure Effective sexually transmitted infection screening, diagnosis and treatment services
- Provide Integrated TB/HIV care and treatment including antiretroviral therapy (ART) for intended populations consistent with national guidelines for adults and adolescents
- Assist key population-led local civil society organizations to contribute to HIV epidemic control
- Improve the enabling environment for HIV-related policies, operational guidelines, data collection and analysis and service delivery by all stakeholders of key populations

Sexual risk reduction counseling and condom/lubricant distribution

Peer- and community-led approaches to sexual risk reduction and condom distribution was successful in increasing the availability and use of condoms and lubricants for SWs. SFH implemented the following interventions; packaging and distribution of Safer Sex Kits, condom and lubricant to venues, settings and social networks of KP

- Actively working with Health Care Workers (HCW) at facilities within the catchment area to coordinate care for Kps;
- Ensuring that Community Health Consultants (CHCs) receive regular supportive supervision and mentoring to manage their work effectively and solve problems (microplanning)
- Continuous mapping out KP hangout areas to find ways to keep distributing the commodities. And ensuring that CHCs, peer outreach workers and CWs continue to promote use of condoms and lubricants for safer sexual practices.

Sensitization training, Windhoek, June 2019

Role play by training participants

Sensitization of health Workers

SFH embarked on a network-wide (training with the goal of increasing participants' (HCWs), empathy, clinical skills and interpersonal skills with regards to treatment of "KPs" in healthcare settings. These trainings were aimed at equipping HCWs with relevant skills to provide KP friendly services, minimize stigma and discrimination, increase uptake of services by KPs and develop action plans on how to support health care services for Kps.

Participants had an opportunity to build on their already substantial empathy, clinical skills and interpersonal skills for working with key populations by, sharing of scientific data, discussions in plenary and small group, role plays, skills building and interaction with key populations themselves.

Participants had an opportunity to build on their already substantial empathy, clinical skills and interpersonal skills for working with key populations by, sharing of scientific data, discussions in plenary and small group, role plays, skills building and interaction with key populations themselves.

SFH in collaboration with Heartland Alliance International (HAI) produced a KP sensitization training curriculum which was used for the training and for refresher trainings of health care workers which followed. An abstract entitled "The First KP-Competent HCW Training in Namibia - Improved Knowledge and Attitudes" based on the sensitization training was presented at ICASA 2019 in Kigali, Rwanda.

Walvisbay sensitization Training May 2019

Facilitation during Windhoek training

INTEGRATED BIO BEHAVIORAL SURVEILLANCE SURVEY (IBBSS)

In collaboration with the Ministry of Health and Social Services and the University of California, San Francisco, and with technical support from USAID and US Center for Disease Prevention (CDC), SFH undertook a behavioral and biological surveillance survey (BSS) among most at risk populations in Namibia to provide important information about the risk of HIV and inform prevention, care and treatment programs in these groups.

This project is conducted using respondent driven sampling (RDS) methodology, a chain-referral, probability-based sampling method designed to reach hidden populations. The survey process stared in June 2018 and ended fieldwork in September 2019. The findings from the survey are expected to improve KP programming and move towards epidemic control.

IBBSS Staff after a long day training in Windhoek, Namiibia.

Staff recognition awards were given to the IBBSS staff by the end of the survey. Looking on is Leigh Ann Miller (left) CDC, Ambrosius Uakurama (middle) MoHSS, DSP and Kevin Uiseb IBSS staff in Windhoek on 23 October 2019.

HIV-Self Testing (HIVST)

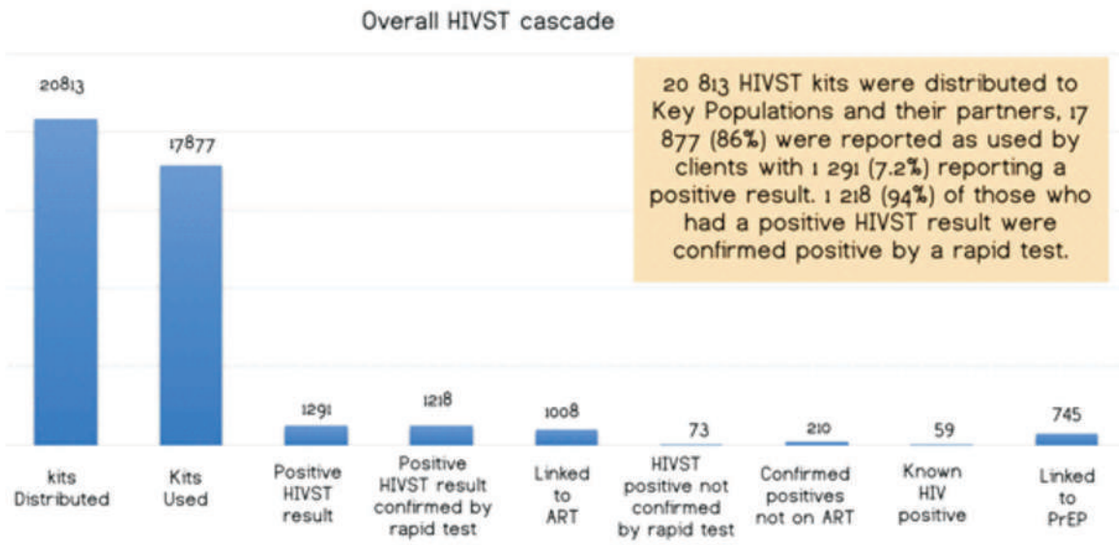
HIVST refers to a process in which a person collects his or her own specimen (oral fluid or blood) and then performs an HIV test and interprets the result, often in a private setting, either alone or with someone he or she trusts.

HIV self-testing is an important approach to increasing HTS services among KPs. During the reporting period, HIVST was used as a screening test/the main entry point into HTS. HIVST kits were distributed in the community and clients would then contact the community health consultant (CHC) with results after they have self-tested.

A Community Health Consultant assists a young woman perform an HIVST in Dolam, Damara location, Windhoek on the 16th August 2018.

This approach was introduced in April 2018 in selected program sites and was later scaled up to the rest of the sites. The chart below shows that 437 of newly diagnosed clients came through HIVST screening, of these number 312 (71%) were linked to ART.

- After validation, HIVST was introduced as a screening test in April 2018.
- Approximately a third of all positives the program identified came through HIVST and at its peak in 2019, 70% of all positives were identified through this modality.
- HIVST screening was later adopted nationalally by the HIV program as a feasible entry point to testing with strategy coming from lessons learnt in the KP program.



Index Partner Testing (IPT)

Index testing and partner notification is a core intervention used to efficiently and effectively identify HIV-positive individuals. Partners and biological children of newly diagnosed positives are elicited for HIV testing. The modality was however halted before the end of the project due to issues related to consent and confidentiality of the process, this was after it had proven efficiency at identifying new positives with a yield of 31%.

- 566 newly diagnosed positives agreed to partner elicitation and led to the identification of 668 partners at a rate of 1.2 partners per index case.
- Of these elicited clients, 12 (1.8%) were known positives already on ART, 411 got tested for HIV with 127 (31%) testing positive.
- 108 (85%) of positives were successfully linked to ART, while 96 (34%) of negatives were linked to and started on

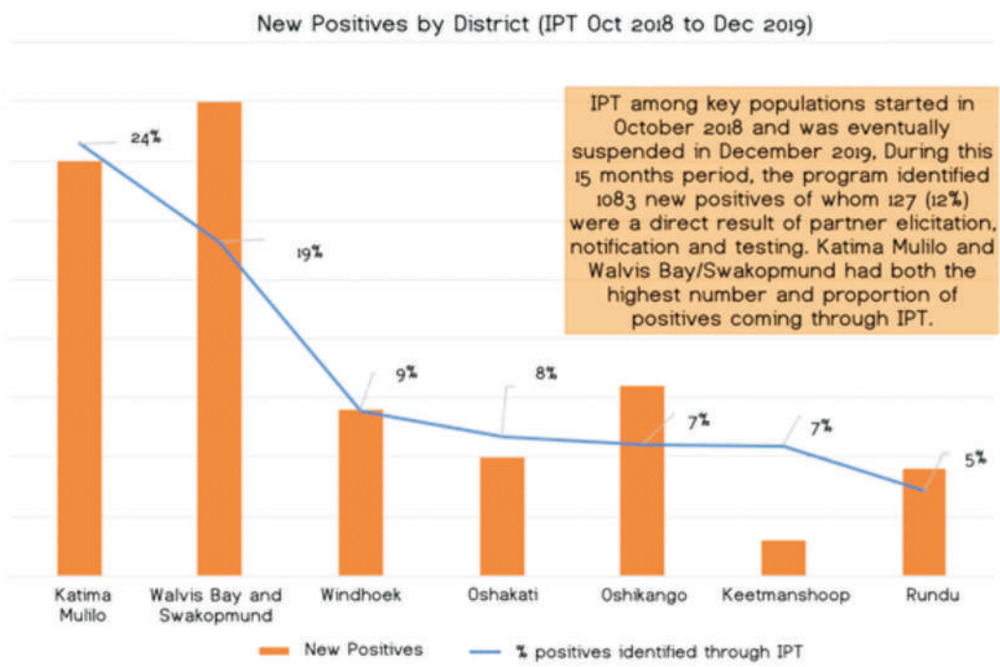
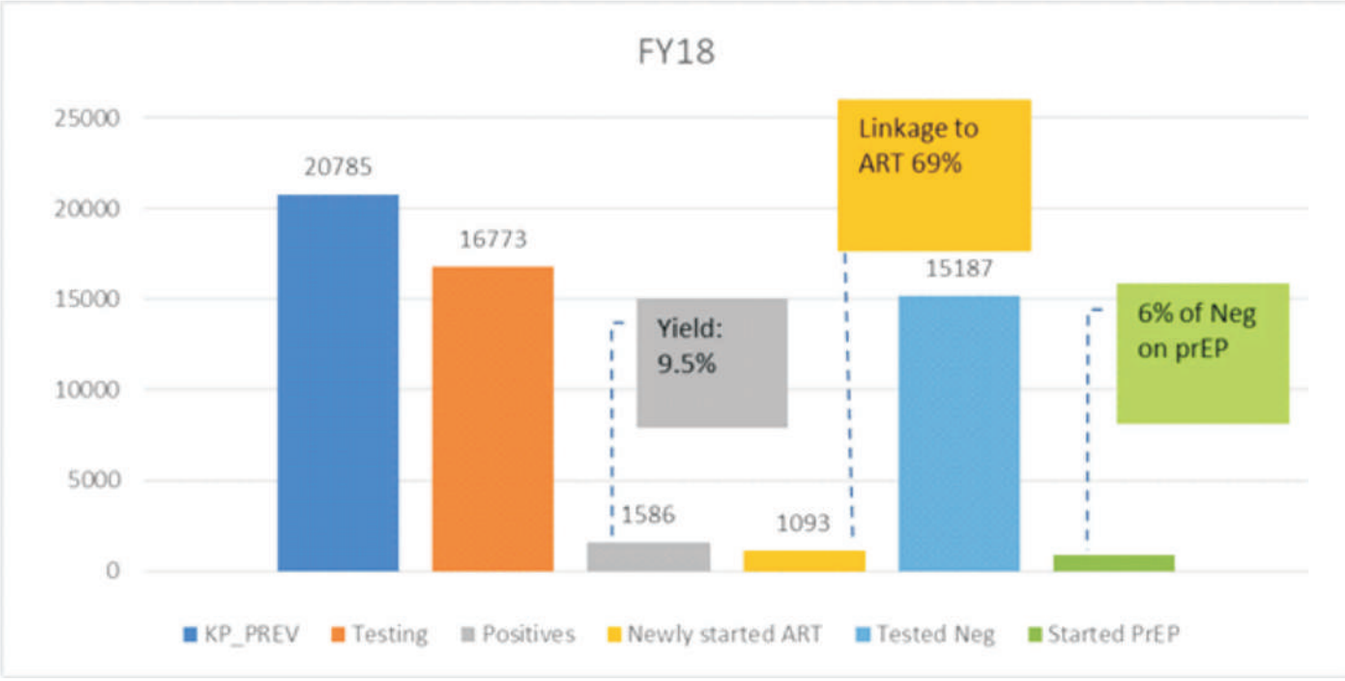


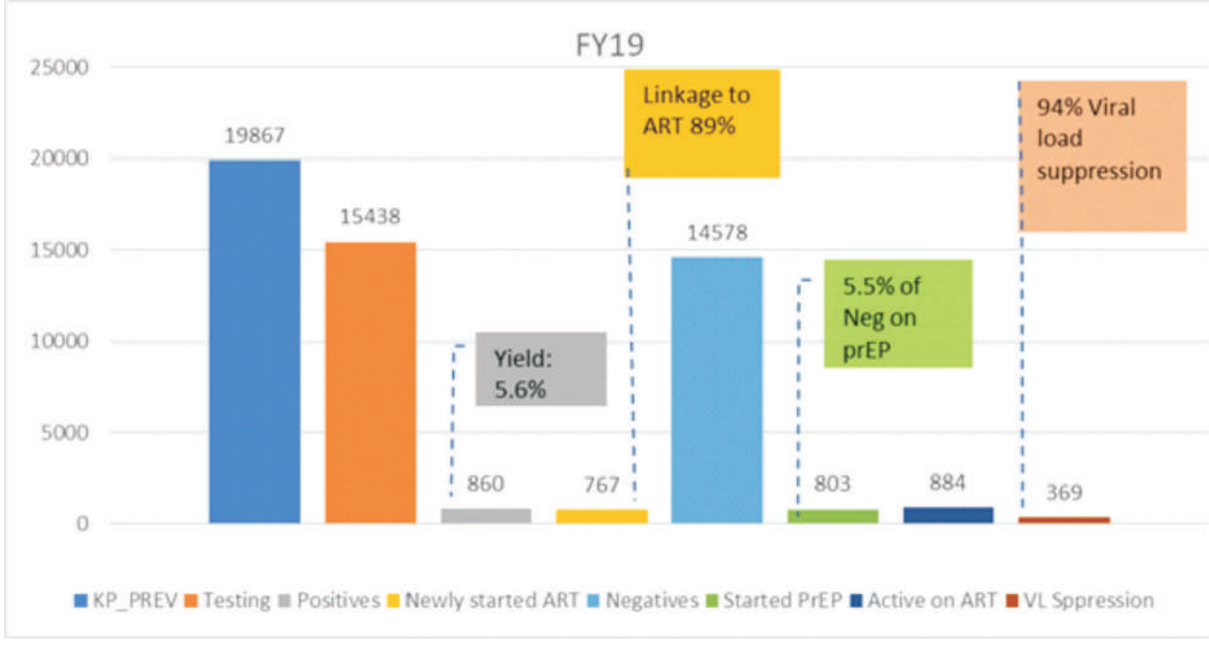
Figure 1a and Figure 1b below depict the treatment cascade from prevention in the community to VL suppression for those started on treatment and PrEP initiation for the at-risk

figure 1a: KP Program HIV care cascade, 2018



- New HIV Diagnosis was 1586 with a yield of 9.5%
- 69% and 89% of all new positives were linked to care in 2018 and 2019 respectively

figure 1b: KP Program HIV care cascade, 2019



- Linkage to care for newly tested positive improved from 69% in FY18 to 89% in 2019
- Viral monitoring across all sites at the end of 2019 was at 60% while suppression was 94%.

Highlight of achievements:

- Prevention to number of individual clients reached with individual or group level.
- Testing is a cumulative figure of every rapid test done including repeat tests.
- 69% and 89% of all new positives were linked to care in 2018 and 2019 respectively.
- Linkage to care for newly tested positive improved from 69% in FY18 to 89% in 2019.
- 6% and 5.5% of negatives took up PrEP for the 1st time in 2018 and 2019 respectively.
- Active on ART are clients still on ART irrespective of when they initiated ART.
- Viral monitoring across all sites at the end of 2019 was at 60% while suppression was 94%.

Challenges addressed:

- Provision of PrEP was scaled up to all KP Friendly facilities.
- Increased knowledge on PrEP among KPs through use of IEC materials.
- Sensitised health care providers on KP-specific needs and risk factors.
- Increase knowledge and capacity of health care worker to provide PrEP services to Kps.
- Very low at project inception in 2017 (27% - Q3, 33% - Q4) compared to at project end (95%)

Solutions:

- Physical escorting clients to facilities
- MoHSS approved SoP for community test and treat from mobile vans
- Sensitization of health workers to improve linkage to public health facilities
- ART at KP friendly facilities

Retention to Care:

The program had challenges tracking clients once started on ART.
Huge difference between the number of clients who were linked to ART and those who are still in care.

Reasons:

- Highly mobile community which is difficult to track with the existing case management and treatment system (EDT, ePMS and custom registers).
- Unwillingness of client to be tracked by the program
- LTFU
- Undocumented transfers/self-transfers Solutions
- Sensitization
- KP database developed

6.2 Global Fund-funded Program

The program focuses on HIV prevention and referral services for sex workers, with 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.

Namely in the following regions:

1. **OTJOZONDJUPA:** (Otjiwarongo & Grootfontein)
2. **KARAS:** (Luderitz, Aussenkehr & Rosh Pinah)
3. **ERONGO:** (Arandis, Omaruru, Karibib & Usakos)
4. **KAVANGO EAST & WEST:** (Sauyemwa, Ndama, Nkurenkuru, Katwiti & Divundu)
5. **ZAMBEZI:** (Kongola

SFH Case Worker Kalista Weskop and MoHSS Primary Health Care Supervisor Sr. Vicky Nuunyango providing health education to program beneficiaries.

HIV self-testing and PrEP training session conducted in July 2018 in Otjiwarongo, Otjozondjupa region.

Review of case management files during the quarterly review meeting with Isabel Mendes-Siyamba Program Director, Regional Project Officers and Case Workers during the quarterly review meeting held in Otjiwarongo, Otjozondjupa region, November 2018.

Challenges addressed:

- 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 is also integrated into the package and not only focusing on HIV and other STIs.
- Well targeted mobile outreach services using the mobile health van enhance participation and uptake of commodities such as condoms and lubricants.
- Case Workers and Project officers, Community Health Supervisors were trained in HIV self- testing to maximize HIV Counseling and Testing Services

Highlights of Achievements

- The introduction of the case management (CM) approach resulted in better targeting of KPs for HTS, improved linkages to care and treatment through the deployment of Junior Case Workers
- 1,494 key populations (MSM) were reached with HIV prevention combination including HIV testing services
- 4,199 key populations (FSWs) were reached with HIV prevention combination including HIV testing services
- New HIV diagnosis were 402 with 89% active linkage to treatment
- 411 KPs who tested HIV negative were enrolled on PrEP

*includes repeat HIV tests

Lessons Learnt:

- Case Management plays a big role in facilitating linkage of SWs and other vulnerable populations to care, treatment, and support services.
- Decrease Alcohol intake among sex workers enrolled in case management
- Sensitization of relevant regional partners and stakeholders highly contributes to program success
- MoHSS involvement instrumental in providing comprehensive health services
- Quarterly review meetings with Project officer and Case Workers is key in improving program results
- More Sex Workers access services e.g. HTS through Day/Moonlight Outreach testing.
- Case Workers ensured that follow up are done and clients reached the health facilities to get their health services as required.
- Sex Workers requested for HTS outreach services to be provided in their respective locations, because it is easy for them to reach at the HTS point rather than going to the clinics/hospitals
- Continued collaboration with MOHSS is essential to improve program performance especially on the referrals

The Society for Family Health

7 MEETING BASIC NEEDS OF REFUGEES AND ASYLUM SEEKERS IN NAMIBIA

7. MEETING BASIC NEEDS OF REFUGEES AND ASYLUM SEEKERS IN NAMIBIA

Since February 2020, the Society for Family Health (SFH) took up a role as an implementing partner as part of a tripartite agreement between the Ministry of Home Affairs and Immigration, United Nations High Commissioner for Refugees (UNHCR) and SFH. The purpose of the project is to implement Protection, Assistance and Solutions related projects for refugees, asylum seekers and host communities in and around Osire Settlement, Otjozondjupa Region within the Government's overall refugee protection framework.

With the absence of physical presence of a UNHCR office in Namibia, UNHCR team in South Africa works in partnership with MHAI, SFH and the Legal Assistance Center to ensure overall protection, care and maintenance of the refugees in Namibia.

Ministry of Home Affairs and Immigration (MHAI), which is UNHCR's main counterpart, provides protection of refugees in the settlement and also conducts the Refugee Status Determination (RSD).
The total number of refugees in Osire stands at 5,171 by December 2019.

Due to insecurity in the Great Lakes, an average of 47 persons (new arrivals), especially from the Great Lakes region, enter into Namibia every month. A total of 1,166 refugees and asylum seekers were received from February 2019 to December 2019 and were provided with support.

At the settlement level, MHAI is represented by the Settlement Administrator, who assists in the issuance of relevant permits, new arrivals and death registrations. Other line Ministries such as the Ministry of Safety and Security, through a permanent Namibian Police stationed in Osire settlement provides security to the refugees. The Ministry of Health and Social Services provides a clinic, while the Ministry of Education, Art and Culture provide a school from grades 0-12 at the settlement.

SFH provides food rations through monthly food distributions including non-food items. Other sectors under SFH include health, water supply, sanitation, shelter, community services, pyscho-social support, agriculture, income-generating activities and management of the food warehouse and food distribution.

Klaivert Mwandingi from AfriYAN explaining to First Lady Madam Monica Geingos on the condoms campaigns

Exhibition of products in Osire settlement

A youth from Osire Secondary School moderating the panel discussion.

First lady Madam Monica Geingos receiving a brief from Mr BailMankay Sankoh, Country Director of United Nations World Food Program on the hydroponic project for youth in Osire Settlement during a #BeFree and #BreakFree activity on 12 July 2019.

> ***Osire community leaders, Ministry of Home Affairs and Immigration Executive Director Etienne Maritz and the Ministry of Education, arts and culture Executive Director Sanet Steenkamp, official joined the first lady Madam Monica Geingos #BeFree campaign on tackling issues surrounding the Youth in Osire refugee settlement.***

Highlights of achievements:

- Ensuring that Water is treated on a quarterly basis as per standard of NamWater
- Water and Electrical Infrastructure assessment including assessing the water yield and water quality for 10 boreholes towards the end of the year (report to be submitted by consultants).
- A Knowledge and Attitude Practice (KAP) survey on WASH was conducted to determine the baseline and inform a responsive WASH program.
- A total of 45 houses were built during the reporting period, of which 15 are single houses and 30 are family houses. The 45 houses accommodated a total of 195 PoCs.
- Providing support to small businesses and skills development trainings to enhance self-reliance. The business centre and open market stands are still active and flourishing.
- Due to influx of refugees during the year, 100 houses were renovated while 250 new houses where constructed. As part of community empowerment efforts, POCs themselves are part of the shelter teams, therefore assisting with the activities.

Water and sanitation: Water is adequate with each person accessing enough water per person per day, in accordance with standard of 15 – 20 litres person per day. The water in the camp is at least within the 200 meters distance from each household. Traditional pit latrines are available to a minimum of 6 households per family latrine (1:6), in line the standard indicator.

Food security: Sufficient land has been provided by the Government to provide an opportunity to refugees to engage in agricultural activities at the settlement. As a result, households in settlement continue to improve to access food through own production or and selling to the nearby communities.

Other empowerment strategies include the provision for agricultural mentorship program, with emphasis on value added skills acquisition in identified trades and occupations and awareness promotion to business linkages that support communities to gain access to markets.

Gender equality and equity: Ensuring that the number of refugee women in decision making bodies were maintained at 56% in order to address gender in-equality and in-equity. In addition, more women and youth benefitted from agricultural production, poultry, aquaculture including in different committees. Through these platforms the Refugee Community Committee use gender balance approach where women and youth were allowed to occupy positions.

Challenges addressed:

- Drilling of additional 2 boreholes to ensure sufficient water supply at the settlement.
- To strengthen self-reliance and livelihood, technical support was provided to all farmers and agricultural inputs were distributed to stimulate production.
- An assessment was conducted on sanitation situation and a total number of 462 pit latrines were identified in the settlement, of which 59 have reached their maximum usage capacity. The assessment revealed that there is a need to construct of additional 250 sanitation facilities;
- WASH sector works towards the supply of sufficient and safe drinking water (32 Litres /person/day) and maintenance of the water supply system.

Lessons learned:

- The number of refugees requiring protection and food is likely to change in the next two to three years
- While Osire settlement is in an arid environment with limited food production, the government has allocated enough land for crop production by refugees and asylum seekers in order to increase food security.
- While only a handful of students graduate from Secondary School in the settlement, comparatively few, students are able to further their education.
- The re-introduction of scholarship opportunities in 2019 for grade 12 graduates and the support provided from One Economy Foundation has motivated refugee learners to work hard and to be hopeful for the future.

Ensuring that refugees' lives are improved through increased access to agriculture/fisheries/poultry by providing production inputs, entrepreneurship skills and technical support.

Far left Mr Igor Ciobanu, UNHCR Representative, Together with the visiting team from the ministry of Fisheries and Marine Resources

Settlement beneficiaries learning to harvest fish with technical support from the ministry of Fisheries and Marine Resources (date??)

Various crop production

Various crop production

Hybrid Lohmann brown chicken for egg production

World Refugee Day

was celebrated on 20 June 2019 at the settlement with various community festivities and guests from Windhoek and the surrounding communities. Participants from the Osire Refugee Settlement were among the various exhibitors who showcased and selling their arts, crafts, and cuisine at the refugee day.

Taimi Amaambo - SFH (left), Mr. Igor Ciobanu-UNHCR (middle) and Hon. Maureen Hinda-Mbuende MP, Deputy Minister of Home Affairs and Immigration.

Osire Secondary School Youth Choir at the World Refugee Day.

The Society for Family Health hosted the #BeFree and #BreakFree initiative at Osire Settlement from 11-12 July 2019 with the First Lady Madam Monica Geingos being the main speaker with a team of the settlement's young moderators for the panel discussion. The 2-day event attracted a number of service providers and exhibitors from nearby towns and the capital city. Service provision included – community education on sexual and gender-based violence, HIV prevention, care and treatment, other health screenings and psychosocial support, to mention a few.

The First Lady Madam Monica Geingos supporting the market in Osire, 12 July 2019

Executive Director of Ministry of Education, Art and Culture participating in the #BeFree panel discussion at Osire Settlement

Dignitaries at the event, with Refugees Commissioner Likius Valombola from MHAI on the left followed by Ricky Umba, Chairperson of the Refugee Community in the settlement.

The Society for Family Health

8 COMMUNITY-BASED MALARIA PREVENTION AND TREATMENT

8. COMMUNITY-BASED MALARIA PREVENTION AND TREATMENT

As part of a long standing collaborative agreement between the Society for Family Health and the Ministry of Health and Social Services - National Vector-borne Diseases Control Programme (NVDCP) and with funding from Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), SFH implements a community based malaria prevention program in Kavango east, Ohangwena and Omusati regions with the current grant having only started from April 2019. Funding for 2018 was unavailable, thus program activities only started in April 2019 with the redeployment of community health workers, training and start-up activities.

The objectives of the program are to:

- Provide community-based malaria testing and treatment on uncomplicated cases.
- 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.

The program is being implemented in the following constituencies of three regions as follows:

Likuwa Lovisa (middle) Malaria Community Health Worker shows an elder, how malaria is being transmitted and how to protect the entire family from malaria at

- **Ohangwena:** Okongo, Omundaungilo, Ondobe, Oshikango, Ongenga, Engela and Eenhana
- **Kavango East and West:** Kapako, Kahenge, Nkurenkuru, Musese, Tondoro, Mukwe, Ndiyona, Ndongalinena, Mashare, Rundu Rural East, Rundu Urban and Rundu West
- **Omusati:** Okalongo, Etayi, Tshandi, Ruacana, Okahao and Outapi

Program implementation includes:

- Test and treat patients with confirmed uncomplicated malaria
- Referrals of patients with complicated malaria to the hospital
- Referrals of patients under the age of five and pregnant women to the nearest health facility
- Registration of households for distribution of LLINs
- Distribution of LLINs to households
- Follow up and monitoring of LLIN usage
- Collaboration with the nearest health facility's staff In addition the program will trained 55 community health workers (CHWs) and their supervisors (CHWSs) on proper diagnosis, treatment, and education on malaria, this is in addition to following necessary approvals to assist in the rollout of community level diagnosis and treatment of malaria in hard-to-reach, at-risk populations

Other program activities are:

- Assisting in the household registration and mass distribution of LLINs in the MoHSS targeted communities where SFH operates
- Assisting the MoHSS in tracking of tested and treated populations, following surveillance methodology developed in collaboration with the MoHSS
- Providing BCC and overall malaria prevention education to said communities via house to house visits and community health education sessions
- As well as attending a selection of partner implementation meetings as requested by the MoHSS

Highlight of Achievements

- 50 CHWs and 5 CHWs were trained in malaria case management in 3 regions namely Omusati, Ohangwena and Kavango East
- The CHWs assessment at Health facilities was concluded in August 2019
- Activities are scheduled to commence in October 2019
- CHWs final assessment on malaria case management was conducted in Oct 2019
- Tool kits (Rapid Diagnostic Testing, thermometers, etc) distributed to CHWs
- Data collection tools sent to the regions and distributed to CHWs
- Implementation readiness by CHWs

Likuwa Lovisa (right) testing a client on RDT to a client showing sign and symptoms of Malaria.

2019 Malaria indicators

Reporting Indicator Label	Performance (Oct-Dec 2019)
Number of household visits	6202
Number of people (+15 years) reached with malaria messages through household visits	32542
Number of people reached with Health Education	15239
Number of people with fever reached	686
Number of people tested by RTD	946
Number of people who tested RTD positive	7
Number of people referred for severe malaria	4

Challenges addressed

- The participation of adults 15years and above during community outreach events continues to remain a challenge due to migration, family and work commitments.
- Some clients diagnosed with malaria symptoms during household visit do not reach the health facilities when referred due to distance and lack of transport.
- Some households are not adequately supplied with mosquito nets due to unclear procedures. Before any distribution is made, there should be clear standard operating procedures (SOPs) and adhered to in ensuring good distribution of the nets

Lessons learnt:

- 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.
- 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
- Older community health workers are retained longer in the program compared to the younger community health workers who are constantly in search of better opportunities elsewhere.
- The monthly and quarterly programmatic meetings, quarterly program reviews and on-going support and supervision continues to prove to be effective in improving performance
- Given 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.

9. MAJOR MILESTONES EXPECTED IN 2020

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.

- Finalization of the implementation of the Integrated Bio Behavioral Surveillance Study (IBBSS) to determine size estimates and HIV prevalence and related services among key populations. Ensure use of findings to improve reach, HIV cascade and epidemic control among key populations.
- Broaden collaborative partnerships with local private sectors and other non-traditional development partners;
- In line with the organizational strategic plan, improve organizational capacity for change: increasing change capacity and avoiding change overload through resiliency building;
- Explore innovative strategies to reach out to adolescents and young people in order to increase uptake of SRH services
- Explore innovative ways of engaging vulnerable adolescents and young people to achieve lasting impact in education and health outcomes;
- Expand our collaboration with academia to jointly define, connect and share new knowledge with local and international partners.
- Support community-driven approaches such as community-led monitoring to ensure that health systems respond to their needs especially communities that are disconnected from decision-making processes

The Society for Family Health

10 APPENDICES

10.1 SUCCESS STORIES FROM THE FIELD

(consent for use of photo given)

Stick to your treatment, no matter the circumstances!

*Rose is a A 37-year-old sex worker living in and out of Oshikango whom SFH's Case Worker has been following up for a while and her mobile number has not been in the network. Since Rose disengaged from her ART care for close to a year, the case worker continued to check on her phone and where she used to live on a weekly basis.

In late October 2018 when the case worker called the phone as part of the routine weekly calls, to her surprise the phone got answered, but not by Rose but by a friend. When the case worker asked the whereabout of Rose, the friend indicated that Rose has not been feeling well. The Case worker asked to speak to Rose. Over the phone, the Case Worker could really sense the seriousness of Rose's condition. The voice was soft and low with persistent coughing and long pauses.

The case worker immediately decided to visit Rose so that she can convince her to go to the hospital. On her arrival, she noted that Rose has been ill for a while, she has lost so much weight that she could hardly recognize her. Rose was taken to Engela District Hospital, got hospitalized and also provided her ARVs.

Upon recovery, the case worker wanted to know why Rose dropped out of her treatment and why she never called for assistance. Rose told her that it is hard to be on treatment especially when you missed your appointments, the nurses scold you and call out your name in front of everyone and then they want to know where I have been, and will send you straight to the counsellor who was no different than the nurses. So, I decided to stay away.

For the next clinic appointments and pill pick up, Rose would ask the Case Worker to accompany her or when she wants to go to another town for business, the Case Worker and Rose will visit the clinic so that Rose can be given enough ARVs for the period she will be away. Through the trust built between Rose, SFH's Case Worker and the health facility, Rose no longer rely on the Case Worker's assistance, she continued to stick to her treatment and stay healthy. (*Real name withheld to protect identity)

HIV Treatment works!

My Name is *Evelyn, and I am 26 years old. In January 2019, I met SFH's Case Worker whom I have known very well for quite some time. During the time that we have known each other, the Case Worker knew that I am a sex worker. She has also then told me that she had started working with the SFH's HIV prevention program. She would occasionally offer me counselling for HIV testing, but I had never paid attention continued living my life.

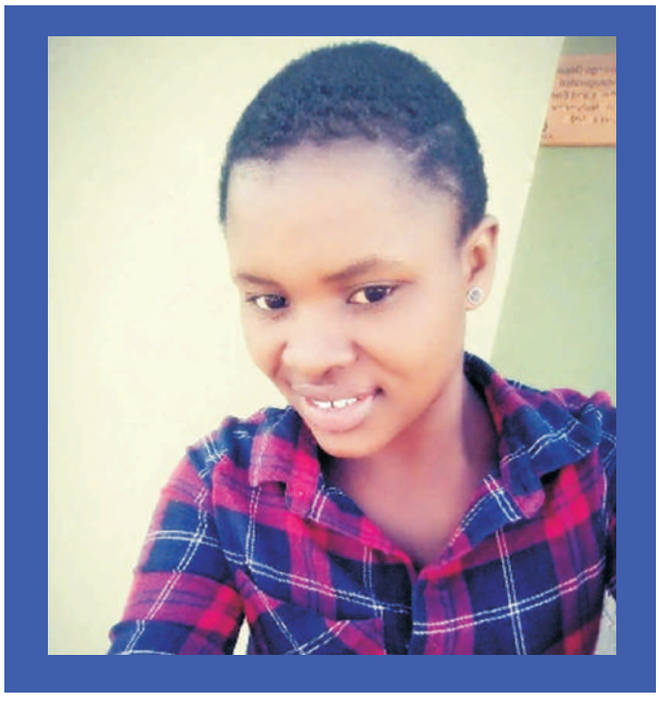
Around March 2019 my body started to change drastically. My face developed pimples and I felt unwell. Eventually I also had to stop engaging in sex work – which also affected me badly as I no longer had a stable source of income.

Early April 2019, the Case Worker paid me a visit at my home and engaged me in a discussion about sexual and reproductive health, the importance of knowing my HIV status and the opportunity for treatment and other services available. That very same day, I was convinced to take my HIV test, which I did and the results came out positive.

I was not really surprised given the kind of risky sexual behaviors I have been engaged in for the past years. Although I was to be immediately linked and initiated for treatment, I refused to take it as I was still confused because I heard ARVs where not good.

However, after some consideration and with the Case Worker's continuous support through case management, I eventually came to my senses and started treatment 5 days after my HIV test results.

April 2019 I was initiated on treatment. "If only I could have listened to her in the beginning of the year when she was talking about PrEP and other services then I could still be negative. But I am also glad that she did not stop looking for and talking to me until I got tested. I am doing well now and taking my treatment accordingly. I have also been enrolled on case management and I am in constant communication with the case worker."
It is now November 2019, the treatment is really working well for me; I feel good and strong. I left sex work and got a fulltime job in Omaruru. I am grateful for this opportunity provided to me. The Case Worker saved my life and I know she did too for others. Thank you.



(consent for use of photo given)

From a Risk-Taker to a Role Model

My name is Melody.* I am 24 years old living in Otjiwarongo. I have been a participant of the SFH HIV Prevention Sessions since 2015. I have since been attending these sessions every year as way to keep myself updated with information on HIV Prevention and sexual reproductive health. Being part of these sessions has helped me in being consistent with "baby-steps" behavior change.

As a participant I referred most of my peers to take part in the education sessions as I have seen the positive impact it had on my life. This has also given me courage and will to be part of the program, if the opportunity may arise, to be able to contribute to sexual behavior change amongst my peers and community.

In 2018 I was identified, to become a peer educator and eventually got trained, I was so excited about my new role and direct involvement in the program! As a young peer educator in the community I enjoyed facilitating HIV Prevention sessions and sharing prevention, and sexual and reproductive health messages with my peers. Before I started attending prevention sessions and most of the time during these, I had a challenge in my relationship because it was long distance and I always had another secret partner who I was seeing.

One day I was reading my session modules and came across session 3 -of the "Taking Care of Business", which is about reducing sexual risk behaviors that could lead to contracting HIV. I went to see SFH's case worker and I told her the story about my past relationships. I asked her to test me for HIV. I have never been tested before and I was always afraid of getting tested with the fear that I may just find out I am HIV positive. The results, however, came out that I was HIV negative of which I was shocked and happy. The case worker then suggested and informed me about PrEP since I had more than one sexual partner and I did not know their status.

So, I decided to go for PrEP and I was linked to and enrolled at the Orwetoveni Clinic. It has not been easy to stick to PrEP, but eventually I got used to it and I knew I always have the support from the case worker. Ever since I started taking PrEP, it gave me a sense of empowerment – a good feeling that my life is entirely in my hands.

This is when I decided to become a role model to many young sex workers in my community. I told them about my story as well as the benefits of PrEP and motivated them to get tested and eventually take up PrEP. Many young sex workers knew little about PrEP and its benefits and they were being abused by their clients. As a peer educator, I always have condoms from the program, keep a lot of them at home because I know my friends will come for them.

It is a good feeling to know that you care and serve your friends and others in need. As we speak now, I have close to 8 friends who are also taking PrEP. (*Real name withheld to protect)

A young couple receiving their HIV test results from Lukas Daniel, SFH Project Officer for Erongo Region (names undisclosed)

Trust and Love Through Thick and Thin

On a windy day in October, a sex worker who was initiated on ART at NAPPA clinic reported back for her follow up. The client expressed her fear of disclosing her status to her reliable boyfriend, for fear of "losing income and worse being accused of infecting him". She sought help at the facility about how to go about this dilemma. The team at the clinic with support from Sr Ntombi came up with a practical and convenient strategy for the client.

A strategy was devised to utilize a HIV self-test kit – the client was taught how to use a HIV self-test kit and agreed to take with home in order to convince the partner to use it and also for herself pretending as if she was also testing for the first time. This arrangement was carried out and the results were discordant when confirmed with a rapid test at the clinic. Obviously, the index case (the partner) was shocked with the results but was provided with counselling throughout.

The couple was escorted to SFH's team in order to receive further counselling and reassurance. The client accepted her HIV status results and freely continued her treatment, while her partner agreed to take up PrEP as he was HIV negative and his partner has just started ART. The couple continues to receive support from SFH's case workers.

Who said being HIV Positive stops you from being in a healthy and loving relationship?

I got infected with HIV in late 2016. I believe that the partner I was previously living with infected me with HIV. We dated for a year before I found out that I have contracted HIV,and I know we have been having unprotected sex and never knew our HIV status.

As a young woman living with HIV, I was overwhelmed with the thoughts that no man would want me even if I leave this relationship. In the meantime, my partner started abusing me physically and mentally to the level where I started drinking heavily (binge drinking) while on my HIV treatment. I was introduced to a case worker from the Society for Family Health (SFH) and after a series of counselling sessions, I realized that I needed to change my lifestyle if I want to live a long and happy life.

I struggled at the beginning but eventually, I quit drinking and walked out of the abusive relationship in January 2018, and I have been happy ever since with no regrets. I have been taking my ARVs strictly and taking care of myself like never before.
I met a special person in June 2018 and did not know how to tell him about my status as I feared losing him. he treated me like a queen, but when things got serious, I had to tell him the truth and the journey I took.

To my surprise, he gave me a hug and reassured me it is not about HIV but about the feelings he has for me. I could not believe the gesture and the love I felt at that moment, as he just made me love him more. We made the decision together to stand by each and announced to our families about our status and plan. Although we never had unprotected sex, I encouraged him to take an HIV test. The results were negative, and this made us both so happy! He was counselled and stated PrEP. Today, we are happy and planning on building our future together. I cannot thank enough the case worker from SFH who helped me to take control of my life!

Who said being HIV Positive stops you from being in a healthy relationship?

(consent for use of photo given)

10.2 PRIVATE SECTOR ENGAGEMENT

On the 31st of October 2018, the Society for Family Health (SFH) brought together representatives from 20 Private sectors with the guest speaker, Dr Benard Haufiku, Minister of Health and Social Services (MoHSS), and SFH's Board Chairperson. The purpose of the session was to engage and educate the participants on SFH's work and existing funding gaps, and finally better understand their corporate social responsibility areas. The sector met during a breakfast meeting in Windhoek with financial support from Standard Bank Namibia.

Mr John Endjala (left) from Namibia Grape Company Social Development Trust, SFH Board Member Mr Isaac IP Kaulinge (middle) and Hon. Bernhard Haufiku (right), Minister of Health and Social Services during the official handover of funds from the NGC Social Development Trust.

Dr.Bernhard Haufiku delivering a speech on the importance of health at the Breakfast meeting

> "Successful sustainable development agenda requires partnerships between governments, the private sector, civil society and others, built on set principles and values,"
>
> Dr Bernhard Haufiku
> Minister of Health and Social Service.

10.3 Strengthening partnership with the Ministry of Health and Social services

On 13th of May 2019 in Windhoek, the Ministry of Health and Social Services (MoHSS) and the Society for Family Health (SFH) signed a Memorandum of Understanding (MoU) on cooperation around health promotion and disease prevention. The "MoU signing ceremony" was jointly organized by the Society for Family Health and the Ministry of Health and Social Services.

The purpose of the MoU is to provide a framework that will guide cooperation between the Parties thereon allowing maximum impact of their common and individual interventions regarding health promotion and disease prevention in the areas: HIV and AIDS, malaria, non-communicable diseases, sexual and reproductive health, maternal and child health, school health, and management and retention of community-health workers.

Officiating at the event, Mr Ben Nangombe,Executive Director of MoHSS, Ms Taimi Amaambo, SFH Country Director, with Mr Tomas Ukola (back left), Deputy Director, MoHSS, and Mr Isaac Kaulinge (right), SFH Board Member, witnessing the ceremony.

Mr Isaac Kaulinge (right), SFH Board member co-signing at the ceremony

MoHSS Executive Director, Mr Nangombe and SFH Country Director, Taimi Amaambo after signing the MOU.

Ms Anna Ipangelwa, SFH Board member delivering the speech at the session

On 19th July 2019 in Windhoek, The Society for Family Health Namiibia-SFH Namibia and the Windhoek Vocational Training Centre (WVTC) signed a Memorandum of Understating to provide sexual and reproductive health services to young people with support from UNFPA Namibia

From left, Welanie Tsowases Secretary to the centre manager, Mr. Paulus Haukongo WVTC Manager, WVTC, Taimi Amaambo SFH Country Director and Loide Amkongo UNFPA Assistant Representative.

Mr Haukongo Centre Manager and Taimi Amaambo SFH Country Director signing the MOU with Loide Amkongo overseeing

10.4 SCHOOL-BASED WATER, SANITATION & HYGIENE (WASH) INITIATIVE

The Society for Family Health (SFH) continues to follow up schools that previously participated in the WASH initiative during 2015-2016 with funding from UNICEF.

This initiative was implemented in March 2015 – April 2016 in 100 schools across 7 regions namely, Zambezi, Kavango West, Kavango East, Ohangwena, Omusati, Oshana, and Oshikoto to improve knowledge and ins till good sanitation and hygiene practices among learners.

A school leaner from Olavi Shivute Combine School in Kavango West region demonstrating good hand wash practice to fellow pupils and social studies teacher Ms. Dulce Mendes and SFH Project Officer Mr. Michael Kampota , August 2018

Teacher for Socilal Studies, Ms. Dulce Mendes and SFH Staff, Michael Kampota on site visit at Olavi Shivute Combined School in Kavango West, August 2018.

10.5 HIV prevention with uniform personnel (Ministry of Defense)

Since 2013, SFH has been working in partnership with the U.S Department of Defense (DOD) and the Namibian Ministry of Defense to implement a Military Action and Prevention Program (MAPP) 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. Although this program has been fully transferred to the Ministry of Defense, SFH continue provide support when requested.

The primary objective 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.

Collonel Marrianne Muvangua, Head of NDF Special Programmes demostrating how to use a condom properly.

Uniform Personnel engaging actively in their small groups session as they express excitement to hear about PrEP and seeing the HIV self-testing kit for the first time in their lives IN Katima Mulilo on 04 May 2019.

SFH Program Director Isabel Mendes-Siyamba illustrating the use HIV self- testing device to one of the training participants during the training session in Katima Mulilo, Zambezi region on 04 May 2019.

Military Personnel from Greenwell Matongo Military Base demonstrating the use the Oral Quick HIV self-testing kit during the PrEP and HIV self-testing training session in Katima Mulilo, Zambezi region

Highlights of achievements and recommendations

1. A total of 25 uniform personnel Military Personnel from Greenwell Matongo Military Base in Katima Mulilo were trained on PrEP and HIV self-testing.

2. SFH continued to provide technical support on HIV response and leadership although donor funding for the programme has ceased in 2016

3. The creation of a follow up and support system for supervision at the regional and base level using newsletters, site visits and condom distribution.

4. Increase effectiveness of the peer education approach by providing refresher courses for trainers and peer educators as a forum for sharing experiences and moral support. This approach will ensure that wherever peer educators are redeployed, they will continue to fulfil their roles.

10.6 Abstract presentation at conferences

SFH often collaborates with MoHSS and partners on conference abstract development and presentation. In 2019, we successfully collaborated with other health professionals from the MoHSS and other stakeholders with support from USAID and Tufts University to generate abstracts, oral presentation posters at the International Conference.

(left) Ms Johanna Haimene, Oshana Health Director , Rachel Gawases SFH staff with conference participants at the International Conference on AIDS and STI in Africa (ICASA), 1-7 December 2019, Kigali, Rwanda.

Rachel Gawases SFH staff with conference participants at the International Conference on AIDS and STI in Africa (ICASA), 1-7 December 2019, Kigali, Rwanda.

10.7 INTERNSHIP OPPORTUNITIES AT SFH

At the Society for Family Health, we value diversity and national and international teamwork. To ensure rewarding experience and exposure to the work environment, students are matched to SFH's programs particularly in fields of Social Studies, Communications, Public Health, Finance, Statistics, Information and Communication Technology through partnerships agreements with different institutions of Higher Education.

Martin Shaalukeni (Feb – Dec 2019)

Martin Shaalukeni (Feb – Dec 2019)
Martin is studying towards a Bachelor of Science Degree in Population Studies and a Diploma in Applied Statistics with the University of Namibia. He assisted in the M&E department with data verification, cleaning, analysis and reporting. He also had an opportunity to participate in data quality assessment and quality assurance activities through field visits.

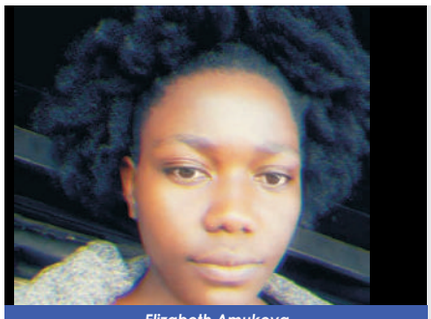
Natalie Friesen Natalie Friesen, former intern spent six months with SFH from [June – December 2018].

Natalie holds a master's degree in Social Work from the University of Minnesota and is currently studying towards a master's degree in health with George Washington University, USA.

During her time at SFH, Natalie had an opportunity to build relationships with various staff and projects focusing on monitoring and evaluation of HIV prevention, care and treatment. Her proposal writing skills, data synthesis and interpretation added value to our work.

Yolanta Simasiku, former intern spent 11 months with SFH.

Yolanta Simasiku had an opportunity to work in the finance department. She is about to earn her Bachelor's degree in Accounting with Namibia University of Science and Technology. Her functions involved, among others, assisting with processing requests for advances and follow up on disbursement of advances, supervised petty cash, and capturing of financial record on the system according to various donor



Elizabeth Amukoya (Feb – Dec 2019)

Elizabeth Amukoya (Feb – Dec 2019)
Elizabeth is studying towards a Bachelor of Science in Population Studies with the University of Namibia. She assisted in the M&E department with data verification, cleaning, analysis and reporting. He also had an opportunity to participate in data quality assessment and quality assurance activities through field visits.

10.8 STAFF WELLNESS AND SOCIAL RESPONSIBILITY

SFH values its staff and makes all efforts possible to promote healthy lifestyles. While staff are constantly under pressure to deliver on project commitments for our communities, it is equally important for staff to take time out for their own health. In turn, these efforts we have seen it improving staff health and productivity.

Staff participating in the Wellness Day event held on 27 June 2019 as well as donating blood to Namibia Blood Transfusion Service.

The Team waiting for their turn, while on the right Simon Kambwa getting screened to donate blood.

Ally Nangolo (left) and Yolanda Simasiku (right), getting some tips from the NHP

Edlyn Tsauses (left) and Fresiana Valindi (right) learns new tips on monitoring blood pressure and blood sure.

Donating blood should be every Namibian's business. SFH staff here are seen doing their part.

SFH staff donating blood to save lives at The Namibia Blood Transfusion Service of Namibia, Windhoek, Tal Street Center. (NamBTS)

10.9 Staff Courtesy visit with Minister of Health

SFH staff paid a courtesy visit on 17 February 2019 to the newly appointed Minister of Health and Social Services, Dr Kalumbi Shangula. Dr Shangula was the Chairman of SFH Board of Directors before the appointment. Congratulations!

10.10 ICPD25 and the commitment to triple zeros goals

The Summit was convened by the Governments of Denmark and Kenya, together with the UN Population Fund (UNFPA), and took place from 12-14 November 2019, with over 9,000 participants.

Emphasized that:

To achieve the 2030 Agenda, ICPD's "triple zero" goals must be met:

- zero maternal deaths,
- zero unmet need for family planning services, and
- zero gender-based violence and harmful practices.

At the center, Mrs Dennia Gayle UNFPA Country Representative with some of the UNFPA-funded Namibian delegates at the International Conference on Population and Development, 12-14 November 2019, Nairobi, Kenya.

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

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